

LIFE ON THE FRONT LINE: STAFF EXPERIENCES HANDLING DISTRESSED
STUDENTS AND THEIR PERCEPTIONS ON JOB SATISFACTION

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Abstract

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This qualitative study explored the experiences of new student affairs professionals handling mental health issues among college students and how it may influence their job satisfaction. Kucirka's (2017) model of navigating the faculty–student relationship in the context of student mental health issues provided the framework for this study. There were 15 diverse participants from Wellness University, a large public research institution in the southwest region of the United States, who engaged in semi-structured interviews to share their experience about working with distressed students and how it has impacted their job satisfaction. Findings from this study revealed that new student affairs professionals do play a vital role in identifying and responding to mental health problems among college students; at the same time, many of them are emotionally, physically, and mentally impacted by helping distressed students causing some to consider leaving the student affairs profession. Nevertheless, most of the participants remained satisfied and fulfilled in their position. This study contributes to the limited research regarding the experiences of new student affairs professionals and their job satisfaction.

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CHAPTER 1

INTRODUCTION

Mental health issues among college students continue to be a concern for many colleges and universities. In fact, research confirms there has been an increase in the number and severity of mental health cases among college students in recent years (Center for Collegiate Mental Health, 2017; Center for Collegiate Mental Health, 2016; Gallagher, 2014; Gruttadaro & Crudo, 2012; Mistler et al., 2012; Watkins, Hunt, & Eisenberg, 2012). A key reason for this is because students confront a variety of situations during their postsecondary education that can exacerbate preexisting conditions (e.g., biological factors like schizophrenia and bipolar disorder or pre-college factors associated with family, neighborhood, and/or past trauma) or result in developing mental health problems (Pedrelli et al., 2015; Schwitzer & Brunt, 2015; Sharkin, 2006). These circumstances include dealing with pressure and competition (e.g., academic, extracurricular, parental, racial, and cultural), coping with financial problems, and managing social fears (Kadison & DiGeronimo, 2004).

While some students can handle these situations, others find them difficult, leading to harmful emotional, behavioral, and psychological conditions. College counselors reported students handle a range of problems, including anxiety disorders (89%), crises requiring immediate response (69%), psychiatric medication issues (60%), and clinical depression (58%) (Gallagher, 2014). These challenges make college more difficult for many students to navigate (Kadison & DiGeronimo, 2004; Stock & Levine, 2016).

Traditionally, counselors and psychologists have assumed the key roles to aid students who are dealing with psychological issues; however, student affairs professionals¹¹, who have frequent contact with students, often provide help and guidance to these students as well (Kitzrow, 2003). These professionals educate, holistically develop, and provide support to students beyond academics. They are well-positioned because of their close contact with students and their multifaceted job responsibilities and competencies (e.g., advising and support) to notice and support students facing challenges (Levine & Cureton, 1998; Reynolds, Muller, & Clark, 2009). For example, student affairs practitioners who are in leadership development and educational positions (e.g., student activities, Greek affairs, campus life, health and wellness, residence life, and academic advising/support) are “often the individuals on campus who help students address and make meaning of the academic, social, and personal aspects of their lives” (Reynolds et al., 2009, p.23). Their assistance may be even more critical when students choose not to seek counseling services for reasons such as stigma, lack of time and availability, or lack of knowledge about the services offered on-campus (Gruttadaro & Crudo, 2012; Vogel et al., 2010; Yorgason et al., 2008). This is a weighty responsibility for staff who are often not trained as counselors yet are well-positioned to help distressed students.

Gallagher (2008) found that the increased demand on counseling center staff led to concern of staff burnout. If trained personnel suffer ramifications from these challenges, do student affairs staff have similar reactions? Researchers (Lorden, 1998; Marshal et al., 2016; Tull, 2006) have shown that between 50% and 60% of student affairs personnel leave the

¹¹ Student affairs staff are individuals who work in the following functional areas in higher education: career counseling, student activities, Greek affairs, residence life, dean of students, judicial affairs, admissions, and advisement (Reynolds et al., 2009).

profession within the first five years of the job. Some of the leading causes for their attrition are job dissatisfaction (Lorden, 1998; Mullen et al., 2018; Saari & Judge, 2004; Tull, 2006, 2014), “role stress, job burnout, [and] work overload,” among others (Tull, 2006, p. 465). Yet, there has been no research that has explored the perceived link between student affairs staff attrition and job satisfaction and the increased demands of working with students in distress. Therefore, the purpose of this study is to explore how these new professionals perceive their role in handling distressed students²² and their perspectives on how handling those students influences their job satisfaction.

Statement of the Problem

Mental health issues among college students continue to be a growing concern for higher education institutions. Although counseling centers have been the primary mental health support for students seeking assistance, colleges and universities are making mental health concerns the responsibility of the entire campus. As such, student affairs professionals have played a critical role, because they have regular contact with students and may learn about distressed students through their interactions (Reynolds et al., 2009). In fact, student affairs professionals are spending increased time with students in distress (Levine & Cureton, 1998; Reynolds et al., 2009) even though they may not possess the skills and experiences to effectively help them (Reynolds et al., 2009). Research has found that counselors experience job burnout and stress

²² The terms, *distressed student* and *students with mental health issues*, will be used interchangeably. These are students who experience “thinking, emotions, behaviors, and/or physiology” that cause “disruption in functioning and distress or disability in important life areas” (Schwitzer & Brunt, 2015, p. 332).

because of the growing demand of mental health concerns (Gallagher, 2008). However, little is known about student affairs professionals' perceived role in handling distressed students and the influence it may have on their job satisfaction.

Statement of the Purpose

Therefore, the purpose of this qualitative study was to explore student affairs professionals' perceived role in handling and supporting students in distress and their perception of how handling those students might influence their job satisfaction. Specifically, this study focused on new full-time professionals because there was an on-going concern about their high and frequent turnover of student affairs professionals within the first five years on the job (Lorden, 1998; Marshall et al., 2016; Tull, 2006). Furthermore, given that professionals interact with students in different contexts and situations (Reynolds et al., 2009), I examined student affairs professionals from various functional areas at a single institution to explore diverse perspectives regarding working with distressed students.

Theoretical Framework

The high turnover rate of student affairs staff within the first five years of employment suggests there may be some unique challenges these professionals face in their early transition into the profession. This study accepts that many student affairs professionals are not trained to handle the mental health situations affecting some college students. Yet, with their frequent interactions with students, these staff are required to take on the responsibility to recognize the problems and concerns of distressed students and respond appropriately to best support them. To understand new student affairs professionals' perspectives helping students with mental health issues and their perceptions of how these situations influence their job satisfaction, I used Brenda

Kucirka's model of navigating the faculty–student relationship in the context of student mental health issues.

Kucirka's theory (2017) identified four stages that faculty move through when handling and interacting with distressed students —*noticing, responding, experiencing, and reflecting*. The first factor, *noticing*, pertains to recognizing when students have a mental health condition. The second element is *responding*, and it refers to what the faculty member, or for the purposes of this study student affairs staff member, does to assist the student after identifying they are in distress. The third factor is *experiencing*, which explores how staff are affected by handling mental health issues among college students. Lastly, *reflecting* is when the student affairs professional thinks about the experience and processes the event.

The four-phase model was particularly useful to this study. It provided insight into how new student affairs professionals feel about their role and how they handle these challenging situations, given that many of them may not be trained to help students with mental health challenges. Additionally, the framework brought awareness to how their role in helping these students influenced their feelings about their job, whether positive or negative.

Research Questions

The overarching question guiding this study was:

How do new student affairs professionals describe their perceived role handling distressed students and how that experience may influence their job satisfaction?

The specific research questions are:

1. How do new student affairs professionals identify students with mental health issues?

(Noticing)

2. How do new student affairs professionals intercede to help students with mental health issues? (Responding)
3. How does interceding (or not) to aid students with mental health issues affect the physical and psychological well-being of new student affairs professionals? (Experiencing)
4. How does interceding to aid students with mental health issues influence how student affairs professionals feel about their job satisfaction? (Reflecting)

Definition of Terms

In this section, I offer definitions for terms that were used specifically for the purposes of this study.

Distressed students refers to students who experience stressors such as normal development issues (i.e., interpersonal and relationship concerns), pressure and competition (i.e., academic, extracurricular, parental, racial, and cultural), financial problems, and social fears (Kadison & DiGeronimo, 2004) that contribute to the development of psychological problems. The word is also used to discuss students who have diagnosed mental health issues (i.e., cognitive, psychological, and/or physical distress.) Therefore, the term can refer to people who are or are not diagnosed with a mental health condition.

Mental health problems describes the conditions or illnesses students experience related to psychological issues or concerns.

Student affairs professionals are individuals in the student affairs profession who work in the following functional areas in higher education: Housing/Residence Life, Admissions, and Student Activities. Academic Advising/ Support is included because of the similar skills and experiences they have to student affairs staff.

New student affairs professionals are individuals who have up to five years of full-time professional experience in the student affairs field (Cilente et al., 2006).

Personal Biography

I believe college is a place for individuals to grow and develop into productive and well-informed citizens who give back to society once they graduate. However, little did I know, college would also be a time for enduring unforeseen difficulties and challenges. I dealt with some very personal issues that I rarely spoke of because I was too embarrassed and uncomfortable to share with others. At times, these matters caused me to feel insecure and doubt my abilities to persist through college. My thoughts impacted my mental and physical well-being as well as my academics. Dealing with these issues while also trying to be an academically successful student caused me to experience depression and anxiety while in school.

While counseling was a logical resource to help me manage these problems, I initially avoided it because of the perception and stigma associated with seeking help from psychological services. As an African American and Christian, I felt as though talking about mental health and seeking counseling was taboo and something that my culture did not discuss. I never heard my family, friends, or the people in my community talk about psychological conditions when I was growing up. Therefore, when I began to experience signs of emotional and mental distress, I felt uncomfortable thinking about it as well as considering seeking help for it. Instead, for many months, I personally tried to manage the problems by distracting myself with campus student activities and events, working out frequently at the gym, and/or studying late into the night in the library. These were my strategies for coping with my challenges at the time.

While some of the strategies helped me short-term, they were not sufficient, given that I became overwhelmed trying to manage them alone. Ultimately, I decided to seek counseling

despite my reservations. It was not by own volition to seek help, but with the support and guidance of some of the student affairs staff, I chose to do so.

I share this story about my college experience because to others I probably appeared to be the “ideal” college student who was involved on-campus, well adjusted, and academically successful. Very few people knew I faced many stressful moments throughout college that negatively affected me mentally, emotionally, physically, and even academically. Although these moments made college extremely challenging at times, the care of student affairs staff helped me to cope with and overcome many of the difficulties I faced.

One of the reasons I decided to pursue student affairs as a career was because of the support these dedicated staff offered me when I struggled with my mental health problems. This period of time was one of the toughest of my life. Consequently, I knew having a career in student affairs would allow me to educate, help, and support the general population of college students but specifically those who experience mental health conditions while in college.

Significance of the Study

While several studies have discussed the rise of mental health issues among college students, this qualitative study explores the perceived role of new student affairs professionals who encounter and address the problems and concerns of distressed students. Additionally, given that attrition among student affairs professionals, especially new professionals, is an on-going issue for the field, this study gives insight into how the responsibilities of helping students in distress might impact their job satisfaction. This research helps to fill a considerable void in the literature. The perspectives gained from it have implications for the student affairs profession, higher education institutions, and research.

