

Hamline University

DigitalCommons@Hamline

---

School of Education and Leadership Student  
Capstone Projects

School of Education and Leadership

---

Spring 2018

## Supporting Mental Health Concerns In Prospective College Students: Resources For Admission Professionals

Rachael Newman  
*Hamline University*

Follow this and additional works at: [https://digitalcommons.hamline.edu/hse\\_cp](https://digitalcommons.hamline.edu/hse_cp)



Part of the [Education Commons](#)

---

### Recommended Citation

Newman, Rachael, "Supporting Mental Health Concerns In Prospective College Students: Resources For Admission Professionals" (2018). *School of Education and Leadership Student Capstone Projects*. 132. [https://digitalcommons.hamline.edu/hse\\_cp/132](https://digitalcommons.hamline.edu/hse_cp/132)

This Capstone Project is brought to you for free and open access by the School of Education and Leadership at DigitalCommons@Hamline. It has been accepted for inclusion in School of Education and Leadership Student Capstone Projects by an authorized administrator of DigitalCommons@Hamline. For more information, please contact [digitalcommons@hamline.edu](mailto:digitalcommons@hamline.edu).

SUPPORTING MENTAL HEALTH CONCERNS IN PROSPECTIVE COLLEGE  
STUDENTS: RESOURCES FOR ADMISSION PROFESSIONALS

by

Rachael Newman

A capstone submitted in partial fulfillment of the requirements for the degree of  
Master of Arts in Education.

Hamline University

Saint Paul, Minnesota

May 2018

Capstone Project Facilitator: Susan Manikowski  
Content Reviewer: Christina Holmgren  
Peer Reviewers: Rachael Shaner  
Annie Bigley

## TABLE OF CONTENTS

CHAPTER ONE: Introduction .....	5
Feeling Helpless .....	5
My Context .....	5
A Continued Problem .....	7
Existing Resources .....	8
Project Plan.....	9
Impact on the Profession .....	9
Summary.....	10
Chapter Two Overview .....	11
CHAPTER TWO: Literature Review .....	12
Introduction .....	12
Mental Health Concerns of Adolescents and College Students .....	13
Increased Mental Health Concerns.....	13
Help Seeking Behaviors .....	14
Help Seeking as a Social Process .....	15
Parental Influence .....	16
School Community Influence .....	17
Identifying and Supporting Concerns .....	19
Externalizing and Internalizing Behaviors .....	19

Mental Health Knowledge of School Staff..... 21

Impact of Identification and Support..... 21

Impact of Mental Health Distress on Students and Schools ..... 23

    Mental Health and Success in School..... 23

Existing Resources ..... 25

    History of College Mental Health Services ..... 25

    School-Based Mental Health Screening ..... 26

    Barriers to school-based mental health screening ..... 27

Rationale for the Research ..... 28

Conclusion..... 30

    Chapter Summary ..... 30

    Chapter Three Overview ..... 31

CHAPTER THREE: Project Description ..... 32

    Introduction ..... 32

    Rationale ..... 32

    Adult Learning Theory ..... 33

    Choice of Method ..... 34

    Project Description ..... 35

    Setting and Target Audience ..... 35

    Assessment of Effectiveness ..... 36

Timeline.....	37
Conclusion.....	38
CHAPTER FOUR: Conclusions.....	39
Introduction .....	39
Revisiting the Research .....	40
Implications of the Project.....	43
Future Related Projects and Recommendations .....	44
Communicating Results.....	45
Benefit to the Profession.....	46
Conclusion.....	46
References.....	48

## CHAPTER ONE

### Introduction

#### Feeling Helpless

Throughout my ten years working in higher education, I have come across many students expressing mental health concerns such as depression, anxiety, substance abuse, eating disorders, and PTSD. Students often reveal these serious concerns through their application essays, emails to our office, or in conversations with their admissions counselors. I have had many discussions with colleagues who work with students dealing with mental health concerns and they do not know how to help students. We feel helpless as admission staff, unsure of how to identify their struggle, and unsure of how to help students. Who can we direct them to for the counseling and support they need? Are there boundaries in our position as admission staff? One thing we do know is that these students need help, guidance, and support and that we need resources to refer them to. This has led me to my research question: *How can admission professionals identify and support prospective college students struggling with mental health concerns?* This chapter will discuss my professional experience working with prospective college students experiencing mental health distress, what resources currently exist to help students cope with their mental health concerns, and why I believe this research is an important area for study.

#### My Context

A colleague knocks on my office door; he wants to talk about one of our prospective students. This student is very bright, high achieving, and has a lot of potential. They have been very excited up to this point about the idea of attending college

in the fall; however, the student has recently found themselves struggling with debilitating anxiety and resulting bouts of depression. They have told my colleague that they do not think they will be able to attend college next year. My colleague does not know what to do or how to help this student. He asks if I know of any resources we can give the student or if there are any people that we can direct them to for help. I draw a blank.

I can only come up with resources that are available to our currently enrolled students on campus. This could partially be because of the cost of providing support and the fact that prospective students are not paying tuition yet; there are not funds assigned to support non-paying students. I am left without what much to say since there are really no resources I can direct him to for helping this student. He is not sure what kind of support the high school can offer or if that is even a place the student would feel comfortable getting help. Based on conversations, the student's parents do not seem to understand the seriousness of the anxiety and depression. We end our conversation, but I cannot stop thinking about the student. Who is going to help them? Why is there not any information about how we can help students suffering like this? This is just one of many students we all encounter in our daily work in an admissions office.

As I sit in my office paging through student applications, I find myself once again drawn into the personal stories being shared by these prospective college students. One student writes about being bullied through elementary and middle school and how he and his best friend endured years of physical and emotional abuse at the hands of their peers. He talked about having suicidal thoughts and feelings of hopelessness, that he thought it would never get better, but at least he had his best friend. He writes that his best friend,

so damaged from years and years of merciless bullying, took his own life. This left an inerasable mark on the student. Not only had he suffered years of torture and bullying from his classmates, but now his best friend has died because of the mental abuse they suffered together. The student went on to say that he faces the residual effects of this situation. He explains grief that he is still experiencing and describes feelings of hopelessness that continue to haunt him. He suffers from anxiety and depression and feeling alone in life now that he no longer has his friend at his side to go through the rest of high school together. This is a smart, caring, high achieving student with so much potential, yet he feels that he can hardly function at times because of his deep depression and the effects that years of trauma have had on him. He says his hope is that college will be a different and better place that hopefully he can finally be accepted.

### **A Continued Problem**

More applications, more essays: one student talking about how she recently got out of an abusive relationship with her boyfriend; A second student talking about her daily struggles with an eating disorder and depression; A third student telling their story of coming out and getting kicked out of their house. Each of these students are facing difficult situations, resulting in feelings of loneliness, helplessness, and perhaps even feeling depressed and suicidal. These are a few examples of the personal stories that students share with admission professionals every day; this list does not come close to covering all of the issues that young people are dealing with. There are students coming from other countries where they experienced their parents being killed right in front of them. They were relocated to the United States, not knowing anyone, not knowing the language, and not able to begin grieving the loss of their family. There are students that



are experiencing gender identity crisis and do not know where to turn or who they can talk with to help them navigate this transitional period in their life. It is troubling to think of all the students that have made attempts to reach out for help, possibly through their admission essays, or conversations with their admission counselors, and yet the admission staff are unable to help. How can we as staff identify when a student is experiencing mental health distress? How do we know when it is serious? What can we do if we think that a student could cause harm to themselves or others? What resources can we point these suffering prospective students to? How can we best serve our students if we cannot help those in so much need?

### **Existing Resources**

As it currently stands, there are no resources or professional development opportunities for university staff that work with prospective college students to combat these issues. Similarly, prospective students cannot take advantage of the university resources for current university students as they aren't enrolled at the school yet. Additionally, staff cannot utilize the training and resources that were established for current students on these prospective students. There are some resources available at the secondary level, though those resources vary from district to district and admission staff do not have access to the resources available. Admission staff would not have any way of knowing what is available to any individual student at their specific district. Even if a district does have someone designated to work with these students, those staff members are often overworked, over-assigned, and possibly overwhelmed with administrative duties; this may leave minimal time for check-ins or counseling sessions.