Findings from this study benefit the practices of student affairs professionals as they continue to be on the front lines supporting and helping students. This study draws conclusions about the knowledge and skills student affairs professionals may need to appropriately, effectively, and successfully address students' needs. In addition, the findings help institutional administrators—both faculty and staff—inform policies and procedures regarding the handling of mental health situations. Lastly, a goal is for the results to expand the research on student affairs staff attrition and the causes for professionals leaving the field within the first five years (Lorden, 1998; Marshal et al., 2016; Tull, 2006).

Summary

The increase in the presence as well as the severity of mental health issues pose challenges for institutions to meet the needs of these students and provide the necessary mental health resources. That is why these problems are not only the responsibility of counseling centers but the entire university. While several studies have examined experiences of distressed college students and explored the perceptions of counseling center staff handling mental health issues, there is a lack of research about other campus stakeholders that assist with this group of students, such as student affairs professionals who are not counseling center staff. These professionals engage with students often to help and support them through trying situations.

Although student affairs professionals are present to interact and help students in distress, the profession is experiencing high attrition and turnover of new staff. Thus, this qualitative study uses Kucirka's theory of navigating the faculty-student relationship as a lens to better understand the experiences and expectations of new student affairs staff who handle distressed students. Further, it investigates the staff' perceptions of how working with these students may or may not influence their job satisfaction.

CHAPTER 2

LITERATURE REVIEW

The purpose of this literature review is to provide relevant research related to student affairs professionals' experience working with college students who have mental health issues and how these experiences influence their job satisfaction. This chapter is presented in four sections to show the need for the study and the gap in the literature. The first section is a synthesis of research on the role of the counseling centers and counselors, specifically focusing on the strategies university counseling centers are using to meet the increased demand of student issues, the counselors' experiences handling them, and the impact of stigma on the utilization of college counseling centers. The second section is an overview of faculty and student affairs professionals' experiences handling students' mental health concerns. The third section discusses relevant literature on attrition issues within the student affairs profession. The last section focuses on Kucirka's theory of navigating the faculty-student relationship and how it is applied to the experiences of student affairs professionals handling students in distress with special consideration of how these experiences may influence their job satisfaction in the profession.

The Role of Counseling Centers and Counselors

Mental health issues among college students continue to be a growing concern for higher education institutions. Although universities and colleges are implementing various strategies to manage the rise of students' psychological needs, studies (Hardy et al., 2011; Watkins et al., 2012) show that counseling centers still face the challenge of managing a large number of students who seek services. University counseling centers have moved from providing developmental and preventative counseling to treating more severe mental health cases, developing crisis plans, and handling increased workload and institutional pressures—all of

which are necessary to meet today's student demands (LaFollette, 2009; Watkins et al., 2012; Watson, 2013). As a result, counselors play a central role in addressing the needs to distressed students while balancing other institutional demands. This section provides details about how counseling centers and counselors are responding to the growing concern of mental health problems on college campuses. Specifically, it examines the strategies counseling centers are employing to meet the increased demand in services and discussing the counselor's experience.

Counseling Centers

The role of the counseling center has evolved and expanded over the years to keep up with the increased needs and demands of students with mental health issues. This change has created a shift in the services that centers provide, such as counselors having fewer meetings with clients who have milder issues, referring students to off-campus resources, facilitating brief counseling sessions with students, utilizing waitlists, and more (Gallagher, 2013). Even though these approaches help address the increased demand of services for some colleges and universities, research has shown they may be inadequate to meet the needs of all students seeking assistance. For example, Owen et al. (2007) surveyed 504 participants, and found approximately a quarter of the students (i.e., 127 clients) were referred to external mental health services due to limited therapy sessions available at the campus facility for students with severe problems (Owen et al., 2007). Almost 40% of those students who were referred (i.e., 53), did not seek services for reasons such as not having the financial means, being unable to locate adequate off-campus referrals, lacking motivation and time to seek external resources, and feeling displeased about the referral (Owen et al., 2007). The fact that these students did not get the suggested treatment is significant to the current study because less is known about other places on campus where students may have sought (or received) help.

In addition to referrals, some counseling centers allow students to sign up on a waitlist as a way to respond to the influx of students seeking assistance. However, Levy et al. (2005) found a sizeable number of students were less likely to return for treatment who used this option. In their study, 27% of a sample of 1,461 European and African American students who completed the intake evaluation between 1995 and 2001 did not return for counseling after being placed on the waiting list. Although the study did not examine why, it concluded that African American students and students who waited more than three weeks for a session did not return. The study focused only on the students' use of the campus counseling center, so it is unknown if the students sought assistance elsewhere. Nevertheless, once again, a potentially large number of students did not make use of the campus counseling center to help them cope with their issues.

Another short-term solution counseling centers use is providing students with a limited number of sessions (Hardy et al., 2011). Even though counseling centers are able to see more clients with this approach, some patient issues may need additional time and attention, so this alternative may not be sufficient for all students' needs (Draper et al., 2002). Therefore, limiting counseling sessions for students, especially those with severe psychological problems, may not be the best approach to meet the growing demands.

Hardy et al. (2011) studied another university counseling center that implemented a triage system. A triage system is based on making the decision of who needs the utmost attention immediately when there is a demand of services but little supply. Utilizing this system decreased the wait time for initial consultation appointments, which also made it more likely students attended their first appointments. The researchers found that students in crisis were less distressed at initial consultation appointments as well (Hardy et al., 2011). Although the study revealed several positive results for the students seeking services, the counseling staff

experienced many challenges. For example, there were too few staff to handle the number of students coming to the center for assistance and the initial sessions were “less personal” and “too quick” for an accurate assessment,” which may have led to staff burn out (Hardy et al., 2011, p. 234). While the triage strategy helped in some ways, it did not efficiently manage the increased demand of services for the counseling center.

These studies reflect the many ways counseling centers are attempting to address the increased demand for their services. As a result, they have adopted a range of alternative strategies (e.g., limited sessions, wait lists) to address the need. However, these approaches fall short in several ways and are inadequate to meet the needs of distressed students who would benefit from assistance (Owen & Rodolfa, 2009).

Counseling Center Collaborations

Given the challenges counseling centers face attempting to meet the needs of college students with mental health issues, researchers have concluded that addressing students’ concerns is not only the responsibility of counseling centers but the entire campus (Kadison & DiGeronimo, 2004; Owen & Rodolfa, 2009; Reynolds et al., 2009). In fact, Brunner et al. (2014) reported 98.1% of 408 counseling center directors indicated that the collaboration between the counseling center and other departments was “extremely” or “very important” (Brunner et al., 2014, p. 301). Unfortunately, few studies delve into how the entire campus plays a role in addressing distressed students’ needs.

The research that is available focuses on how multiple departments work collaboratively to address the increase in students’ concerns and problems (Kadison, 2006; Moss, 2017; Owen & Rodolfa, 2009). The departments that the counseling centers partnered with most frequently included “Residence Life (87.3%), Health Service (85.3%), Students of Concern Committee

[also known as judicial affairs or conduct issues within residence life] (83.6%), Dean of Students/Student Affairs Office (80.9%), and Health Promotion/Prevention (70.1%)” (Brunner et al., 2014, p. 301). One explanation for the frequent interactions with certain departments is because these faculty, staff, and even students are in a position to interact more often with students, offer them assistance, and provide appropriate resources (Owen & Rodolfa, 2009). The centers that worked with departments did so in a variety of ways, including conducting student needs assessments, sexual assault prevention and response services, and outreach programming.

Another collaborative approach discussed in the literature is an educational method called *curriculum infusion*. One university used the technique to engage more faculty in supporting prevention efforts (e.g., events and activities) for psychological issues among college students and to increase faculty referrals to the counseling center (Mitchell et al., 2012). Campus therapists, health instructors, and medical professionals partnered with faculty to participate in the initiative to create and implement “class activities and assignments that introduce faculty and students to mental health topics such as depression, anxiety, eating disorders, or suicide while at the same time focusing on academic content” (Mitchell et al., 2012, p. 25). Mitchell et al. (2012) studied the experience of nine faculty and 659 students involved with curriculum-infused courses. They reported that for a couple of years after student participation in the course workshops, activities, and assignments “more people sought mental health consultation over time,” were knowledgeable of campus resources, became a part of suicide prevention and mental health promotion initiatives, and found the mental health programs beneficial (p. 33).

Additionally, for the first two years of the program, there was an increase in faculty referrals, the visibility of the counseling center and health center staff increased, and the course assignments provided faculty the opportunity to give information to students about mental health. Although

the findings yielded these positive results, Mitchell et al. (2012) noted that the project was time consuming and energy intensive for the staff facilitators, and sometimes the partnerships failed during the project, which caused the curriculum to be ineffective for some courses.

Although the literature is limited, findings from the research show that campuses are taking measures beyond the counseling center to meet the growing demands in student mental health issues at colleges and universities. However, further research is needed to understand how these actions are influencing staff experiences and job satisfaction.

Counselors' Role

The literature is limited on college counselors' experiences handling the increased growth and severity of mental health issues; however, according to one study that surveyed 284 counseling center directors, the pressure for counselors to handle difficult caseloads led to staff burnout (Gallagher, 2008). With 21-67% of professionals facing "high levels of burnout" (Morse et al., 2012, p. 342), it is not surprising that it has been the subject of much of the research in the mental health profession (e.g., Lee et al., 2010; Morse et al., 2012; Parham, 1992; Sprang, Clark, & Whitt-Woosley, 2007; Thompson, Amatea, & Thompson, 2014). Burnout "often results when the counseling center psychologist begins to feel used, overworked, increasingly ineffective, unappreciated, and unacknowledged" (Parham, 1992, p. 33).

Wilkinson, Infantolino, and Wacha-Montes (2017) investigated the "personal, client, and work" burnout of 80 clinicians who worked at university counseling centers (p. 545). For the purposes of their study, they defined *personal* burnout as "feelings of both physical and emotional exhaustion;" *work* burnout as "physical and psychological exhaustion related to one's job;" and *client* burnout as "physical and psychological exhaustion related to working with clients" (Wilkinson et al., 2017, p. 545). Overall, they found a link between the perceived growth

in the number of severe conditions among students and the work, personal, and client burnout of the clinicians. In general, they reported that burnout was often the result of a: (a) lack of job advancement, (b) working on-call evening and weekend shifts, (c) length of time working in a college counseling center, (d) perceptions of increased workload, (e) seeing a rise in severe issues among students, and (f) discontent with their salary (Wilkinson, Infantolino, & Wachamontes, 2017, p. 545). Lastly, burnout increased based on the amount of years they had worked in a college counseling center. Therefore, the greater demands placed on them because of increased student need was taking its toll on these trained counselors and the price was compounded over time. These findings are consistent with other research on mental health professionals' experiences and burnout (Holmqvist & Jeanneau, 2006; Morse et al., 2012; Parham, 1992; Sprang et al., 2007; Thompson et al., 2014).

However, contrary to Wilkinson et al. (2017) and those other studies on burnout, some research has indicated counselors maintain positive work attitudes over the years (Jones, Hohenshil, & Burge, 2009; Kamdambi, Audet, & Knish, 2010). For instance, Jones et al. (2009) surveyed the job satisfaction of 182 African American college counselors who averaged over 15 years of counseling experience and over 8 years in their current job (p.153). They found that 88.6% of these counselors were either "satisfied or very satisfied" with their job with the exception being able to obtain an advanced position (Jones et al., 2009, p.155). These findings illustrate there are counselors who have worked several years in their field and remain satisfied within their job despite the challenges they face. Therefore, research is mixed regarding counselors' experiences working with students.