## **Project Plan**

It is my goal to research and develop a resource guide for higher education professionals that work with prospective students. The guide will help admission professionals identify and support mental health concerns and help those spot signs of distress. Many colleges offer or require training for staff on mental health, but a large amount of the content does not pertain to staff that primarily work with prospective students. For example, one of my colleagues in higher education who works for a prominent university in the upper Midwest, was required to attend a training on recognizing the signs of distress and mental health concerns in students. The training also discussed how to best support distressed or concerning students; however, none of the training was applicable because she works with prospective students. These students are not yet part of the university system so they cannot utilize the university resources. There was no list of additional resources or guidelines for her to help her students before they enroll in college. This is disheartening considering the number of struggling students that pass through admission offices on college campuses. They are given little to no support or resources in high school, and they may no longer be in high school. Additionally, they may or may not have much outside support in their life.

## **Impact on the Profession**

There seems to be a perception that admission offices can be cold and unwelcoming places. In my years of experience working in admissions, I find that could not be further from the truth. Students communicate with the admission office for over a year before attending college; thus admission staff develop relationships with prospective students and their families. The student may or may not attend our university, but if the

student has found a university where they will thrive and accomplish their goals, then the admissions professional has succeeded.

As educators, we have an ethical and moral responsibility to help students to the best of our ability, which includes supporting their mental health and well-being. From an educator's perspective, when a student's basic needs are being fulfilled; they feel safe, secure, listened to, supported, and they can be successful. We want to provide the best and most supportive learning environment that we can for our students.

### **Summary**

According to the National Alliance on Mental Illness (2017), 20% of youth ages 13-18 live with a mental health condition. I see students who are applying to college that tell us they are dealing with concerns such as depression, anxiety, or substance abuse. There are minimal support resources available to these students and they may not be readily accessible. These students are not yet a member of our university, so we cannot direct them to our resources on campus.

I have identified a service gap at my university and this capstone project is a first step to closing this gap. I will gather more information about identifying and supporting mental health concerns, as well as identify the resources available on the secondary, post-secondary, and outside community's level. I plan to use research to develop a resource guide to aid admission staff working with prospective students that may be experiencing mental health distress or trauma. I want to empower staff to feel that they can help and support the students they work with every day. I do not want more students to go unidentified and unsupported because of the lack of training and resources in this area. I

believe that earlier intervention could make all the difference in a student's successful future and educational journey.

### **Chapter Two Overview**

Chapter Two will be a literature review discussing mental health distress and the adolescent population as it pertains to my research question: *How can admission professionals identify and support prospective college students struggling with mental health concerns?* I will provide the research I have found on the current state mental health and history of mental health support, common help seeking behavior, interventions available, and the impact that training and resources can have on mental health.

## CHAPTER TWO

### Literature Review

#### Introduction

My experience in college admissions up to this point has drawn me to the increasing number of adolescents struggling with mental health concerns. In this literature review, I navigate the current research and literature on this topic to help answer my research question: *How can admission professionals identify and support prospective college students struggling with mental health concerns?* This question generates several subtopics that I will be exploring throughout this literature review to help find an answer.

In this literature review I will start by discussing the mental health concerns of adolescents and college students. This section will help to demonstrate the increasing number of students experiencing mental health distress as well as the dire need for increased awareness, training on recognition skills, and a roadmap to facilitate treatment referral. The next sections will cover help seeking behaviors and identifying and supporting concerns. This includes information about specific behaviors that demonstrate concerns as well as the influence of the student's family and social network on patterns of help seeking behaviors. This is an area of research that needs to be covered to help understand how to identify prospective students struggling with mental health distress.

Next, I will discuss the impact of mental health distress on students and schools. This includes information on how mental health impacts school success and the outcomes of support and significance of support and early intervention has on a student's future mental health and learning experience. The research in this area is important to my

capstone project and school community buy-in to support training on identifying and supporting mental health concerns in the transitional population. Lastly, I will review the existing resources for mental health support in schools. This section includes information on the history of mental health service centers at the college level and some examples of wide scale implementations that have been done to screen for mental health concerns at the college level. Reviewing the existing resources provides information on what is currently being done to support mental health in schools. This also demonstrates the need for more educators to be better trained to help this growing population of students.

### **Mental Health Concerns of Adolescents and College Students**

There is a growing number of youth struggling with mental health concerns. The number of children who have experienced a mental health crisis before the age of eighteen is alarming. There are a variety of contributing factors to what seems to be an increased number of students entering college suffering from mental illness and the number of students seeking professional help for these concerns. The most common mental health conditions include: Attention Deficit Hyperactivity Disorder, Anxiety Disorders, Autism, Bipolar Disorder, Borderline Personality Disorder, Depression, Dissociative Disorders, Early Psychosis and Psychosis, Post Traumatic Stress Disorder, Schizoaffective Disorder and Schizophrenia, as well as a number of related conditions (NAMI, 2017).

### **Increased Mental Health Concerns**

According to data reported by the National Alliance on Mental Health, 1 in 5 children ages 13-18 have or will have a serious mental illness and 50% of all chronic mental illness begins by age 14 with 75% beginning by age 24 (NAMI, 2016). There are

many social and cultural factors that influence the rising number of young people suffering from mental health concerns; some factors include divorce, violence or abuse, and drug and alcohol use (Kitzrow, 2003). Along with these rising number of students experiencing serious mental illness, there is a rising number of students seeking professional help from their college counseling center. This may be because there is a more positive view of mental health support and counseling, so students feel like it is more acceptable to openly seek treatment. It could also be influenced by advances in medication for mental illness that assist those who suffer from what once were debilitating and immobilizing mental illnesses. They can now better control and manage their disabilities enough to attend school (Kitzrow, 2003).

When discussing mental health, it is important to consider the wide range of concerns and issues that students are seeking counseling for: multicultural and gender issues, life changes, trauma, stress and anxiety, and various diagnosed psychological problems. More students are entering college with serious mental health concerns and pursuing counseling services at their chosen school (Kitzrow, 2003). There has been a shift in many schools from providing preventative counseling and information, to supporting severe psychological problems. This shift is creating school wide support systems to identify mental health concerns and confidently refer students to professional help services.

### **Help Seeking Behaviors**

Help seeking behaviors are behaviors demonstrated by those suffering from mental health distress that indicate their need for professional help. There is a lot of research that has been conducted to try and establish a model for help seeking behavior.

These models follow different psychological theories. One of the common themes found in the research is the idea of help seeking as a social construct. This is to say that youth suffering from mental health distress are influenced by their families, social network, and communities when it comes to how they pursue support for their concerns (Pescosolido, 1992).

### **Help Seeking as a Social Process**

Through many studies of adolescent help seeking behaviors, there has been two broad factors identified that may influence if adolescents seek help for mental health distress: attitudes about professional help and a mindset that self-help alone is best. Social resources like their involvement and view of their social support also play a factor in help seeking behavior. One leading theory of this social influence on help seeking behaviors is the Network Episode Model (NEM) (Pescosolido, 1992).

The NEM says that the decision to seek help is essentially a social process. Mental health concerns and distress are identified and addressed by means of professional support through interactions within social networks. There is an adaption of the model created to incorporate the social fields of children and adolescents that is called the Family Network Episode Model. This model identifies school as a primary social setting for identifying and supporting mental health concerns and distress (Pisani et al., 2012). There has been research done that is based off this social network model and it supports the idea that adolescents seeking professional help for mental health distress starts within the relationship between youths and adults (Lindsey et al., 2006).

When adolescents engage in positive interactives with adults within their social settings they may be more influenced to seek professional help for mental health



concerns. There has also been research on suicidal youth specifically that shows patterns of help seeking in adolescents is influenced by if they feel there are available and accessible adults, capable of responding to their suicide concerns. Help seeking behavior is influenced by the social network and school community as well as by the teen's own perception of their mental health concerns. This can include their ability to overcome personal barriers like the idea that mental health is just something that needs to be dealt with personally and not openly discussed with others or the attitude that substance use is a solution to their problems. (Pisani et al., 2012).