The Impact of Stigma

The previous studies have focused on institutional responses to student needs, this section synthesizes research on the role stigma plays in students' decision not to seek help (Corrigan, 2004; Vogel et al., 2010; Yorgason et al., 2008). Although there is a growing demand for counseling services, research shows that there are students who choose not to seek help because they perceive that it is not socially acceptable to use psychological services (Gruttadaro & Crudo, 2012; Vogel, Wade, & Ascherman, 2009; Vogel, Wade, & Haake, 2006). Wu et al. (2017) studied 8,285 diverse undergraduate students to investigate the impact stigma had on mental health utilization. The researchers reported 42% of the students had lower stigma towards psychological services and used them more frequently and had better overall mental health. However, 17.8% of the sample population were less likely to seek help from mental health services because of the effect of public and self-stigma. Further, although the remaining 40% of the students did seek assistance, the researchers found that they held "strong stigmatizing beliefs about mental health service use" (Wu et al., 2017, p. 496). Additionally, the results showed that women and European Americans were more likely to seek counseling than men and those who identified as Asian/Asian American. This study revealed that stigma played a role for diverse groups of college students whether they utilized counseling services or not.

The research referenced in this section shows that college counseling centers are working to meet the growing demand of mental health services in higher education. However, there are various factors that affect students seeking help such as wait lists, short-term therapy sessions, off-campus referrals, stigma, etc. Most of the literature has focused on the experience of counseling staff, but not other campus professionals who have contact and provide support to students with mental health challenges. The current study fills this void by exploring the

experiences of other campus stakeholders at universities and colleges who handle distressed students.

Campus Stakeholders: The Faculty and Student Affairs' Experiences

Limited studies have focused on campus faculty and staff who may be the first to encounter students with mental health issues through their regular interactions with them in class, residence halls, and/or other activities (Owen & Rodolfa, 2009; Reynolds et al., 2009). This section includes a discussion of the existing literature on faculty members' and student affairs professionals' experiences assisting students who are distressed.

Faculty Experience

A few studies (e.g., Easton & Van Laar, 1995, Ethan & Seidel, 2013) have examined the experience of faculty members dealing with students in crisis. In one qualitative research study with 22 community college professors, participants reported students in their classes dealt with a range of problems, including "homelessness, physical assault and sexual abuse by family members and significant others, immigration issues, death of a parent in the home country, rape, stalking, suicide of a friend, issues related to being transgendered, and panic attacks, among others" (Ethan & Seidel, 2013, p. 19). The researchers found the faculty felt they had to get involved because students either disclosed concerning information to them or demonstrated unusual behavior such as being hostile toward the professor and making threatening comments. However, many of the professors described managing the situations as best they could, given their lack of training and being unaware of the services the counseling center offered. While this study provided perspectives on faculty involvement with college students contending with mental health issues, the research was limited to a group of faculty who worked at an urban

community college, and may not reflect the situation at institutions with more or different resources available to students.

Other studies that involved faculty delved deeper into understanding the strategies and approaches that were used to address their concerns with these students struggling with mental health. For example, White and LaBelle's (2019) qualitative study with 17 faculty members from one community college explored the perceived role of faculty-student communication in addressing mental health concerns, specifically, in the classroom. The study revealed that faculty perceived they needed to "act as an empathic listener, serve as a referral source, be a first responder, or a bystander" when it came to helping students with psychological concerns (White & LaBelle, 2019, p.140). The faculty offered ways they managed student issues including utilizing their course syllabus to acknowledge mental health services available on-campus, offering and allowing students to freely discuss issues with them, and using class time to provide tips and strategies on "self-care" such as getting rest and doing mediation (White & LaBelle, 2019, p.144). In spite of providing these outlets, the faculty expressed concerns about feeling "unqualified or poorly trained" to have a conversation with students regarding their mental health problems because they were not taught how to address such topics (White & LaBelle, 2019, p.146). They also acknowledged their uneasiness about talking to students about these problems because they believed that students would "turn violent" on them if they broached the subject (White & LaBelle, 2019, p.146). Unlike counselors, faculty are untrained when dealing with students struggling with mental health issues and, as a result, they feel uncomfortable handling these matters. However, because of their proximity with students, they found themselves needing to get involved, much like student affairs professionals.

Moreover, Mazza (2015) studied 26 participants who were social work faculty from 22 different colleges and universities that explored their experiences working with students who have psychiatric concerns. This study found that faculty were aware of the various family and financial issues students dealt with in school that caused them stress; they noticed the signs of abnormal behaviors (i.e., missing classes and unusual appearances) that were related to psychological conditions; and they responded to students' who faced these issues. Similar to White and LaBelle's (2019) study, some of the participants felt uncomfortable handling these situations; however, unique to Mazza's (2015) research, participants acknowledged that responding to the student's psychological issues "was some of the best work that they did for students" (Mazza, 2015, p. 437). Furthermore, it was natural for several of the participants to build relationships with their students given the nature of working in the social work field and relating to people; however, this led faculty to be concerned about students not understanding "boundaries" and that the professor's role is a teacher and academic advisor and not a counselor. (Mazza, 2015, p. 437). Nevertheless, similar to Ethan and Seidel (2013) study, Mazza found that the social work faculty were aware of the resources on-campus such as counseling and disability services and referred students to the appropriate supports. Mazza (2015) also acknowledged faculty tried to use different strategies to help distressed students in order to retain them in the academic program. However, the approaches did not always work, leading the faculty to counsel the student out of their program either short-term or indefinitely. This study provided an in-depth understanding of how social work faculty at various institutions handled college students with mental health problems; however, the study lacked perspective from other campus administrators and failed to discuss the impact handling psychological concerns among college students had on their job satisfaction.

These findings demonstrate that faculty members are put in a position to provide assistance to students who have mental health issues, regardless of whether they have formal training or are familiar with campus resources. The research suggests that faculty members may become aware of students in distress because of their frequent contact with them and handle their concerns by employing different approaches to help them. Although research has explored the faculty perspective of dealing with mental health issues among college students, limited research has explored how handling these situations affects their job satisfaction. Student Affairs professionals also have close and frequent contact with students, but limited research has explored their experiences handling distressed students and how their proximity affects their job satisfaction.

Student Affairs Professionals' Experience

A number of researchers (Ethan & Seidel, 2013; Kitzrow, 2003; Levine & Cureton, 1998; Reynolds et al., 2009; Stock & Levine, 2016) have concluded that student affairs staff play a key role in supporting students in distress because of their frequent interactions with them. In fact, these staff members may be the first to learn of a student's emotional and mental health concerns, because of their unique roles on campus. According to Reynolds et al. (2009), "helping students is central to the history, goals, and responsibilities of student affairs work," which is "to assist college students with all aspects of their curricular and extracurricular lives" (p. 8). However, there has been little empirical research conducted to understand their experiences handling mental health issues among college students. Most of the research has focused on the awareness, knowledge, and skills necessary to best serve students with these concerns.

Some studies have explored the concept of student affairs professionals as helpers and the skills and awareness they need to support and guide students. Reynolds (2011) conducted a

Delphi study with 159 entry-level and mid-level student affairs administrators to reach consensus on the necessary traits. After multiple rounds of discussions, they identified student affairs staff needed helping skills (e.g., counseling, crisis management), experiences (e.g., on-the-job experience working with students), and knowledge (e.g., graduate coursework, professional development) to be effective working with students.

While a few studies have focused on the skills and knowledge student affairs professionals need to handle mental health issues among college students, Massey, Brooks, and Burrow (2014) examined the effectiveness of a specific training, Mental Health First Aid (MHFA), for student affairs professionals at a mid-sized, research university in Ontario, Canada. Their mixed-methods research study with 84 participants investigated “the extent to which MFHA (a) increased knowledge about mental health,” (b) helped staff recognize students exhibiting mental health concerns, “and (c) raised staff confidence in addressing mental health issues” (Massey, Brooks, & Burrow, 2014, p. 326). Data included pre-test, post-test, and staff interviews. The researchers found that the training did result in an increase in knowledge, more contact with and ability to identify individuals who had psychological conditions, and more confidence in confronting mental health issues among students (Massey et al., 2014). Although this study shows the promise of this training, the study was conducted in Canada, which may reflect both cultural and institutional differences with US colleges and universities, and the sample size was small. Nevertheless, it provides insight on how this training may improve student affairs professionals’ knowledge and handling of students’ mental health issues.

In summary, the research on student affairs professionals’ experiences who work with college students with mental health issues focuses on the helping role they play, the skills and knowledge that are needed for them to be effective, and the usefulness of mental health first aid

training. However, little research is focused on student affairs professionals' experiences handling distressed students with whom they may play a key role because they frequently interact and provide support to these students.

Student Affairs Attrition

Attrition is an issue the student affairs profession has struggled with for many years (Lorden, 1999; Tull, 2006). Research (Marshall et al., 2016; Silver & Jakeman, 2014) has been conducted on various contributing factors as well as different job levels (e.g., senior level, mid-level, etc.) to try and understand the causes of the high attrition rate in the field. Job dissatisfaction is noted as one of the most common reasons student affairs professionals leave the field (Tull, 2006). Some of the causes for this are “role ambiguity, role conflict, role orientation, role stress, job burnout, work overload, and perceived opportunities for goal attainment, professional development and career advancement” (Tull, 2006, p. 465). This section examines existing literature that focuses on student affairs professionals and their job satisfaction and intentions of leaving the job.

Job Satisfaction and Intentions of Turnover

Job satisfaction and turnover intentions among student affairs professionals has been well documented (Mullen et al., 2018; Lorden, 1999; Tull, 2006, 2014). Much quantitative research shows that job stress and burnout influence student affairs job satisfaction and intentions of turnover (Berwick, 1992; Howard-Hamilton et al., 1998). For example, Mullen et al. (2018) conducted a quantitative study with 789 student affairs professionals to examine if there was a connection between job stress, burnout, job satisfaction, and intentions of turnover. The results indicated that the participants, who reported having low levels of job stress, were less likely to feel burnout, had high satisfaction with their jobs, and were less likely to consider quitting.

Likewise, when student affairs professionals' stress and burnout levels increased, their job satisfaction decreased and their intentions of turnover increased. Both work-related stress and burnout were predictors of student affairs professionals' job satisfaction and their intentions to leave the profession.

Supervision is another factor examined as a contributor to job satisfaction and intention to turnover. Tull (2006) conducted a study that investigated the relationship between synergistic supervision, job satisfaction, and intention to turnover for new professionals in student affairs. *Synergistic supervision* is described as a method that “enhances the personal and professional development of new professionals” by having open communication, developing trust in the relationship, and providing feedback (Tull, 2006, p. 466). The study included 435 new professionals who worked in student affairs for less than five years. The findings revealed that a strong and solid synergistic supervisory relationship can lead to positive job satisfaction for new professionals, which can lead to professional and individual growth for new professionals “reducing role ambiguity, job burnout, and work overload” (Tull, 2006, p. 473). The results also indicated that if the supervisory relationship is lacking then there is a high probability for them to consider leaving the profession.

Furthermore, role perception (i.e., role conflict and role ambiguity) is a variable that influences student affairs professionals' job satisfaction as well as their intentions for leaving their institution. Tull (2014) conducted another study that included 228 community college senior-level student affairs officers (SSAOs) and examined role perception, job satisfaction, and propensity to leave their institution. The research indicated that SSAOs' job satisfaction was negatively influenced if they had a negative perception of their role and functional boundaries

(i.e., role ambiguity). Also, if SSAOs were dissatisfied with their job, there was a greater likelihood they would leave their institution.

These findings show that there are various factors that impact student affairs professionals' job satisfaction as well as intention to turnover or leave the field. However, at present, there is no research that specifically explores how assisting students with mental health issues, which may be more of a campus concern than in the past, affects new student affairs professionals' perceptions of their job satisfaction (Mullen et al., 2018; Tull, 2006). More qualitative research is needed, specifically with these new professionals, because of the high turnover high in the field, particularly in the first five years of employment, and the fact that most previous research on new student affairs professionals and their job satisfaction is quantitative. The current study addressed this gap by looking specifically at the experiences of new professionals who have helped distressed students.

Kucirka's Model of Navigating the Faculty-Student Relationship

Brenda Kucirka's framework on navigating the relationship between faculty and students with mental health issues is used to attempt to explain new student affairs professionals' experiences handling distressed students and the influence it may have on their job satisfaction. Kucirka's (2017) framework was developed based on research conducted with faculty navigating relationships with college students who have mental health conditions. The model has not been utilized to explore the experiences of student affairs staff previously but is applied in this study to gain greater insight into the perceptions of new student affairs professionals. The concept has four stages for to explore this phenomenon: noticing, responding, experiencing, and reflecting.

The first step is *noticing* or "becoming aware of a student with a possible mental health issue" (Kucirka, 2017, p. 396). In this stage, professionals can learn about distressed students

three ways. First, through *triggering events*, which includes two methods—students disclosing their mental health conditions to the staff and the staff recognizing abnormal activities, such as anxiety. Second, they can become aware of their mental health problems by interacting and seeing them frequently and in smaller environments. In Kucirka’s (2017) study, she found that the faculty members became mindful of students’ mental health problems when they spent adequate time with them in the clinic because it was a more intimate setting where faculty could *notice* when a student had unusual behaviors, such as difficulty having conversations with people. For the purposes of this study, staff can also learn about students’ psychological issues because of their close associations and ongoing interactions with them as well.

The second phase is *responding*, which describes how and when individuals intercede to help students with mental health conditions. There are several factors to consider at this stage such as: “acuity, comfort level, perceived support, boundaries, resources, strategies, and teaching philosophies,” all of which impact how and when staff respond (Kucirka, 2017, p. 398). *Acuity* is based on the severity of a student’s psychological problem. For example, “if faculty sensed a student had a mental health issue, and it was not deemed to be acute, they devoted more time to observation and assessment,” rather than responding right away (Kucirka, 2017, p. 398).

Comfort level is defined as how capable and knowledgeable the faculty felt handling the situations. The faculty in Kucirka’s (2017) study “intervene[d]” if they felt comfortable addressing distressed students (p. 398). *Perceived support* is when faculty felt self-assured about the support, they have from university officials when working with distressed students.

Boundaries include ensuring clear restrictions are created and maintained between the faculty and student with mental health issues to avoid misinterpreting the faculty-student relationship being informal such as a “friendship.” Additionally, the *resources* (e.g., campus mental health

professionals, co-workers, etc.) that are available (or not) to them impacts whether they respond to students with psychological problems. Kucirka (2017) indicated that faculty who were more “familiar with referral sources were more confident with using them” and “more willing to step in and actively address the situation” (p. 398). *Strategies*, such as referring a student to the counseling center, is a way to *respond* to and help distressed students. Finally, *teaching philosophy* is the “world view” that influenced how the teachers saw and approached helping these students (p. 399). For example, Kucirka’s (2017) found that “faculty respondents spoke about the nature of nursing, expressing the sense that they were accountable to the public and profession of nursing; [therefore,] those who reported a student centered philosophy were quicker to respond” to students dealing with mental health concerns (p. 399). Thus, the current study will similarly explore the strategies employed by student affairs staff to support distressed students.

Kucirka discussed phase three, *experiencing*, as the impact handling mental health issues had on the faculty’s “affect, cognition, and behavior” (p. 399). *Affect* is the various feelings that surface when dealing with these situations such as frustration and stress. *Cognition* is “the ways [people think] of themselves” when helping distressed students such as “express[ing] negative self-appraisal as a result of [helping students who have psychological problems]” (Kucirka, 2017, p. 399). *Behavior* is how they deal with and manage their emotions (e.g., stress) while handling situations with distressed students such as talking to co-workers and family.

The last stage, *reflecting*, is how well faculty (or staff in the current study) handle (or do not handle) mental health problems among college students (Kucirka, 2017). There are two key components for this stage: *self-awareness* and *change in practice*. *Self-awareness* is thinking about how they handled the college student with mental health issues. Lastly, *change in practice*

is considering how they might modify their actions when dealing with similar situations in the future.

Kucirka's theory has not been frequently used in research and has solely focused on faculty's experiences working with students who have mental health issues. However, there are some similarities between the roles of faculty and student affairs staff (e.g., not trained to handle these matters, ongoing and frequent engagement with students), which makes the framework useful to apply in this study to understand new student affairs professionals' experiences working with distressed students and the impact the interactions have on their job satisfaction.

Summary

Some studies mention the critical role student affairs professionals' play when helping students in distress (Kitzrow, 2003; Reynolds et al., 2009). However, most of the literature discusses counselor and faculty experiences dealing with mental health situations. Although student affairs practitioners frequently interact with these students, there has been little scholarly research on the topic. Additionally, the attrition rates in the student affairs profession continue to be a problem. Given that student affairs professionals are spending more time and effort on handling student concerns, one could speculate that the increase may be influencing their job satisfaction and contributing to retention concerns. Therefore, the goal of this study was to understand the experiences of new professionals who work with college students who have mental health issues and how they perceive that influences their job satisfaction. Kucirka's framework helped provide a context for exploring those interactions.

CHAPTER 3

METHOD

This chapter presents details of the research methods used in this study to explore new student affairs professionals' experiences working with students with mental health issues and their perceptions of the influence these experiences may have on their job satisfaction. First, I reiterate the research questions, describe the research site, and include specifics of the research design. Second, I describe the data sources and strategies for recruiting participants. Then, I introduce the participants and discuss the methods for collecting and analyzing the data. The chapter concludes with the strategies used to validate the study, ethical considerations, and the limitations of the research.

Research Questions

The following overarching research question guided this study:

How do new student affairs professionals describe their perceived role handling distressed students?

The specific research questions are:

1. How do new student affairs professionals identify students with mental health issues?
(Noticing)
2. How do new student affairs professionals intercede to help students with mental health issues? (Responding)
3. How does interceding (or not) to aid students with mental health issues affect the physical and psychological well-being of new student affairs professionals?
(Experiencing)

4. How does interceding to aid students with mental health issues influence how student affairs professionals feel about their job satisfaction? (Reflecting)

Setting

The study was conducted at a Research I university located in the Southwest region of the United States referred to as Wellness University. The student enrollment was approximately 38,000 students, which included 48% White, 22% Hispanic, 14% African American, 7% Asian Pacific Islanders, 6% Non-residents, and 9% International students.

To gather specific information about Wellness University, I interviewed the director of the counseling center. She provided an overview about the following aspects: data about the mental health issues among the student population, the type of services offered by the center, the strategies the center uses to meet the students' needs, and the collaboration between the center and other departments on-campus. According to the director, the counseling center worked with approximately 2,600 students last year, taking about 10,000 to 11,000 appointments. This is a 30% increase in students seeking counseling for various mental health issues from the previous year. She indicated "the number one consistent [issue] had been anxiety," and that had "definitely grown." The second most common concern was "depression [and] depressive symptoms and then all of the little transitional things," such as homesickness and stress. However, she has also seen an increase in the severity of mental health issues among students, stating that "it's rare now...to see students that are coming in and don't have some type of suicidal ideation..." She mentioned that when she began in college counseling 20 years ago, she would see less severe cases such as "homesickness," but now students have far more serious concerns, causing the counseling center to make changes and implement different strategies to meet the growing demands of their students.

In general, those practices are determined by an assessment of the issue requiring short-term versus long-term care. In other words, if a student had an “extensively long-term history of counseling and the problems are also long-term,” such as bi-polar disorder and suicide ideation, then they were referred to off-campus therapy. However, even in these cases, the counseling staff considered mitigating factors such as if the student had access to a car, knowing that having available transportation made it more likely that the student would follow through on the recommendation. On the other hand, if students sought services “with a long-term history, but a short-term problem” then the Wellness University counseling staff provided care to them. For example, if a student had been treated most of their life for bi-polar disorder, but was struggling with stress, anxiety, or eating disorders, “...then that would be within “the [counseling centers] scope of practice.”

When center staff are involved, they managed the increased demand in services by implementing other strategies to efficiently address student needs. For example, they shifted from a comprehensive in-take consultation to an initial consult which was “a brief triage...basically a 30- minute appointment process to determine the level of care” needed for the student. Additionally, they moved to every two-week appointments with students “who [were] not suicidal” and they placed a cap on the number of appointments students had to open more individual sessions. Another service provided for students was Therapy Assistance Online (TAO), a self-help module. The director mentioned “a lot of times students use [TAO] between sessions or like during the summer or just [before they] jump into therapy” to learn skills and techniques to cope with their problems such as journaling.

The center also offered a variety of group therapies for students who share common issues such as dealing with grief and social anxiety. Group meetings ranged from art therapy to

crochet groups to help students manage stress, among other issues. Students could attend as many group sessions as they want.

The counseling center staff also collaborated with other departments across campus to address student needs. The director noted that they often partnered with residence life, the multicultural center, and Greek Life to do some outreach programming to bring awareness to students about mental health and the services the counseling center offers. She saw the benefit of working with these offices, because it helped to “decrease stigma, “which was important. Also, “if [the staff in other departments could] reach students before they [were] in crisis...then” [the center staff could be proactive and be] much more prevention oriented.” Although this approach might cause the counseling center numbers to increase, in total, it may lead to a decrease in the number of severe cases that the counselors had to manage. Most important, she recognized that at least students would have the coping tools needed to help them before the situation became dire.

Research Design

On February 25, 2019, I obtained IRB approval from the University of Texas at Arlington to conduct research at Wellness University. A qualitative study design was used to provide an in-depth perspective into the lived experiences of student affairs professionals at a single institution (Creswell, 2013). The use of qualitative methodology relies on data collected through interviewing several individuals and making meaning of their views about an issue that is being studied (Bogdan & Biklin, 2006; Creswell, 2013; Yin, 2014). It is also helpful for exploratory studies on topics that have not been the subject of much previous work. Since there was very little literature on the experiences of new student affairs professionals handling mental health

situations among college students, qualitative research methods were necessary to explore and gather a more detailed understanding of the issue.

Data Source

In order to develop a robust and detailed study, data were gathered from a demographic questionnaire and individual interviews with student affairs staff and the director of the counseling center. The questionnaire gathered demographic and background information from all potential participants who were full-time, new student affairs professionals with less than five years of experience at the selected site (see appendix I). The questionnaire asked about the participant's gender, age, highest education level, major/degree, university/college(s) attended, years of experience in student affairs profession, and functional area within student affairs.