### **Parental Influence**

There are various barriers to adolescents seeking help. One of these barriers is the influence of the teen's social network, including parents and school staff convincing them that help is warranted. Many health care use models are used to point to the ways an individual decides to seek help for mental health distress. The most compelling models show help seeking as a social process that involves family, friends, school, and community. These models also account for the social influences such as that of parents and their awareness of their child's mental health. Parents may have a different perception of their child's mental health concerns for a variety of reasons. They may recognize mental health distress more easily through externalized behaviors and not recognize internalize behaviors that are expressed more inwardly. They may also attribute the behavior to common teenage hormones and emotions (Logan & King, 2002).

It is not often that young people will self-identify as experiencing mental health distress directly to a professional source of help such as a psychologist or counselor (Wahlin & Deane, 2012). Rather, they confide to a more indirect source like family,

friends, or those in their school community. There can also be a difference in the parent view of the students' mental health and the students' own level of distress. Parents may not know about or be as concerned with the emotional concerns their child is experiencing (Wahlin & Deane, 2012). Some students are more influenced by the stigma of mental health issues and do not want to appear as though they are struggling. Other students may not have a very open relationship with their parents or feel that this is not something they can share with their parents. Parental recognition of mental health distress in youth is related to the type of mental health concern, the severity, and the burden felt by the parents as a result (Wahlin & Deane, 2012). When youth are struggling with internalized symptoms of mental health concerns such as depression or anxiety, it can be more challenging for parents to recognize this in their children (Wahlin & Deane, 2012).

### **School Community Influence**

**College Students.** Students have many interactions with professionals in the college community and often build a trusting relationship with these employees. This may be a faculty member or advisor that interacts with the student on regular basis. Students will reveal their crisis or distress in conversations, writing assignments, or through behavior exhibited in class (Ethan & Seidel, 2013). This is similar to the way admission professionals learn about a student's mental health concern or personal crisis. There are many repeated interactions over the course of many weeks or months through which time a trusting relationship can build, and students may reveal personal struggles and mental health concerns with their admission counselors.

Admission staff build relationships with students and their families through the college admission process. Understanding the relationship between the families they are

working with is crucial. It helps identify the influence of parents on help seeking behavior in students struggling with mental health concerns is crucial for school staff that refer students to professional help. Parents may not agree with staff or their own child about the severity of their mental health distress for a variety of reasons. It is also important to consider that many prospective college students are under the age of eighteen and considered minor children. This may affect the level of involvement of parents or guardians in referrals to professional mental health services.

**K-12 Students.** Given the rising number of students experiencing mental health issues at an early age, K-12 schools have taken a big role in identification and support of mental health concerns. Under the Individuals with Disabilities Education Act (IDEA) (1997) students who fall under the category of emotional and behavior disorder or EBD can receive support under IDEA but not all mental health concerns are covered by that categorization. Students who cannot be identified and supported through special education services may not receive any help for their mental health concerns from the school (Marsh, 2016). Classroom teachers are oftentimes one of the first lines of identification and have the benefit of working closely with the student daily. However, many teachers and general school staff do not feel that they have sufficient training in children's mental health and do not feel confident in their ability to identify signs of mental health distress (Frauenholtz, Mendenhall, & Moon, 2017).

Help seeking in adolescents is a process that can be heavily influenced by their family, school community, and social network. There can be a number of reasons why youth do not seek help like the belief that their mental health concerns can be solved through self-help and perseverance, or that drugs or alcohol will solve their problems,

and also a general lack of social involvement and relationships (Pisani et al., 2012). Students can overcome these barriers through positive, trusting relationships with adults that they feel are competent and able to provide the needed resources. Knowledge of common help seeking behavior and barriers to help seeking are important to learning how to identify and facilitate support to youth in need.

### **Identifying and Supporting Concerns**

In order to properly refer students to professional treatment, school staff must be able to recognize signs of mental health distress and understand common adolescent help seeking behavior. There are some outward and inward actions that students may exhibit that can demonstrate particular mental health concerns. Mental health literacy is also an important factor to identifying and supporting mental health concerns. Many educators, including college admission staff, do not feel confident in their ability to properly identify and refer students to professional help for their mental health distress, the impact of which can have a lasting effect on student's lifelong mental health.

### **Externalizing and Internalizing Behaviors**

An important part of identifying mental health concerns in the student population is understanding externalizing and internalizing behaviors. Externalizing behaviors are exhibited outward toward the student's social environment. These behaviors include: aggression, difficult temperament, and behavior impulsivity. Externalized behaviors are more disruptive and are usually picked up from visually observing the student, some examples include: constant fidgeting, leaving class or avoiding going to class, and arguing with teachers or any school authority figures (Marsh, 2016).

Internalizing behaviors refer to behaviors that are focused inward toward the student. There are two categories of internalized behaviors: anxiety-related disorders and mood disorders. Internalized behaviors are aimed inward and are more difficult to identify in a student. Some examples of internalized behavior include: negative self-view (saying things like “I’m a bad kid” or “everyone hates me”), suddenly quitting school activities that they were very involved in, and dramatic decrease in completing schoolwork (Marsh, 2016).

There are certain characteristics associated with each type of behavior. Externalized behaviors are generally easier for classroom teachers to identify because they involve a disruption to the class. The student will act out in one of the ways mentioned above. Internalized behaviors are more difficult to identify and that may be why they lean more on students seeking help from school staff. Students can demonstrate externalized and internalized behaviors at the same time and those that do are often at a higher risk for future added mental health concerns (Marsh, 2016).

Understanding and acknowledging these different behaviors and ways that students may act on their mental health distress are an important piece to identification. Externalized behaviors would be more difficult for admission professionals to use in identification and referral for mental health concerns because staff does not always have multiple face to face interactions. There is a higher probability that staff would recognize internalized behaviors through reviewing application materials such as transcripts, attendance records, and teacher recommendations.

### **Mental Health Knowledge of School Staff**

In a study conducted by Frauenholtz et al., the researchers found that school staff did not feel confident in multiple areas concerning mental health awareness including: recognizing signs of mental health distress, how to intervene with a student in mental health distress, and general knowledge of available mental health services in the local area (Frauenholtz et al., 2017). The concerns of school staff in this study are echoed throughout my research among other school groups such as college staff and faculty and it could also be said of admission staff who work with students on both the secondary and post-secondary level. Most of the available information about college student mental health is taken from college counseling centers and there is not a lot of available research about the population of distressed students that reach out through other avenues on campus (Ethan & Seidel, 2013).

### **Impact of Identification and Support**

Incidents of depression and anxiety have a negative effect on youth while they are in the depressive episode as well as afterwards. Those that are suffering and have suffered in the past with depression and anxiety are at an increased risk for suicide (Ryan, 2003). Studies have shown that effective treatment can improve those that suffer from depression and anxiety, for many years to come by breaking the cycle of relapse and recurring episodes. The earlier that treatment is provided in a person's life after early onset of depression, the greater the chances of preventing future depressive episodes. There is a need for long-term treatment approaches to effectively change the long-term outcome of mental health concerns in youth (Ryan, 2003).

For many, on average there are ten years between the time of diagnosis and first treatment for depression and anxiety (Ryan, 2003). This is far from the best practice of early diagnosis and treatment as being the most effective means to combat mental health concerns. Proper and timely treatment cannot be provided to youth experiencing mental health distress unless they can be identified. This relies on increased detection through families, school, and other individuals that have frequent contact with youth. Increased awareness of the risk for and symptoms of depression and anxiety will result in more youth that are suffering from mental health distress to be identified and referred to professional help (Ryan, 2003).