A second source of data for this study was semi-structured, one-on-one interviews with the counseling center director and with new student affairs staff (See Appendix A for the interview protocol). The semi-structured interviews included a series of questions, sub-questions, and probes—providing more depth information than could be gathered from a structured interview (Gall, Gall, & Borg, 2007). Interviews of this type allowed the researcher to gain in-depth perspectives of the participants' experiences (Maxwell, 2009). Each interview was audio-recorded with a digital recorder and lasted from 20 to 75 minutes.

The interview protocol for the new student affairs staff included questions about their personal views (e.g., opinions, attitudes, and meanings) on handling mental health issues among college students (Yin, 2014). Some of the questions included discussing career and educational background, describing their involvement helping distressed students and the strategies that they used, recounting the training and practices received to navigate these situations, and sharing their

story of handling mental health issues among college students (See Appendix A for the protocol).

The director interview was used to gain perspective and context regarding the mental health climate at the university, the strategies the center used to handle the demand of services and student issues, and services offered at the counseling center (See Appendix E for the email to the director of the counseling and Appendix B for the interview protocol for counseling center director). These sources of data helped to develop a fuller understanding of the campus environment and the student affairs professionals' perspectives within this setting.

Data Recruitment and Collection

To ensure the study yielded useful, descriptive, and credible data, random purposeful, criterion sampling strategies were used for research. Creswell (2013) noted that utilizing random, purposeful sampling and criterion approaches adds “credibility” and “quality assurance” to the study (p. 158). As such, a point of contact at Wellness University was identified and agreed to find participants who met the criteria for the study (See appendix C for email to staff to recruit participants). The point of contact sent an email directly to new student affairs professionals who they believed met the criteria of working in a student affairs functional area, had less than five years of full-time experience in the profession, and worked with students who had mental health issues. Potential participants were directed to complete the consent form and demographic questionnaire, which was created in Qualtrics, by clicking the link that was embedded in the recruitment email. The opening webpage of the questionnaire served as the consent form (See Appendixes F-I for consent form and demographic questionnaire).

My goal was to conduct eight to 12 interviews depending on data saturation, which was when no new data emerged from the interviews (Creswell, 2013). After the initial email was sent

out by the point of contact, I received five responses from interested and qualified participants and sent a follow-up email to them formally inviting them to take part in a Skype, Facetime, phone, or face-to-face interview—based on their preference (See Appendix J for formal e-mail invitation). The five participants, including the counseling center director, chose to conduct the interview over the phone.

After three weeks passed, I followed up with the point of contact and asked for them to send the recruitment email to people again because no one else had responded. After waiting another week for additional participants, I amended my IRB proposal (approved on April 10, 2019) to include snowball sampling as a recruitment tool. Snowball sampling increases the participant pool by having participants identify people who were known to have “information-rich” experiences (Creswell, 2013, p. 158). Therefore, I was able to ask former participants to provide me with names and emails of people who met the study’s criteria (see Appendix K). Many of the professionals who were recommended worked in academic advising/support and helped students who dealt with mental health problems. Academic advising/support is normally a functional area of academic affairs within higher education, however, they “draw on skills and experiences typical of student affairs practitioners” (Wilson, 2016, p. 293). I included them as participants because they are also front line workers that frequently interact with students (Reynolds et al., (2009) and face similar challenges as student affairs professionals such as low job satisfaction (Mullen et al., 2018). Among those who were suggested, six of them worked in academic advising/support as academic advisors, student success coordinators, and academic counselors. Because of this second recruitment effort, I obtained 10 more participants through snowball sampling and interviewed them via phone. Therefore, I ended up with nine new student affairs professionals, six staff who worked in academic advising/support, and one counselor

participating in the research. The data collection process took approximately four months from the time the IRB approval was received in February to the last interview conducted in mid-May.

The Participants

To provide context for understanding the data, I briefly introduce the 15 participants, providing their pseudonym, their educational and professional background, and if they have dealt with their own mental health issues. Participants are grouped by job category, including academic advising/support, housing/residence life, and student activities (See Table 3.1 for participant information).

Academic Advising/ Support

The six participants who worked in academic advising/support were responsible for advising various student populations, such as those in their first year of college or associated with specific academic majors. Some of them also provided students with academic support throughout college by coordinating workshops, academic mentor programs, and tutoring services, as well as advising students needing developmental education to aid in their academic success.

Ashley. Ashley is a female academic counselor with a bachelor's and master's degree who worked full-time in student affairs for almost five years. She started as an intern in the career development center during graduate school and began her career in student affairs working as a freshman advisor for about four and a half years. She currently is an academic counselor working with a specific academic major. She did not have personal experience with mental health issues, but she had a few situations where she handled psychological problems among college students in her previous and current role.

Mary. Mary is a female coordinator for academic outreach with a bachelor's degree and worked in the learning center for almost two years. She has worked full-time within the functional area of academic advising/support for almost four years. Prior to working in the field, she was a volunteer tutor and a special assistant in the learning center as an undergraduate. She had personal experience with mental health issues and helped students with these types of problems.

Katie. Katie is a female student success coordinator with a bachelor's and master's degree and worked in academic advising/support for almost three years. Prior to her full-time job, she was a resident assistant as an undergraduate and worked as a research assistant in the disability, the provost, and the vice provost's offices during graduate school. She has had personal experience with mental health issues and helped students with these types of problems.

Adam. Adam is a male academic advisor with a bachelor's and master's degree and worked in student affairs, specifically academic advising/support, for almost two years. Prior to working full-time, he was a student worker as an undergraduate and worked with student organizations and admissions during graduate school. Adam had personal experience with mental health issues and worked with students who had psychological problems.

Rodney. Rodney is a male academic advisor with a bachelor's degree and worked in student affairs, specifically academic advising/support, for less than a year. He has had personal experiences with mental health issues and worked with students who had psychological problems.

Max. Max is a male student success coordinator with a bachelor's and master's degree and worked in student affairs, specifically academic advising/support, for about three years. Prior to working in the area, he was a student worker in the learning center during undergraduate and

graduate school. He personally dealt with mental health issues and worked with students who have dealt with them.

Admissions

The participant who worked in admissions was responsible for transitional and mentoring program initiatives at the university. His responsibilities included overseeing a mentoring program to help first-generation and low-socioeconomic students acclimate to campus and creating connections with staff that could help them throughout college. Additionally, he focused on persistence efforts to help students graduate, such as strategizing with campus partners about how to increase retention rates in their departments.

Matthew. Matthew is a male coordinator of mentoring and transition programs with a bachelor's and master's degree and worked full-time in admission for two years. He dealt with mental health issues personally and handled these issues with college students as well.

Housing/Residence Life

The six participants who worked in housing/residence life were residence directors responsible for managing an on-campus residential facility occupied by a diverse (e.g. classification, age) population of students attending the university. Several of the participants supervised full-time, graduate-level, and student staff members, such as resident assistants and desk clerks, served in an on-call rotation to respond to crisis/emergency incidents, and processed student conduct cases. Additionally, their responsibilities included program planning, serving on departmental committee meetings, and following up with students for various reasons, such as academics concerns, roommate issues, and student success meetings.

Carla. Carla is a female hall director with a bachelor's and master's degree and worked full-time in student affairs, specifically housing/residence life, for almost two years. Prior to her

full-time employment, she was a resident assistant and a graduate assistant hall director in housing and residence life. She has dealt with mental health issues personally and worked with students who have experienced them.

Donna. Donna is a female hall director with a bachelor's and master's degree and worked full-time in housing/residence life for three and a half years. Prior to her full-time employment, she was a resident assistant as an undergraduate and a graduate hall director while obtaining her master's degree. Donna has not dealt with mental health issues personally; however, she has handled these types of problems among college students.

Penny. Penny is a female hall director with a bachelor's and master's degree and worked full-time in student affairs, specifically housing/residence life, for two and a half years. She interned in housing/residence life and the assistant dean of student's office prior to working in the field. She has personally dealt with mental health issues and worked with students who have experienced them.

Megan. Megan is a female hall director with a bachelor's and master's degree and worked full-time in housing/residence life for a little over a year. She was highly involved on campus as an undergraduate student—she was an orientation leader, and editor-in-chief of the newspaper. In graduate school, she was an assistant hall director and did a housing internship at a different university during the summer. Megan dealt with mental health issues and worked with students who have experienced them.

Ken. Ken is a male hall director with a bachelor's and master's degree and worked full-time in housing/residence life for almost four years. He was highly involved in choir, Greek life, and the Student Government Association as an undergraduate, and he had graduate assistantships

in athletics, conduct, and housing. He dealt with past experiences of mental health problems, and he handle psychological issues among college students.

Brian. Brian is a male hall director with a bachelor's and master's degree and worked full-time in housing/residence life for almost four years. He was a football player as an undergraduate and became an assistant hall director during graduate school. Brian dealt with mental health problems and handled these issues with college students.

Student Activities

The two participants who worked in student activities were responsible for coordinating special projects in the division of student affairs, such as advising various student organizations on campus, planning and organizing large-scale student events such as a lecture series, and working with other programs to support students. They also developed and implemented race and gender-based initiatives.

Kelly. Kelly is a female student services coordinator with a bachelor's and master's degree and worked in student affairs, specifically student activities, for three and a half years. She had personal experiences with mental health issues and worked with students who had these problems.

Karen. Karen is a female coordinator of special projects with a bachelor's and master's degree and worked in student affairs, specifically student activities, for almost two years. Prior to working full-time in student affairs, she was involved with different student organizations on campus and worked for her sorority for about two years. Karen had experience with mental health issues and worked with several students who dealt with these problems.

This brief introduction to the participants helps to place the findings into context. Among the participants, there were nine females and six males who worked in housing/residence life,

academic advising/support, admissions, or student activities. The highest level of education for most of the group was a master's degree. It is important to note that only two of the participants did not have personal experiences with mental health issues (i.e., Donna and Ashley), yet all of them worked with students confronting these concerns.

Table 3.1

Participants' Personal Information

Participant	Functional Area	Role	Gender	Highest Level of Education	Years of Full-time Experience in Student Affairs
Rodney	Academic Advising/Support	Academic Advisor	Male	Bachelors	0-2 years
Adam	Academic Advising/Support	Academic Advisor	Male	Masters	0-2 years
Max	Academic Advising/Support	Student Success Coordinator	Male	Masters	3-4 years
*Ashley	Academic Advising/Support	Academic Counselor	Female	Masters	5 years
Mary	Academic Advising/Support	Coordinator for Academic Outreach	Female	Bachelors	3-4 years
Katie	Academic Advising/Support	Student Success Coordinator	Female	Masters	0-2 years
Matthew	Admissions	Coordinator of Mentoring and Transition Programs	Male	Masters	0-2 years

Megan	Housing/ Residence Life	Hall Director	Female	Masters	0-2 years
Brian	Housing/ Residence Life	Hall Director	Male	Masters	3-4 years
Carla	Housing/Residence Life	Hall Director	Female	Masters	0-2 years
*Donna	Housing/Residence Life	Hall Director	Female	Masters	3-4 years
Penny	Housing/Residence Life	Hall Director	Female	Masters	3-4 years
Ken	Housing/Residence Life	Hall Director	Male	Masters	3-4 years
Kelly	Student Activities	Student Services Coordinator	Female	Masters	3-4 years
Karen	Student Activities	Coordinator of Special Projects	Female	Masters	0-2 years

Note. * Indicates participants who did not have personal experiences dealing with mental health issues

Data Analysis

Upon the conclusion of each interview, a memo was written to capture my thoughts, ideas, and possible themes generated from the interview. Next, the data were transcribed using a qualitative online transcription service. I reviewed the recordings and transcriptions to ensure the participants' information was accurately documented and to facilitate the identification of themes. I then emailed the transcripts to all of the participants for them to review and confirm the accuracy of our conversation and to add or clarify any points that they wished. Of the 15 people that were interviewed, only two responded with feedback indicating either they had minor amendments or that everything looked good. Some of the changes included correcting the name of organizations they referred to in the interview and clarifying the process of handling mental

health issues among college students. Also, I emailed three of the participants to clarify some of the language and words they used to describe their experiences. Of the three, two replied with clarification.

After getting confirmation on the transcript, I coded them to better understand the participants' experiences working with mental health issues among college students. A constant comparative method was used for coding and thematic analysis (Maxwell, 2009; Tashakkori & Teddlie, 2009). This approach involved reviewing and identifying codes in the transcripts and then returning to previously reviewed records to search for any new codes that may not have been revealed during earlier reviews. For example, after coding my second transcript, I returned to the first transcription to search for any new codes that I identified in the second transcript. I continued to reference previous transcripts after I coded later documents to ensure that all codes were investigated in all transcripts and until no new codes were identified.

After assigning codes, I organized and sorted the codes into larger categories that represented common patterns or topics across all the transcripts (Bogdan & Biklin, 2006; Creswell, 2013). I used a priori codes associated with Kucirka's theory of navigating the faculty-student relationship (i.e., noticing, responding, experiencing, and reflecting), which was used as a lens to analyze and organize data. However, other codes emerged directly from the data such as discovery of mental health issues among college students, helping students, emotional impact of the job, and student interactions. Through this process, I determined the major themes from the study were *preparation prior to entering the student affairs profession*, *handling mental health issues*, and *job satisfaction*. The interview with the counseling center director helped to provide context to the institution's formal practices in working with this student population. It was coded and organized as well.

Trustworthiness

Creswell (2013) identified eight validation strategies for researchers to apply to give credibility to the study. It is recommended that at least two of the eight are employed in research (Creswell, 2013). For this study, I used five techniques—*clarifying bias; providing rich, thick description; member checking; triangulation; and peer review*.

The purpose of using the *clarifying researcher bias* was to acknowledge and be forthcoming about any related current or past experiences or biases that may influence the interpretation to the research (Creswell, 2013). In addition to my own experiences discussed in chapter 1, I work in student affairs as a professional and have worked with college students with mental health issues. Additionally, I supervise full-time professionals who have experienced these situations; therefore, I understand my biases might impact my perceptions. For that reason, I conducted this study at a different institution than my own where I have no personal connection to the staff who participated in the study or with the students they assist.

Rich, thick descriptions was another validation tool used. In the presentation of findings, I gave in-depth descriptions about the participants' experiences and used their words as much as possible to describe their experiences to help eliminate or impose my own opinions. This process also allows readers to determine if the descriptions of the collected data from the participants can be “transferred to other settings” (Creswell, 2013, p. 252), which is valuable with qualitative research. It gives the study reliability if there are other similar studies that identify comparable findings. It also provides credibility if differences are shown in the literature to indicate varying situations, change over time, or a deeper understanding.

The third strategy used was *member checking*, which allowed participants to review the transcriptions to ensure the interview was accurately recorded and information was reported. I

emailed them a draft of their transcript and gave them approximately a week to review the material and provide feedback regarding the accuracy of the recording. See *data analysis* for information regarding the responses and feedback. The purpose of employing the technique was to try to ensure credible findings.

Triangulation was used to increase the credibility of the study by having “multiple sources of evidence essentially provide multiple measures of the same phenomenon” (Yin, 2014, p. 120). The director of the university counseling center was interviewed as an additional source of validation to the results (Creswell, 2013). The information provided was essential because it provided context about mental health issues on the campus, the usage of the center by students, how the center was responding to the increase and severity of mental health issues, and how other offices were helping. Also, the staff members came from different functional areas (i.e., academic advising/support, housing/residence life, student activities, and admissions) around campus, which helped to provide a more in-depth understanding of student affairs professionals’ experiences.

Utilizing the *peer review approach* helped to ensure the findings were not biased based on my own experience (Creswell, 2013). The peer reviewer was someone who recently graduated from the Educational Leadership and Policy Studies doctoral program and had methodological expertise rather than subject knowledge. She independently coded several of the transcripts and we met to discuss and verify that my analysis was free of any assumptions that I might make because I work in student affairs and used similar services as a college student.

Ethical Considerations

Throughout the research, there was potential for ethical issues to occur; however, measures were taken to eliminate this problem. First, prior to conducting the study, I sought

approval from the University of Texas at Arlington Institutional Review Board and followed all procedures outlined to eliminate potential risks on the participants (Creswell, 2013). Second, before interviewing participants, I reiterated the purpose of the study and informed them that they were not obligated to participate and could withdraw from the study at any point, if they wish, without suffering any penalties. Participants were also informed that they did not have to answer any questions they found uncomfortable and the information disclosed was confidential. Third, while collecting data, I avoided interjecting and imposing my thoughts or opinions. Lastly, when reporting the data, I used pseudonyms to protect the identity of the participants.

Limitations of the Study

Limitations and delimitations should be considered when interpreting the findings of the study. First, this study was representing only the experiences of its participants; therefore, it is possible that other student affairs professionals at this institution and others in the region and throughout the United States might have very different experiences. Nevertheless, the goal was to deepen our understanding of a phenomena by exploring the topic through an in-depth investigation using qualitative methods. The intention was not generalizability. The primary limitation of the study was the researcher's opinions and biases can impact the data. The validation techniques mentioned in the previous section were intended to minimize, if not eliminate, this issue.

Summary

This chapter included a description of the methodology for this study. I discussed strategies, data collection steps, and data analysis procedures to support the research. The chapter concluded with details about the measures that were taken to ensure trustworthiness, followed by ethical considerations and the limitations of the study.

CHAPTER 4

PRESENTATION OF DATA

The purpose of this study was to share the experiences and perceptions of new student affairs professionals who engage with college students who are handling mental health issues and how these interactions may influence their job satisfaction at a large, public research institution. The findings are based on interviews with 15 new student affairs professionals who work in three different areas at Wellness University: advising, housing/residence life, and admissions. The chapter is divided into three major sections: (a) their preparation prior to entering the student affairs profession, (b) handling mental health issues, and (b) their job satisfaction.

Preparation Prior to Entering the Student Affairs Profession

Student affairs professionals often take on a helping role to assist and support college students (Reynolds et al., 2009). Thus, it was not surprising that the majority of the new student affairs professionals in the current study enjoyed working in a collegiate environment, in general, and helping college students, in particular. For these participants, it was their previous experiences before entering the profession that shaped their perceptions of working not only with college students but especially those who have mental health issues. This section covers three sub-themes: (a) collegiate experiences that influenced their student affairs career paths, (b) job training and educational history to help distressed students, and (c) personal involvement and familiarity with mental health problems.

The Collegiate Experience

When the participants discussed their college years (both undergraduate and graduate), they talked about their involvement in student activities, working campus student jobs, and facing some difficulties (e.g. financial hardships) while pursuing their degrees. However, what many of them recalled was how much they enjoyed helping students while working on-campus. For example, Katie, who worked as a student success coordinator at Wellness University (WU), stated that her first on-campus job as a resident assistant led her into student affairs because she “really liked working with that age group of students... [and] liked the collegiate environment.” Therefore, after earning her bachelor’s degree in English she pursued a master’s in higher education. Similarly, Max, also a student success coordinator at WU, began working in student affairs as a student worker for the learning center and “really fell in love with the culture [of the department], the aspect of helping students, and being able to really see the impact of working with” them. He indicated that “seeing the [effect] that you can have on a student really encouraged [him] to pursue working further in higher education.” Other participants (e.g. Matthew, coordinator in admissions programs, Adam, academic advisor, Mary, coordinator for academic outreach) shared comparable sentiments about their student worker experience that led them to a student affairs career as well as pursuing master’s degrees in higher education.

However, not all the participants’ routes to student affairs were so straightforward. Some had other occupational plans during their undergraduate years but realized that the pursuit of a career and degree in higher education was a better match to their interests and passions. For example, Megan, a hall director at WU, acknowledged it was her graduate experience as an assistant hall director and in a six-month housing internship that solidified her career choice in student affairs. At that time, she was highly involved in student organizations, such as serving as an orientation leader at both a community college and the four-year institution where she

transferred. Yet, her career goals lay elsewhere. Megan majored in advertising but discovered she “liked to be in the student services aspect” because she “just loved being in the college atmosphere more than what [she] thought [she] was going to do [in] the advertising route.” She saw there were “more opportunities” for her to be creative working in student affairs and working with students, so she ended up pursuing a graduate degree in higher education instead of advertising.

As an undergraduate, Ken, a hall director, was also highly involved in student organizations, such as Greek life, student government, and the university choir. His on-campus work study job was in the campus life office with graduate interns who told him that “[he] might be really good” at working in higher education. Ken admitted that initially he was not interested because he was a business major looking forward to “[getting] a job and then make[ing] a lot of money.” However, once Ken graduated and got a job in the business field, he “absolutely hated what [he] was doing.” He decided to leave his job in pursuit of a master’s degree in higher education to work with college students. Ken indicated that he “gravitated” to housing because there were several “different things, [such as working with students and supervising staff], that [people got] to do” and he felt it was “a good breeding ground or starting ground for [him] as an entry-level professional.” While Megan’s and Ken’s paths into student affairs were not as conventional as others, it was still their involvement in student activities and their campus jobs in student affairs that led them to reconsider their initial major and career decisions.

Other participants also mentioned finding their way to student affairs almost as a fluke. For some, it was talking with student affairs professionals that led them to seek a career in higher education. For example, Ashley explained that she “felt pretty lost” when she was not able to identify a major and career goal right away. However, she began working with her advisor to

find her “fit,” and it was the “connection with [her] advisor and on-campus resources” that helped her find a path. Penny was also uncertain about her career before graduation until the assistant dean of students, for whom she worked during her senior year, mentioned to her that she might want to consider student affairs. She indicated that she “wasn’t an RA and housing was never something [she] considered because [she] didn’t want to live where [she] worked.” However, once she started working in student affairs as a hall director she “loved it” and has not “looked back since.” The student affairs staff who provided Ashley and Penny with career guidance led both to pursue careers in higher education, which they enjoyed.

While some found their way into the profession through the guidance of student affairs professionals, others saw it as an opportunity to obtain an advance degree while working a job they had done before. Donna, a hall director at WU, was a resident assistant during college and became a graduate hall director while working on her master’s degree in international business. She initially did not have an interest in continuing to work in the student affairs field; however, when she went to graduate school, she was offered a job to be a graduate hall director because of her three years of experience as an RA. Given that Donna needed “a place to live” while in school, she thought that the hall director position was a “good match for [her] to do something that [she] did in undergrad and thought [she] could do while in grad school.” Consequently, she “fell into the [hall director] role,” not because she enjoyed working with students and wanted a career in student affairs like other participants, but because it was something that she was “familiar” with and could do while working on her master’s degree. Although Donna was not seeking to go the student affairs route after earning her undergraduate degree, her experiences as an RA and graduate hall director led her into working in higher education.