Proper identification and subsequent professional support can make a lasting difference on a student's future mental health and success. While it has been shown in many studies over time that schools are a major source of mental health identification and supports, there are still many school professionals including university staff that do not feel equipped or knowledgeable enough to properly identify and provide referrals to resources for youth struggling with mental health concerns. Identification can be difficult because of the different types of behaviors that students may exemplify. Externalizing behavior can be more obvious because it is usually an act of aggression or an outward display of the student's distress, while internalizing behaviors such as depression and anxiety disorders are easier for students to keep hidden and harder for school staff to identify. There is a need for better mental health training for those who work with youth and young adults that may be suffering from mental health concerns. Better training and connections to resources would help students and in turn, help the school community as a whole.

### **Impact of Mental Health Distress on Students and Schools**

When students are struggling with mental health concerns, it can have a very negative impact on all areas of student life. The student's emotional and physical well-being and their interpersonal relationships affect the greater school community (Kitzrow, 2003). Mental health distress can affect college academic performance, retention, and completion rates. Adolescents who are experiencing mental health distress prior to entering college can be affected in similar ways. Depression in teens is associated with future depressive episodes, anxiety disorders, substance abuse, and a risk for suicidal behaviors. This can have a major impact on academic performance, conduct issues in the classroom, school involvement and social relationships (Valdez, Lambert, & Ialongo, 2011).

### **Mental Health and Success in School**

Mental health concerns can have a major impact on students and campus communities. Anxiety and depression are frequently found as correlating factors to lower academic success in studies of college students with mental health concerns (VanderLind, 2017). Kitzrow points out (as cited in Brackney & Karabenick, 1995) that mental health problems can negatively impact academic success, retention rates, and degree completion. Specifically, students who experienced high levels of mental health distress were not academically successful and experienced higher levels of test anxiety, lower levels of academic self-efficacy, and were less likely to overcome stressful and difficult academic situations (Kitzrow, 2003).

**College Students.** Mental health concerns have also been associated with self-harming behavior such as cigarette smoking and binge drinking. That combined with the



stress of transitioning to college life can lead to lower levels of campus engagement and poor academic performance. (Oswalt & Wyatt, 2013). Between the ages of 14-24, students are interacting with teachers, coaches, family, friends, mentors, and if they are considering attending college, admission staff.

**Secondary Students.** There has been a number of studies done on early risk behaviors in children that may indicate mental health concerns in adolescence. These studies contribute to the greater theme of early detection and referral for professional support being an influential factor on the youth's future mental health. Mental health concerns impact adolescents in much of the same way as college going students: lower academic performance, attendance issues, and persistence and completion rates. According to one study, approximately half of students that do not complete their high school education is for reasons associated with mental illness (Husky, Kaplan, McGuire, Flynn, Chrostowski, & Olfson, 2011). Adolescents struggling with mental health concerns are also at a greater risk for substance abuse issues, juvenile offending, and early sexual activity and other risky behaviors (Valdez et al., 2011).

Untreated mental health distress can result in a number of negative consequences for students including low academic performance, dropping out of school, substance abuse, and even criminal issues. These consequences can go on to negatively impact students for years to come. This can also affect the overall school community. Schools with large numbers of students suffering from unidentified and/or unsupported mental health distress can see lower rates of retention and graduation. While there are some existing mental health resources available on the secondary and post-secondary level, there is not a standard method of training, identification, and referral for support.

### **Existing Resources**

There are many different systems of identification and support on the secondary and post-secondary level. It would be impossible to gather information on all of them because they vary so greatly. There is however, a long and documented history of mental health services on college campuses and research about the use of wide scale mental health screening on the secondary and college level. The lack of standardized processes and training for schools on identifying and supporting mental health is part of what initiated my research question. There is not one particular standard of training or document of resources that is adaptable for all different student populations, including prospective college students.

### **History of College Mental Health Services**

Mental health support has been available on college campuses for over one hundred years. The first mental health services center was established at Princeton University in 1910. Some student health programs had been established on college campuses prior to that but their focus was on physical well-being and they did not provide any counseling services. The mental health service center at Princeton was created in response to the number of students dropping out of school and not completing their degree because of personality and emotional concerns (Kraft, 2011).

There are long standing and well established professional committees that advocate for and help enforce a standard of mental health support at the college and university level. One of those professional organizations is the American College Health Association (ACHA) which started in the 1920s. This organization added the Mental Health Section in 1957 to encourage mental health professionals to join the association

and as a result established ACHA as a strong proponent of interdisciplinary mental health services at colleges and universities for many years (Kraft, 2011).

### **School-Based Mental Health Screening**

Many youth that need treatment for mental health concerns are provided service through their school (Husky et al., 2010). One way to identify and subsequently provide mental health treatment for that population has been through implementing voluntary school-based mental health screenings. These screenings can provide a regimented in school method for identifying and providing referral services for a larger number of students than just single student school staff identification alone.

The screenings can consist of a questionnaire filled out by students voluntarily. This may lead to more students honestly disclosing their distress because some studies have shown that students are more likely to reveal sensitive information on paper or in written form than in a face to face interaction (Husky et al., 2010). In a 2009 study of screening methods used with urban African American youth, it was reported that 62% of teens that were identified as at risk through the screening, received at least one mental health service appointment within a month of being screened (Husky et al., 2010).

In a study conducted by Husky, et al., mental health screening was compared against a student assistance program to measure the effectiveness and ability to identify and support student with mental health distress. In many cases, schools need to balance between helping the students with serious mental health concerns and those that are experiencing low levels of distress. Students can be over identified, leading to problems. In this study they implemented a two-step processes to the screening to help reduce the number of students incorrectly identified and referred. Students first complete a voluntary

questionnaire and then may complete a clinical diagnostic interview as their next step based on the results of their questionnaire. This kind of large group two-step screening process seemed to identify more students than a traditional referral program may have identified students (Husky, et al., 2010).

Looking specifically at anxiety and mental distress experienced because of the high school to college transition, one study analyzed the anxiety levels of students in multiple categories before and after completing an intervention program. The program consisted of SAT preparation, reading materials, and presentations from university faculty and admission staff. Students self-reported lower levels of anxiety after completing the intervention program. As the study points out, the transitional time moving from the high school environment is complicated already with students going through personal struggles and mental health concerns such as depression or anxiety. The study used the Reynolds Adolescent Depression Scale, which is a tool often used in schools to screen large groups of adolescents for depression. When students are at or above a certain number then they are identified for further psychological evaluation (Smith, 1997). Large scale mental health screening can have very positive outcomes but it is not always easy to implement these programs.

### **Barriers to school-based mental health screening**

There can be a number of barriers to implementing an effective school-based mental health screening. To implement there must be support from administration and the wider school community, proper screening process developed that can effectively connect students to the proper clinical services, and funding must be provided to support efforts (Husky, et al., 2010). The barriers on a college campus can be similar. There can

be issues of allocating resources and funding, which has been reported in one study to be influenced by data on a national and school level. This data may help universities to be more informed of the increased need for mental health support on campus and thus helped them to decide it was a significant issue that warranted extra funding (Hunt, Watkins, & Eisenberg, 2012). Other considerations for increased mental health support would be campus awareness of mental health issues like secondary schools and support in upper level leadership (Hunt et al., 2012).

There is a long history of college mental health services, spanning over one hundred years. Support has been increased and changed over time to adjust to the changing mental health needs to college going students. There is less of a documented history of support on the secondary side but a lot of research has been done to show the important role that schools play in identifying and referring students to professional support. Some schools have implemented large group, voluntary school-based mental health screenings to better identify struggling students. This can be widely effective at lowering the number of students who are improperly identified and raise the number of students who receive timely treatment for their mental health concerns. Mental health training and support for school staff, both on the secondary and post-secondary level is not always easy to implement and there can be a number of barriers including funding and support from upper level leadership. Developing and implementing a large-scale effort such as a two-step screening process can be a difficult task.

### **Rationale for the Research**

The literature reviewed is important to the process of answering my research question: How can admission professionals identify and support prospective college

students struggling with mental health concerns? Throughout my years of working in college admissions, I have come in contact with a variety of students. Some of them I believe were deeply struggling with mental health concerns; many of my colleagues have experienced similar student interactions. This research has helped to prepare me to develop a resource for admission professionals that will help develop self-efficacy in their ability to properly identify and refer students for professional mental health support.

The research about help seeking behaviors and help seeking as a social process was particularly interesting to me. One of the major pieces of working in a college admission office is building trusting relationships with adolescents as you assist them on their college admission journey. I know that students often reveal serious personal concerns to their admission counselors and in written statements as part of their admission applications, but now I can tie those behaviors back to research that tells us how students tend to seek help or reveal their mental health distress. With this knowledge I will be able to be more conscious of the way I develop my resource guide.

Another major understanding that came out of my research was the possible barriers to identification and help seeking, particularly parental influence. Parental involvement in identification and support of mental illness is very important. There is often a difference in the perception of the severity of mental health concerns between the parent and teen. In an admission office you are working with students and their families. It is important to understand why there may be a difference in how parents are seeing their child's concerns and how an outside adult may perceive them.

Lastly, proper and timely identification and treatment can have a lasting effect on a student's life. I feel passionate about the topic of mental health and helping struggling

students but I was not aware of how much proper, timely identification and facilitated treatment can impact all areas of a student's life and future. This information will leave a lasting impression on those who have access to the resource guide. Understanding why something is important and how it will impact the work you do is an important part of adult learning. This helps to answer my research question and to give my project meaning and impact.

## **Conclusion**

### **Chapter Summary**

Mental health distress in adolescents and college students is a growing concern. There has been a shift in many schools from providing preventative counseling and information, to supporting severe psychological problems and creating a school wide support system to identify mental health concerns and confidently refer students to professional help services. Help seeking in adolescents is a process that can be heavily influenced by their family, school community, and social network. There can be a number of reasons that youth do not seek help. Identification can be difficult though because of the different types of behaviors that students may exemplify. Untreated mental health distress can result in a number of negative consequences for students including low academic performance, dropping out of school, substance abuse, and even criminal issues.

Schools play an important role in identifying and referring students to professional support. Mental health training and support for school staff, both on the secondary and post-secondary level is not always easy to implement and there can be a number of barriers including funding and support from upper level leadership. The major

factors identified by school professionals that influence identification and support of students experiencing mental health distress are: insufficient training, lack of self-efficacy in one's ability to identify signs of distress, and a limited knowledge of available resources. Increased training and resources for school staff that work closely with young adults would result in more students receiving proper identification and subsequent professional support, making a lasting impact on their future mental health and success.

### **Chapter Three Overview**

In Chapter three, I will describe my project that aims to answer my research question: How can admission professionals identify and support prospective college students struggling with mental health concerns? I will use what I have learned through my literature review and professional experience to explain the rationale for my project and chosen method: a resource guide for admission staff. I will then describe my project in detail, touching on why I chose the particular method for my project. Next, I will discuss my setting and target audience as well as how I will determine the effectiveness of my project. Finally, I will layout the timeline in which my project will be completed and implemented into my professional practice.



## CHAPTER THREE

### Project Description

#### Introduction

In my experience working in college admissions, I have come to recognize the increasing issue of students struggling with various mental and emotional concerns. I have witnessed colleagues feel helpless and unsure about how to help students who are experiencing this kind of distress. These many incidents led me to my research question: *How can admission professionals identify and support prospective students struggling with mental health concerns?*

This chapter discusses my project details including my intended setting and target audience. This chapter also explains my research and my rationale for my project and chosen method. Next, I will evaluate the effectiveness of my project and how I measure that effectiveness. Lastly, I lay out the intended timeline to complete my resource guide.

I developed a resource guide for college admission professionals to use to help them to identify and provide resources and support for mental health concerns and signs of distress in prospective college students. I believe creating a guide with information and resources is a beneficial response to my research question.

#### Rationale

Research indicates that adolescent help seeking behavior for mental health distress is associated with youth-adult relationships and teens perception of the adult's ability to properly support their concerns (Lindsey et al., 2006). I have identified a service gap at my university and this capstone project is a step towards closing that gap.

One of the main ideas from my research is that there is a lack of education and guidance available for those who work closely with youth on the secondary and post-secondary side of education. Identification and timely, appropriate treatment for mental health concerns can have a lasting impact on students' lives (Ryan, 2003).

Another theme that stood out in the research that assisted in the development of my project idea was the Network Episode Model, a way of looking at help seeking as a social process, influenced by family, friends, and community members (Pescosolido, 1992). This model identifies school as a primary social setting for identifying and supporting mental health concerns and distress (Pisani et al., 2012). This idea can be adapted to fit my research question looking at the admission office and the relationships built with admission staff as another social setting that provides an opportunity for identification and support.

### **Adult Learning Theory**

To develop a project that could effectively educate my adult colleagues, I needed to become familiar with Adult Learning Theory (ALT). Malcolm Knowles is a leading researcher in the area of ALT. Knowles' has applied a few main principles to adult learners: adults need to be involved in the planning and evaluation of their education, experience (including past mistakes) provides a foundation for learning, an immediate connection or impact on their job or personal life is necessary to stimulate interest in learning, and adult learning is problem centered rather than content-oriented (Knowles, Holton, & Swanson, 2005).

I used Knowles' principles and assumptions on adult learning theory to help provide the framework for my project. It was important for me to frame my project

around the problem of mental health and the lack of resources and to demonstrate at the start of my resource guide, how this training would benefit the admission staff not only on a professional but also personal level. I also took the idea of involving the experience of my colleagues and made it part of the project by adding a reflection and sharing portion of the professional development. I want my colleagues to build their knowledge and self-efficacy through acknowledging their past experiences helping struggling students and now seeing how they could improve on those interactions in the future.

### **Choice of Method**

I chose to develop a resource guide for admission professionals to use when supporting prospective college students struggling with mental health concerns. The chosen method of a resource guide stems from my literature review and learning why school professionals do not feel confident in their ability to identify and support struggling students (Frauenholtz et al., 2017). Students are more likely to seek help from an adult that they have continued interactions with and that they feel is able to properly support their concerns (Pisani et al., 2012).

A resource guide can be easily accessed and used by staff throughout their career and can easily be updated and provided in multiple formats including electronically. Having a resource guide at their disposal will create a strong sense of self confidence and that would be reflective in their relationship with their students. The format is also conducive to being more easily implemented with admission staff than a large scale mental health screening process would be (Hunt, Watkins, & Eisenberg, 2012).

## **Project Description**

I developed a resource guide for admission professionals to use when supporting prospective college students struggling with mental health concerns. The resource guide begins with a section discussing history of the problem and the impact of mental health distress on the adolescent population. The next section discusses the definition of mental health concern or distress as well as common help seeking behaviors. Another important section of the guide is dedicated to community resources specific to the location of my institution. This includes professional contacts and help lines as well as physical locations of professional establishments that support common mental health concerns.

It was important to include information that is conducive to students that do not live in the immediate area as well. There is also information about the resources that our school offers for current university students so that counselors can feel confident in providing information and developing a plan for students that need mental health support after enrolling at our school. I also chose to include a section on self-care for the admission staff. Working with difficult situations with students can be stressful and emotional. Lastly, the resource guide ends with some discussion questions that can be used to promote continued conversations on mental health and to reflect and share professional knowledge.

## **Setting and Target Audience**

My school generally works with students between the ages of 15 and 25. These students span from 9<sup>th</sup> grade in high school to transfer students having completed college coursework at previous institutions. The university that I work for is a small, private liberal arts undergraduate school in an urban area of the Upper Midwest. The admission

staff utilizing the resources are members of this office. Their educational and professional background is varied. They range from having just months of experience in higher education to 10 or more years of admissions experience. The target population that will benefit from these staff members being trained and supported in this area are a transitional population of students, either moving from high school to college or changing post-secondary institutions. These students may or may not be receiving support at their current school or through a community resource. They are not yet a member of the university and therefore do not yet qualify for the support services on campus available to current students.