Even though these participants were influenced to work in student affairs because of their previous involvement in student organizations and work experience on campus, two participants went into student affairs to help other students who, like them, faced challenges and difficulties (e.g. financial issues, homelessness, etc.) while in school. They wanted to provide guidance so other students could avoid the same barriers. For example, Kelly, an African American student affairs professional working in student activities, shared that she had to deal with homelessness and financial issues while in college. As a result, she “contemplated dropping out of school.” She explained, “It was the people who worked in student affairs...who helped me navigate that process, so I didn’t drop out. So, at that point, I kind of realized that maybe this was a role for me.” She believed her experiences gave her the unique ability to help. “Whether it was making sure students felt plugged in [or]... whether it was making sure that [they] felt like they had somebody to go to if they had problems,” she knew that “it shouldn’t be this damn hard for Black kids to graduate.” This motive led Kelly to pursue a graduate degree in adult higher education so that she could help other Black students avoid her challenges. Unlike many of the participants who relished their role because they had enjoyed their college experiences, Kelly was inspired by overcoming her impediments. In turn, she wanted to help other students overcome any obstacles that may block their success.

Similar sentiments were echoed by Rodney, an African American academic advisor. He expressed that his “grandmother and mother always stressed that education was important,” which made him want “to do better” and “help, in particular, young Black men to progress in their education and make sure they stay in college.” Therefore, Rodney ended up pursuing a career in student affairs to specifically help Black male students persist and graduate from college because of challenges they often confront.

In summary, several of the participants decided to go into student affairs after being exposed to the profession through student organizations and student employment. However, many of them named additional reasons for entering the field, such as not being fully committed to their original major and career and wanting to help Black students graduate and avoid some of the same challenges they experienced while in college (i.e., homelessness, financial issues). Regardless of what led them into the profession, a common theme among most the participants was that they realized they enjoyed helping college students, which both drew them to the career and kept them engaged in it.

Training and Education

Training and education played roles in shaping the participants' perceptions of working in student affairs, specifically with students who dealt with mental health issues. Although training for assisting distressed students was rare for the participants, the few who received it found it to be beneficial once they began working in student affairs full-time. Two participants discussed receiving training on how to identify and handle mental health issues among college students while in school. Max, a student success coordinator who worked in the learning center during college, acknowledged that he "got more training as a student worker to handle student mental health concerns than [he] did coming into a full-time position." He described receiving training to recognize, help, and refer students who dealt with psychological concerns. Max stated that he was "required" to attend a training on campus where the college psychologists presented information on the types of issues "students [were] dealing with..., what you should expect...when you encounter [students with mental health issues], what you [should] do, [and] when do you talk to your supervisor." He also participated in a suicide prevention training called QPR (question, persuade, and response) as a follow-up training during the semester. This

program presented information on recognizing the signs of someone who could be suicidal, what to do if they showed the signs, and the resources available to help them. These trainings helped Max “to recognize the signs and get people to the right places,” which assisted him not only as a student worker but also later as a full-time professional.

Similarly, Carla, a hall director, also indicated that she received formalized training, such as QPR training, as an undergraduate resident assistant (RA), which gave her important tools to employ if she identified students struggling to cope. However, when she became a graduate assistant (GA) hall director, the training was more informal with her supervisor explaining how to handle mental health situations with college students. First, he would allow her to shadow and assist him with distressed students until she became comfortable addressing the student issues, then “the next time something happened [with a student], [she] did it on [her] own” or had the option of her supervisor being present to assist. This preparation coupled with the QPR training she received as an undergraduate helped Carla handle mental health issues among college students when she started working full-time as a hall director.

Even though only Carla and Max mentioned receiving training prior to entering the field, several others acknowledged on-the-job preparation to help distressed students, such as QPR, when they became full-time professionals. They found these sessions to be useful in their jobs. Mary explained that this preparation taught her “how to deal with a student who’s currently facing suicidal thoughts and how to kind of get them off of the edge and then refer them to the appropriate mental health resources.” Karen, who worked in student activities, attested that this type of training “[was] the biggest thing that help[ed] [her] in some of the conversations dealing with mental health situations.” Other participants also took QPR training to handle mental health

issues among college students such as Ken and Donna, who worked in housing/ residence life, and Adam, Katie, and Max, who worked in academic advising/support.

Another training program mentioned was mental health first-aid. Only one participant received this training. Mary, coordinator of academic outreach, who received it and QPR, described mental health first aid as “a day-long training” covering “a very large variety of different kinds of mental health issues that I might encounter.” She stated it was “the most beneficial” because it “went well beyond [issues such as] anxiety that I’m most likely to see. It dealt a lot with depression and it got into the matters maybe students who have schizophrenia as well as many other different potential health problems [might face].” In addition to covering so many potential illnesses, she found it helpful because it also discussed “all of the different resources, both on campus and in the community, to make sure that [she] can get [help] to [the students] and the appropriate ways to respond to them.” Compared to the QPR training, Mary felt the comprehensiveness of the mental health first-aid program provided her with additional valuable tools to assist distressed students.

Though many participants found the QPR and/or mental first-aid sessions useful to help students with mental health conditions, they were not the only way of attaining information about working with people who have psychological problems. One of the participants took a couple of courses during undergraduate that informed him on how to work with individuals with mental health issues. Rodney, an academic advisor, indicated that he took several counseling classes while in college that provided him with the ability to assess people’s behavior and “techniques to use with students and regular adults” who had mental health illnesses. Some of the courses included “counseling, cultural diversity courses,...interpersonal counseling,

and...development counseling.” These courses gave him insight about mental health issues, in general, and helped him address concerns with distressed students.

Yet, other participants took courses during college that were of only limited assistance. Kelly, for example, stated that her classes focused “mostly [on] being aware of how things affect[ed] people with mental health issues but nothing about dealing with them.” Brian recalled that although he took “three or four different types of courses” as an undergraduate,” he could not remember the content covered. As a consequence, a shared theme discussed by many of the participants, was feeling unprepared to handle mental health issues among college students. As Donna encapsulated, they were “not [a] licensed professional counselor or a licensed mental health person trained to...diagnose students.” As such, it was not surprising, they expressed feeling “not equipped” and needing “more training” to be able to best assist students with psychological concerns. Katie stated this best when she said, “I think I don’t feel like I have the tools to kind of deal with those types of situations.” Many other participants shared similar thoughts.

Some admitted to feeling “anxiety” when confronted with students struggling with mental health issues. Matthew, a coordinator of mentoring and transition programs, best expressed this feeling stating:

I feel a lot of pressure [and] stress because...I don’t necessarily feel prepared as a professional.... I feel pressure to say the right thing or do the right thing, which then causes me to kind of freeze up or have a lot anxiety with trying to support [students] in their experience.

Although Matthew, along with other participants, received training on handling mental health issues among college students, he still felt “stress” and “anxiety.” Additionally, Adam, an

academic advisor, found it uncomfortable to broach hard topics with students if the student did not confess to them. He stated, “It made it very difficult to talk with this student... because that's not something that she [brought] up to me; so, it's not my place to be able to have to force that conversation on her.” Because of his discomfort, Adam admitted that he avoided discussing his concerns unless a student directly told him about an issue.

Other participants expressed a similar perspective but added that it takes time to become comfortable and less anxious when handling mental health issues among college students. The more professional experience the staff member had dealing with these situations, the more at ease they felt when they were forced to deal with students struggling with these types of concerns. For example, Carla, a hall director, revealed that she used to be nervous and had a “fear” of helping distressed students because she did not have much experience handling these crises. However, the more she dealt with these situations with students the more she understood how to “mentally prep” herself to address student concerns comfortably. Brian, a hall director, also mentioned that he felt a sense of discomfort during the first two years of his job when confronted with students’ mental health issues. He described himself as being “real hesitant” and “uncomfortable” to ask a distressed student “do you plan on hurting yourself or hurting others?” Nonetheless, with more experience and training dealing with these types of situations, he felt that he was “more aware of [his] choice of words and... a little bit more comfortable with having those conversations.”

In general, few participants felt they received sufficient formal training or took educational courses to feel comfortable handling mental health situations. Most of the participants felt ill-equipped and unprepared, which caused stress and anxiety for some of them.

However, they admitted that the more hands-on experience they had over time, the better they felt helping students who were dealing with psychological concerns.

Personal Experiences with Mental Health

All but two of the participants had personal experiences with mental health issues. Either they or their family and friends had suffered with anxiety, depression, and/or suicide. These experiences not only helped to shape their perceptions of mental health issues but also influenced how they worked with students. For example, Megan admitted she has “struggled with depression and anxiety.” She shared that in graduate school, she grieved the loss of her grandfather who committed suicide during her first year and the loss of her uncle to cancer during her second year. Then, within the past year, she lost her grandmother, who she saw as “a big support[er]” Her struggles helped her “relate to [her] students,” hoping they would “find comfort in knowing [that] they’re not alone” in dealing with their mental health.

Similarly, Karen has dealt with mental health issues. She was diagnosed with anxiety; her mom had depression; and she lost her friend to suicide. One of the main lessons she learned from her own struggles is that she “[doesn’t] know everyone’s pain, and everyone’s suffering is different.” Nevertheless, she admitted, “I think those experiences... have shape[d me] and allow[ed me] to have those conversations with students that [were] going through things.” She believed her history helped her be “a little bit more compassionate and understanding” when working with her students.

Megan and Karen thought that dealing with their own mental health issues formed their perspective in assisting students with psychological issues. They admitted that it gave them empathy for their students who also contended with similar issues. Further, because of their

experiences, they were able to relate to and have more open conversations with students about their mental health concerns.

While participants who dealt with their own mental health issues were able to understand and empathize with distressed students, those who did not found it harder to talk to students about their concerns. Donna and Ashley were the two professionals who did not have individual experiences with psychological illnesses. However, Ashley directly acknowledged that not having her own experience may explain why she is “timid in getting into the conversation with some students.” She expressed that she “[doesn’t] fully understand what they’re going through..., [which may cause] a little bit of... [uncertainty] for conversation between [her and students]” with mental health issues. Ashley, Megan, and Karen’s explanations show that new professionals who have personally dealt with emotional and psychological conditions may feel more comfortable handling distressed students because they are able to relate with these students based on their previous or current experience with mental health.

Handling Mental Health Issues

Reynolds et al. (2009) noted that because of student affairs professionals’ frequent interactions with students, they are well-positioned to be able “to assess and intervene when students are struggling with emotional, psychological, and behavioral concerns” (p.49). This study’s participants found this to be true for them as well. This section focuses on the participants’ experiences handling students with mental health issues by applying three of Kucirka’s phases. First is an explication of the discovery of students with mental health issues through self-disclosure or second-hand information or *noticing* according to Kucirka’s framework. The next sub-section is a description of the approaches used to help or *respond* to distressed students, namely listening and building rapport and referring students to campus

resources. Lastly, Kucirka's concept of *experiencing* is used to explain how handling these situations is perceived to impact the affect, cognition, and behavior of the participants.

Discovery of Students with Mental Health Issues

Using Kucirka's theoretical framework element *noticing* helps to explain how the participants identified students with psychological problems. Several of these new professionals mentioned that they were trained, specifically through QPR and mental health first-aid training, to recognize the signs of students who may be distressed. However, some of them became aware of students' mental health issues not through noticing and identifying when students had psychological concerns but when information was shared directly with them through various settings, such as academic advising meetings. Therefore, this section focuses on how these new student affairs professionals discovered students were distressed through self-disclosure or second-hand information.