### **Assessment of Effectiveness**

Research says that students who are struggling with mental health concerns who receive support early are more likely to continue treatment, achieve more academically, and continue attending school, ultimately graduating at a higher rate than those who suffer from mental health concerns without support (Kitzrow, 2003). Admission staff self-efficacy and confidence will grow in their ability to identify and support this population of students because they have the necessary information and resources to guide them. It will also be an indicator of effectiveness of the project. These are both components that would indicate that a project that developed resources for admission staff that helped to identify students struggling with mental health concerns and that provided connections to community services and means of professional support for this student population would be effective. One possible method of judging effectiveness would be to internally track referrals by admission staff to professional services or support for prospective students worked with as well as performing reflective assessment

with the admission staff and discussing their feeling about their ability to support this population now.

### **Timeline**

The resources are designed to help staff identify and support students who present signs of or self-identify as needing help for mental health distress at any point in the admission funnel, from inquiring prospective student to just before matriculation. The project was completed over the spring 2018 semester, which ran from January 31, 2018 to May 6<sup>th</sup>, 2018.

To assure that I would accomplish this goal, I started the project class with developing a detailed outline for the resource guide. I used the outline to create a schedule for working on the content and then created deadlines for each of the sections. The project schedule included deadlines for drafts to be completed as well as a schedule of when things were to be submitted to my peer reviewer and content expert for feedback. I used the last month of the semester to revise and update my project based off feedback from my content area experts and peer reviewer. I used many of my resources already collected through my literature review to put together the introduction portion of the guide that includes definitions of terms and common help seeking behavior.

The primary part of my work in the capstone project was collecting the school and community resources information. I also developed a few examples of trainings that can be given on the content and a plan for admission offices to implement this resource guide into their regular best practices. The trainings can be adapted to pertain to specific admission populations, for example transfer and first year students. The resource guide

will be introduced to the admission staff in a strategic planning and staff development training over the summer, prior to the start of the fall 2019 admission cycle.

### **Conclusion**

In this chapter, I have discussed the rationale and model for the resource guide I created in response to my research question: *How can admission professionals identify and support prospective college students struggling with mental health concerns?* The resource guide was composed to support admission professionals working with prospective undergraduate college students experiencing mental health distress. It includes information for community resources in the specific location of my school.

Chapter four will reflect on the capstone process and the results and implications of my project. I will also discuss new understandings that I developed during the process of creating my project and identify barriers or limitations that I discovered for my project. I will also provide recommendations for future study on my topic and other similar projects that could be developed that support my research.

## CHAPTER FOUR

### Conclusions

#### Introduction

Throughout my years working in higher education admissions, there has been a continuous problem that I have seen come up again and again. The students that are applying to the institution are providing information through various sources that demonstrate often serious mental health concerns. Considering the long-term impact that untreated mental illness has on the life of a young adult, this is a heartbreaking problem that needs to be addressed. This led me to develop my research question: *How can admission professionals identify and support prospective college students struggling with mental health concerns?* After much research, my response to this question is the development of my project, a resource guide that provides information on common mental health concerns in the prospective student population, warning signs of mental health distress, support resources, current information on my school's mental health support services, and self-care practices for the admission professionals who work through these stressful and emotional situations each day.

During this chapter I will reflect on the capstone process and what I learned as a researcher, writer, and learner, revisiting chapter two, the literature review, and how my research impacted the project. I will then discuss the implications and limitations of the project, opportunities for future related projects, how the project will impact my work and school, and lastly the benefit of the project to the profession as a whole. To best explain the path that the development of my project took, I must begin with discussing the themes that became apparent in my research.



## **Revisiting the Research**

Although I have seen students throughout my work in higher education that were suffering from mental health conditions, I had no idea how significant mental health distress is among young adults. According to data reported by the National Alliance on Mental Health, 1 in 5 children ages 13-18 have or will have a serious mental illness and 50% of all chronic mental illness begins by age 14 with 75% beginning by age 24 (NAMI, 2016). The likelihood that someone working in my profession would come in contact with a young adult experiencing a mental health condition is very high.

One of the common themes found in my research is the idea of help seeking as a social construct. Social resources such as the student's involvement and view of their social support plays a factor in their help seeking behavior. One leading theory of this social influence on help seeking behaviors is the Network Episode Model (NEM) (Pescosolido, 1992). This connects to my project because the relationship that can develop through the recruitment cycle between a prospective student and an admission counselor could be seen as another social involvement that could influence a student's help seeking behaviors.

Another common theme in my research was the impact that a lack of support can have on mental health conditions. Those that are suffering and have suffered in the past with depression and anxiety are at an increased risk for suicide (Ryan, 2003). The earlier that treatment is provided in a person's life after early onset of depression, the greater the chances of preventing future depressive episodes. There is a need for long-term treatment approaches to effectively change the long-term outcome of mental health concerns in youth (Ryan, 2003). My project is intended to help admission professionals be able to

more easily connect students to professional resources and support. Access to proper treatment and resources could have a positive not only for the school but the student's entire life.

The literature review steered the direction of my resource guide. When I first began researching I was not sure how much information I would find about possible resources that could be implemented into the prospective college student experience. Through the course of my research I decided that the best answer to my research question was going to be to create a resource guide that could open a dialogue about mental health distress among our students. In addition to providing an opportunity for discussion and shared reflection, it would also provide some sources of professional support that could be provided to students when needed. The research also stimulated ideas for future research and projects that could be done to help my school continue to grow in the area of mental health support.

### **The Resource Guide**

**Importance and Impact.** The first couple of sections of the resource guide provide information on the topic: mental health distress in adolescents and the impact that mental health distress can have on young people. The guide also includes a section with data and statistics on mental health. Through my research I found it to be important for adult learners to understand why they are learning about a topic and to see how what they are learning is going to have an immediate application to their work and personal life (Knowles, Holton, & Swanson, 2005). The data and statistics will be helpful for the admission professionals to make connections and apply what they have learned to their

work. I wanted to utilize these sections to share some of the information about mental health conditions that I learned in my research.

**Mental Health Conditions.** The next few sections in my resource guide talk about common mental health conditions, recognizing the signs of mental health distress, and challenges to obtaining support. This was important to include because although admission staff see students that they can tell are struggling they may not really understand what the student is struggle with or what may have influenced this student's experience with their mental health up to this point. This section is not intended to be a diagnostic tool but rather an all in one resource that can be referred to when working with students who have self-disclosed mental health concerns or have demonstrated signs of mental health distress.

**Resources.** Another important section of my guide is the resources. This section includes information on hotlines and web contacts that nationally support youth suffering from mental health distress. I have also included information about websites that can assist in finding local professional resources all over the United States. There is also information on my specific university's resources. The university resources are helpful to be able to provide prospective students with information on what kind of support they can expect if they attend my university. The section could easily be adapted and updated for another university.

**Self-care and Discussion.** The last sections of the resource guide include self-care for education professionals and discussion questions that can be used among staff to stimulate reflection and shared learning experiences. The self-care section was developed intentionally after reflecting on how the point of the project is to recognize the importance of mental health support and helping the many students who are suffering. As education professionals, we cannot do our jobs efficiently if we cannot practice what we preach. This includes taking time to care for ourselves and our own mental health. The discussion section includes open ended questions that promote sharing experiences. The hope is that these simple discussion questions could help further the conversations about how we can continue to help struggling youth.

### **Implications of the Project**

My resource guide will serve as valuable training material and offer resources for the admission staff in my office. This guide empowers staff with knowledge of common mental health concerns and signs of distress among the adolescent and young adult population they serve. There is also easily accessible national, regional and school specific resource information that is very beneficial.

This project also opens a dialogue at my school and encourages staff to think critically about the resources that our school can provide and how we are helping our students that suffer from mental health concerns. I am hopeful that this project can be a stepping stone to a larger conversation about a possible expanded mental health support and identification process as part of the new student experience. While there are positive implications on a few different levels, through the process of developing my research guide I realized some of the limitations of my project and had to adjust accordingly.

## **Limitations of the Project**

In my research I found so much helpful information and I became much more knowledgeable about mental health in the young adult population; however, I am still not a licensed psychologist, therapist, or mental health professional, so that made it difficult to develop the project and have the exact affect I was hoping for. I gathered information on mental health concerns and common signs, as well as treatment, and put together resources and information about where students could receive professional support, but the document does not allow one to diagnose a mental health concern. The scope of the project is also focused more on my state and specifically my school and would need to be adapted to impact higher education on a larger scale.

During the process of developing the project I realized that one of the reasons there is such limited information and guidance in the area of mental health distress in prospective students is because it is a very difficult population to help properly. Some student have very minimal interactions with their admission counselors and there is a lack of standardized referral systems in place. Realizing the limitations of my project lead me to reflect on the potential future projects that could continue to expand on the development of support systems for prospective college students suffering from mental health concerns.

## **Future Related Projects and Recommendations**

This project has hopefully opened the door to a larger conversation about the mental health needs of our students. It would be helpful in the future to continue research by gathering data from secondary and post-secondary students, asking what kind of support they would like to receive from their prospective colleges. Coupled with that

would be the idea to gather data from other admission professionals about their level of self-efficacy concerning mental health identification and support.

Gathering data on the opinions of potential students and current higher education staff could help strengthen an argument and plan for a screening process for mental health concerns as part of the new student orientation process. This is slightly different than helping the student's before they are fully committed to the university, but it's a solid step in the right direction and could potentially impact a larger number of higher education institutions through the development of a model of referral to professional treatment. Although I was not able to achieve the solution that I had originally hoped to find through my research and project, I believe that this resource guide will be effective in assisting admission professionals to navigate the difficult situations they may have with prospective students.

### **Communicating Results**

I will communicate the results of my project through taking my resource guide to the leadership in my office at my school and showing them the benefits that it would provide for admission professionals working with adolescents. The use of the resource guide will hopefully demonstrate a higher level of confidence in the admission staff who would now have reliable information about common mental health concerns and available support they could easily pass on to their students.

Eventually, a possible process could be developed between my office and the counseling and health services office on my school's campus to refer students who are looking to have a mental health support plan in place. This would be similar to the way that schools develop disability resource plans for new incoming students. The research

tells us that young people who are diagnosed and treated for their mental health distress sooner and more consistently have an overall healthier life without repeated cycles of mental health distress (Ryan, 2003). If this resource guide can assist in providing referrals and support to students who may otherwise go untreated, it will have a lasting effect on the student's personal and educational journey. Setting a path for empowering educators to help students through providing knowledge and resources benefits not only my institution but the profession of higher education.

### **Benefit to the Profession**

Supporting students' mental and emotional health is an important part of creating a positive learning environment and strong school community. Empowering admission staff to feel confident in their ability to work with and support students they previously felt helpless to support will benefit the staff, promoting a higher level of job satisfaction and a lower level of mental and emotional stress for them personally. This project also opens the door for further training and practices to be developed to support mental health concerns.

### **Conclusion**

In this chapter I discussed the ways that my research impacted the process of developing my resource guide. The reason I wanted to approach my project as a resource guide was because I learned that empowering educators through teaching them the common concerns and how to recognize and provide support, as well as providing them with current information on easily accessible resources for support, is very impactful in improving the lives of students suffering from mental health concerns. There are some limitations to my project but it opens the door for further conversations, research, and

projects that could be developed to continue to improve the level of mental health support services provided to college students and prospective college students. My hope is that the resource guide can be adapted into my office and used to help support our staff and prospective students.

Reflecting on the capstone project, I think about all of the time spent researching and considering potential avenues for exploration. I knew that I wanted to focus on mental health because of the growing number of students that I see come through the admission process who are suffering. When I developed my research question: *How can admission professionals identify and support prospective college students struggling with mental health concerns?* I was not sure what I would learn about the available support for mental health concerns in prospective college students. I did not know the impact of timely identification and treatment. I wasn't well versed on the growing statistics about adolescents and young adults suffering with mental illness. I was also completely unaware of how much was available in terms of support in a variety of mediums. The research that I found in my literature review demonstrated how important it is that we as educators do our part to assist in improving the mental health supports for our students.

My project, a resource guide to be used to support students struggling with mental health, starts an important conversation about mental health and provides some basic tools. This guide will hopefully be used by admission professionals to help not only support students but to also spark further conversations and developments in services that help to identify and support mental health for this specific student population.



## References

- Al-Tabaa, N. M. (2016). *Transitioning to college: The role of learning and wellness strategies during freshman year* (M.A.). Available from ProQuest Dissertations & Theses Global. (1818958735).
- Bierman, K. L. (2003). Commentary: New models for school-based mental health services. *School Psychology Review*, 32(4), 525-529. Retrieved from <http://search.ebscohost.com/login.aspx?direct=true&db=eft&AN=507804258&site=ehost-live>
- Brenner, L. A. & Barnes, S. M. (2012). *Facilitating treatment engagement during high-risk transition periods: A potential suicide prevention strategy*. doi:10.2105/AJPH.2011.300581
- Carey, M. A. (2009). *An analysis of the compelling issues surrounding the current mental health crisis on college campuses: Lessons learned from the virginia tech tragedy* (D.M.H.). Available from ProQuest Dissertations & Theses Global. (304878933).

- Chen, J. I., Romero, G. D., & Karver, M. S. (2016). The relationship of perceived campus culture to mental health help-seeking intentions. *Journal of Counseling Psychology, 63*(6), 677-684. doi:10.1037/cou0000095
- Colandrea, C. (2010). *Depression in college freshmen: Severity of symptoms and willingness to seek help from a campus counseling center* (M.A.). Available from ProQuest Dissertations & Theses Global. (610780764).
- Costello, E. J. (2016). Early detection and prevention of mental health problems: Developmental epidemiology and systems of support. *Journal of Clinical Child & Adolescent Psychology, 45*(6), 710-717. doi:10.1080/15374416.2016.1236728
- Downs, A., Boucher, L. A., Campbell, D. G., & Polyakov, A. (2017). Using the WHO-5 well-being index to identify college students at risk for mental health problems. *Journal of College Student Development, 58*(1), 113-117.
- Ethan D., & Seidel E.J. (2013). ON THE FRONT LINES OF STUDENT CRISIS: Urban community college professors' experiences and perceived role in handling students in distress. *College Student Affairs Journal, 31*(1), 15. Retrieved from <https://search.proquest.com/docview/1503662765>
- Frauenholtz, S., Mendenhall, A. N., & Moon, J. (2017). Role of school employees' mental health knowledge in interdisciplinary collaborations to support the academic success of students experiencing mental health distress. *Children & Schools, 39*(2), 71-79. doi:10.1093/cs/cdx004

- Gopalan, G., Lee, S. J., Harris, R., Acri, M. C., & Munson, M. R. (2017). Utilization of peers in services for youth with emotional and behavioral challenges: A scoping review. *Journal of Adolescence*, *55*, 88-115. doi:10.1016/j.adolescence.2016.12.011
- Green, J., Xuan, Z., Kwong, L., Hoagwood, K., & Leaf, P. (2016). School referral patterns among adolescents with serious emotional disturbance enrolled in systems of care. *Journal of Child & Family Studies*, *25*(1), 290-298. doi:10.1007/s10826-015-0209-4
- Hartley, M. T. (2011). Examining the relationships between resilience, mental health, and academic persistence in undergraduate college students. *Journal of American College Health*, *59*(7), 596-604. doi:10.1080/07448481.2010.515632
- Hecklau, S. F. (2017). *Everyone is anxious: A narrative for admissions professionals, students, and parents, on college admissions and anxiety* (M.Ed.). Available from ProQuest Dissertations & Theses Global. (1845309421).
- Husky, M. M., Kaplan, A., McGuire, L., Flynn, L., Chrostowski, C., & Olfson, M. (2011). Identifying adolescents at risk through voluntary school-based mental health screening. *Journal of Adolescence*, *34*(3), 505-511. doi:10.1016/j.adolescence.2010.05.018 Retrieved from <http://search.ebscohost.com.ezproxy.hamline.edu:2048/login.aspx?direct=true&db=eft&AN=508434112&site=ehost-live>
- Kitzrow, M. A. (2003). The mental health needs of today's college students: Challenges and recommendations. *NASPA Journal*, *41*(1), 9. doi:10.2202/0027-6014.1310

- Knowles, Malcolm S., et al. *The Adult Learner: the Definitive Classic in Adult Education and Human Resource Development*. Routledge, 2015.
- Kraft, D. P. (2011). One hundred years of college mental health. *Journal of American College Health*, 59(6), 477-481. doi:10.1080/07448481.2011.569964
- LeCloux, M., Maramaldi, P., Thomas, K., & Wharff, E. (2016). Family support and mental health service use among suicidal adolescents. *Journal of Child & Family Studies*, 25(8), 2597-2606. doi:10.1007/s10826-016-0417-6
- Ledet, S. N. (2009). *Differential perceptions of mental illness: An investigation of stigma, attitudes, and help -seeking among professionals, consumers, and college students* (Ph.D.). Available from ProQuest Dissertations & Theses Global. (305004183).
- Lindsey, M. A., Korr, W. S., Broitman, M., Bone, L., Green, A., & Leaf, P. J. (2006). Help-seeking behaviors and depression among african american adolescent boys. *Social Work*, 51(1), 49-58. Retrieved from <http://search.ebscohost.com/login.aspx?direct=true&db=hch&AN=20895471&site=ehost-live>
- Logan, D. E. (1999). *Parental recognition of depression in adolescents: Implications for adolescent mental health service use* (Ph.D.). Available from ProQuest Dissertations & Theses Global. (304520706).
- Marsh, R. J. (2016). Identifying students with mental health issues: A guide for classroom teachers. *Intervention in School and Clinic*, 51(5), 318-322. doi:10.1177/1053451215606706

- Mason, M. J., Zaharakis, N., & Benotsch, E. G. (2014). Social networks, substance use, and mental health in college students. *Journal of American College Health, 62*(7), 470-477. doi:10.1080/07448481.2014.923428
- Mazza, J. J., Fleming, C. B., Abbott, R. D., Haggerty, K. P., & Catalano, R. (2010). Identifying trajectories of adolescents depressive phenomena: An examination of early risk factors. *Journal of Youth & Adolescence, 39*(6), 579-593. doi:10.1007/s10964-009-9406-z
- Miller-Graff, L. E., Howell, K. H., Martinez-Torteya, C., & Hunter, E. C. (2015). Typologies of childhood exposure to violence: Associations with college student mental health. *Journal of American College Health, 63*(8), 539-549. doi:10.1080/07448481.2015.1057145
- Murphy, G., & Baines, J. (2015). Connecting the dots: Facilitating a positive university educational journey with an organisational mental health and wellbeing strategy. *Journal of the Australian & New Zealand Student Services Association, 46*, 20-27. Retrieved from <http://search.ebscohost.com/login.aspx?direct=true&db=eft&AN=112085199&site=ehost-live>
- National Alliance on Mental Health (NAMI). Mental health facts children and teens. (2016). Retrieved from <http://www.nami.org>
- Ong, V. M. (2017). *The elephant in the classroom: College students' perceptions of mental health and barriers to accessing mental health services on college*

*campuses* (M.A.). Available from ProQuest Dissertations & Theses Global. (1900912097).

Owen, J., & Rodolfa, E. (2009). Prevention through connection: Creating a campus climate of care. *Planning for Higher Education*, 37(2), 26-33. Retrieved from <http://search.ebscohost.com/login.aspx?direct=true&db=eft&AN=508028228&site=ehost-live>

Pacheco, M. R. (2015). *Focusing on student retention by promoting mental health awareness among community college students and personnel* (Psy.D.). Available from ProQuest Dissertations & Theses Global. (1746693416).

Perkins, R., & Lowenthal, P. (2014). Establishing an equitable and fair admissions system for an online doctoral program. *TechTrends*, 58, 27-35. doi:10.1007/s11528-014-0766-1

Pescosolido, B. A. (1992). Beyond rational choice: The social dynamics of how people seek help. *American Journal of Sociology*, 97(4), 1096-1138. Retrieved from <http://www.jstor.org/stable/2781508>

Pisani, A., Schmeelk-Cone, K., Gunzler, D., Petrova, M., Goldston, D., Tu, X., & Wyman, P. (2012). Associations between suicidal high school students' help-seeking and their attitudes and perceptions of social environment. *Journal of Youth and Adolescence*, 41(10), 1312-1324. doi:10.1007/s10964-012-9766-7

Reavley, N. J., Ross, A., Jorm, A. F., & Killackey, E. (2011). Introduction to guidelines for tertiary education institutions to assist them in supporting students with mental health problems. *Journal of the Australian & New Zealand Student Services*

*Association*, 38, 23-24. Retrieved

from <http://search.ebscohost.com/login.aspx?direct=true&db=eft&AN=75332249&site=ehost-live>

Reid, G., Holt, M., Bowman, C., Espelage, D., & Green, J. (2016). Perceived social support and mental health among first-year college students with histories of bullying victimization *Journal of Child and Family Studies*, 25(11), 3331-3341. doi:10.1007/s10826-016-0477-7

Ridner, S. L., Newton, K. S., Staten, R. R., Crawford, T. N., & Hall, L. A. (2016). Predictors of well-being among college students. *Journal of American College Health*, 64(2), 116-124. doi:10.1080/07448481.2015.1085057

Ryan, N. D. (2003). Child and adolescent depression: Short-term treatment effectiveness and long-term opportunities. *International Journal of Methods in Psychiatric Research*, 12(1), 44. Retrieved from <http://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=11166321&site=ehost-live>

Sears, H. A. (2004). Adolescents in rural communities seeking help: Who reports problems and who sees professionals? *Journal of Child Psychology & Psychiatry*, 45(2), 396-404. doi:10.1111/j.1469-7610.2004.00230.x

Smith, A. W. (1994). *Separation-individuation and coping: Contributions to freshman college adjustment* (Ph.D.). Available from ProQuest Dissertations & Theses Global. (304142389).

- Smith, S. E. (1997a). High school-to-college transition: An intervention to reduce student anxiety. *Journal of College Admission*, 157, 8-15. Retrieved from <http://search.ebscohost.com/login.aspx?direct=true&db=eft&AN=507597458&site=ehost-live>
- Underhile, R. (2000). *Examining capacity and readiness for establishing and sustaining a coordinated school health program at the college level: A case study* (Ph.D.). Available from ProQuest Dissertations & Theses Global. (304643055).
- Valdez, C., Lambert, S., & Ialongo, N. (2011). Identifying patterns of early risk for mental health and academic problems in adolescence: A longitudinal study of urban youth. *Child Psychiatry & Human Development*, 42(5), 521-538.  
doi:10.1007/s10578-011-0230-9
- VanderLind, R. (2017). Effects of mental health on student learning. *Learning Assistance Review (TLAR)*, 22(2), 39-57. Retrieved from <http://search.ebscohost.com/login.aspx?direct=true&db=eft&AN=125136573&site=ehost-live>
- Wahlin, T., & Deane, F. (2012). Discrepancies between parent- and adolescent-perceived problem severity and influences on help seeking from mental health services. *Australian & New Zealand Journal of Psychiatry*, 46(6), 553-560.  
doi:10.1177/0004867412441929
- Werner, K. M. (2001). *Transitioning and adapting to college: A case-study analysis of the experience of university students with psychiatric disabilities* (Ph.D.). Available from ProQuest Dissertations & Theses Global. (304728041).



Whitley, J. (2010). The role of educational leaders in supporting the mental health of all students. *Exceptionality Education International*, 20(2), 55-69. Retrieved from <http://ir.lib.uwo.ca/eei/vol20/iss2/6>

Wyatt, T., & Oswald, S. B. (2013). Comparing mental health issues among undergraduate and graduate students. *American Journal of Health Education*, 44(2), 96-107. doi:10.1080/19325037.2013.764248