Self-Disclosure. Commonly, students "self-disclosed" their problems to participants during formal settings, such as one-on-one meetings. Several of the professionals who worked in academic advising/support indicated that students shared their concerns during advising appointments. They revealed information about the issues they were facing while in school, whether it was psychological problems or other difficulties. For instance, Rodney indicated that during advising sessions, students shared "a lot of stuff that happened in their personal lives and what impacted their ability to do well in class." Adam pointed out that students mentioned

feeling depressed and having trouble going to class and not attending class because it was hard [for them] to get out bed because they're feeling low self-esteem, or they're feeling down, or they're not sure what to do after graduation.... They're feeling nervous.

Rodney shared an occurrence when he met with a student about her classes and noticed that she was “kind of standoffish and wasn’t really giving much information” to him. After speaking with her for a while, she eventually disclosed that she was “suicidal and going through some personal issues with her intimate relationship.” Consequently, instead of Rodney discussing her academics, he addressed the mental health concerns and referred her to the appropriate campus resources to seek help. Although Rodney and Adam had intended to provide guidance to students on their academic courses, they reprioritized the meetings to focus on the students’ wellbeing and to provide them with resources they needed to get help.

Other participants who worked in academic advising/support shared similar experiences. Ashley, an academic counselor, met with students who were on academic probation to discuss and understand “what happened last semester that caused it not to go so well” academically. She explained that students often indicated that they were dealing with mental health problems such as feeling “depressed,” and other “personal things” causing them not to attend class. Similarly, Katie, a student success coordinator, and Mary, an academic outreach coordinator, said that students with whom they met would also share personal issues that were affecting their academic success. For example, Katie said one student admitted, “I have severe anxiety, [and] it’s preventing me from going to class.” These participants who work in academic advising/support learned about their students’ mental health problems because of how those issues affected their academics.

The participants who worked in academic advising/support were not the only ones who experienced students self-disclosing their mental health problems during formal one-on-one meetings. Some of the professionals who worked in housing/residence life held student success meetings with first-year students to learn more about their background (e.g. major, etc.) and to

share different campus resources with students; however, sometimes these meetings exposed emotional and psychological matters that some students were facing. Penny and Brian, hall directors at WU, both mentioned that they became aware of distressed students living in their residence hall through meetings that happened at the beginning of the academic year. Penny explained that in these meetings “you ask them about their major,... [discuss] the different resources we have available, and kind of how to essentially be successful at the college level.” However, at times, according to Brian, these one-on-one conversations revealed that some students were dealing with mental health problems. He admitted that sometimes students would “talk to [him] about the stresses of school and the stresses of their home,” leading to conversations about their anxiety and depression. The academic and student success meetings gave students the space to share their psychological problems. These conversations also provided participants with insight about what students were dealing with that impacted their academics.

Students who needed to be advised for academic reasons were not the only individuals who disclosed their mental health issues in a one-on-one setting with these new student affairs professionals. The participants mentioned that students who worked or volunteered in their department also revealed how they were dealing with psychological problems. For example, Mary, who oversaw academic outreach and coordinated workshops for the department, mentioned that she had “indirect supervisory interactions” with “150 or so student leaders employed by [their] office, either in a volunteer capacity or as an undergraduate student employee.” She discussed that “over the years,” given her position, students “felt comfortable enough coming to [her] and able to express often [their issues with]... anxiety” that could be caused by something such as being “stressed out over a test.” Additionally, Max, who oversaw tutors who worked in the learning center, pointed out that “so many student workers...[went to

him]... sobbing [and] just start[ed] talking about things that [were] going on [with] them,” such as feeling “overwhelmed” and experiencing anxiety. Therefore, disclosures may come because some student staff and volunteers in specific work areas felt comfortable divulging their problems to individuals in supervisory roles. Unlike advisors who met one-on-one with students to discuss the students’ issues, in these instances, the students may have seen the participants as more experienced and knowledgeable because of their positions and chose to go to them for help.

Second-Hand Information. Some of the functional areas in which the professionals worked had a protocol that required staff to report when a student showed signs of distress. Given the staffing positions of some of the participants and where they fell in their department’s hierarchy, they were a part of the reporting structure for mental health situations. For example, Brian, Donna, and Carla, hall directors at WU, pointed out that their RAs sometimes are the first to notice warning signs of distressed students. Brian said the RA may identify behaviors themselves or be “catching wind” about students who were dealing with mental health crises. When either occurs, they would then pass on the information to the hall directors to follow-up with the students per the protocol. There were also times when the participants were “on call” outside of business hours to respond to crisis and emergency situations that happened on campus. Brian, along with Donna, mentioned that at these times they were responsible for handling problems such as students with mental health concerns because of the department’s protocol. In both instances, the hall director would provide guidance to the RA on how to proceed with helping the distressed student. However, they also played a direct role in helping the student. Carla mentioned that when she received information about a student with mental health concerns from the RA, one of her responsibilities was to reach out to talk to the student and “see how they’re doing” and how she could further assist. Depending on the severity of the situation,

additional staff might be included in the reporting structure, such as a counselor, someone from the dean of students, an assistant director of residence life, and someone from the office of student conduct.

There were protocols in place in other areas besides housing as well. For example, Max, a student success coordinator in the learning center, indicated his student staff reported when students who came for meetings “showed signs or gave verbal cues to the fact that they were struggling with mental issues.” Max mentioned that when he found out about distressed students he would remove the student leader from the situation “so they [didn’t] have to feel any sort of responsibility... and [he would] help get the student...the appropriate resources on campus to support them.” Like the RAs, the student leaders in the learning center played an essential role informing Max about distressed students so he could help them with their problems. Both areas have a hierarchical reporting structure that involves intervention when staff at one level become aware of mental health situations. In these instances, the information starts with the staff, who work more closely with the students, who then inform those who are further up on the hierarchical chain.

However, another source of information about distressed students came from the dean of students’ office. According to Ken, a hall director, the dean of students would receive a *care report* from university faculty/staff that identified students that “miss[ed] classes” or “something [being] off about a resident or a particular behavior.” This information was then relayed back to relevant staff, such as the hall directors, who have more day-to-day interaction with students. Carla and Brian, hall directors at WU, explained that they would be asked to reach out to the students to do a wellness check and see how they were doing. Ken further described that when he checked on students, some needed “additional assistance” and in those instances he “like walked

over to the dean of student's office to get them [the distressed student] the help that they needed because they were just not their best selves." However, at other instances, the student would say "I'm fine [or] I'm okay." In those cases, he did not provide additional assistance. Nevertheless, Ken stated, in many instances, the care reports played a critical role in the staff's responses to students with mental health issues. Thus, information could also filter down to those who worked more closely with the students.

In summary, the participants became aware of distressed students through multiple outlets, such as students directly disclosing information to them, their student employees notifying them of potential concerns, and/or the dean's office forwarding information to them about a student's unusual behavior. Regardless of how they found out about students with mental health problems, the participants were required to follow up with the distressed students and address any issues and provide appropriate assistance.

Helping Students with Mental Health Problems

The previous section discussed how student affairs staff became aware of distressed students. It focused on the sources of information. This section uses the second phase of Kucirka's (2017) framework, *responding*, to describe the strategies these participants used to address the needs of students with mental health problems. Specifically, it looks at the approaches they used, which included listening and building rapport and referring to campus resources.

Listening and Building Rapport. Many of the participants admitted they understood how uncomfortable it could be for students to divulge to others that they were dealing with mental health concerns. As Ashley, an academic counselor, acknowledged, these students "may not have told a lot of people about the struggles that they're going through" because of "not

feel[ing] comfortable telling other people or there not being an option for them, and they really don't have a support system." As a consequence, listening was one of the most commonly mentioned strategies used by the participants to respond to students dealing with mental health issues. It was through active listening that they could show their support of the distressed students. Ken, a hall director, pointed out that for students to feel comfortable sharing their circumstances it was key to allow them to "be heard and have someone there to listen." Thus, Ashley noted it was important to "allow them to talk as much as they want[ed] to, then reaffirming [what they said], and then always telling them [that] there are people that can help them on campus and provide them [with] the resources" needed. Several of the participants shared similar sentiments about how listening was key for students to feel they were supported.

In addition to listening, another critical approach that these new professionals mentioned was building rapport with distressed students. They recognized that only through developing ongoing relationships with the students would they create a space for them to feel comfortable sharing their feelings with these staff members. For example, Penny, a hall director, said it was important to "just ... keep talking to them and having conversation(s) with them about things that are not directly involved in their mental health." She explained, "I try my best to show [I] care for them as a person and not as a person with a mental health problem." For this to happen, several of the participants, such as Brian, Carla, and Katie, asked questions that would get students to share what was going on in their lives but also to help shift the students' focus from their problems. Brian said he asked questions about their "family," "how they're doing," and "how were classes." He explained, "I want to...show them that I'm interested in other aspects of their life" and that "[I] truly, truly care and want to get to know [them] on a deeper level." Similarly, Mary shifted the focus to their academic goals to "figure out...what are the things that

aren't helping [them] meet that goal." From there, the participants felt it was more likely that students might open up about their mental health issues and what caused them.

Referring Students to Campus Resources. After listening and building rapport with students who had mental health issues, the natural next step for most participants was to refer distressed students to campus resources as a part of handling these situations. Several of them understood they were "not trained professionally" to handle and provide the necessary guidance to fully help these students cope with their problems. Therefore, for students to get the necessary support for their psychological conditions, these new professionals referred students to campus resources, such as the counseling center. Kelly, a student services coordinator, acknowledged she would be "doing people a disservice by acting in [a] role outside [of] being supportive [and] encouraging them to go seek the proper attention." Katie, also a student success coordinator, echoed a similar response, but added, "It's usually a matter of sometimes there's some legality issues in which you are encouraged to kind of get them to the resources they need and kind of stay out of it." Katie further explained that "referring them to a resource that [has] the ability to be confidential...[could] protect the student's right to privacy, while also not being negligent in our responsibilities." Just like Katie and Kelly, other participants referred distressed students to campus resources, such as the counseling center, understanding that it was the best way to get those students the help they needed.

Although referring students was the most common strategy used by the participants to help students, Ashley found it unhelpful at times. She indicated feeling "frustrated" when she referred a student to the counseling center but never received an update on whether they were doing better, continued to struggle, or dropped out of school. She wanted to know how they were doing because it not only "excited" her to learn about students overcoming their psychological

issues and achieving their goals while in school but it also “[gave] her that extra motivation to help them and to support them” through their challenges.

Nevertheless, participants noted that often the most effective way they worked with students with mental health issues was by listening and building a rapport with them. At the same time, they made it very clear that while they served the needs of distressed students, in some instances, the best help they could offer was by referring them to the appropriate campus resources, such as the counseling center, to seek further assistance.

Experiencing

Student affairs professionals play a vital role in supporting students while in college (Reynolds et al., 2009); however, the study’s participants expressed the emotional, psychological, and physical toll handling mental health issues among college students has on them. Using the third phase of Kucirka’s theoretical framework, *experiencing*, helps to understand the impact that handling distressed students has on their “affect, cognition, and behavior” and how they coped with those reactions (Kucirka, 2017, p. 399). This section explains how the staff perceived working with students with mental health issues affected their own emotions and actions.

These new student affairs professionals discussed how emotionally “draining,” “exhausting,” and “difficult” it was addressing mental health issues with students. For example, Kelly felt some issues were harder for her to deal with than others. She handled “high pressure situations” such as sexual assault incidents well; however, she found some student mental health issues were particularly challenging for her. She explained, “Suicidal ideation is hard because...that’s not something you can always see...It’s a very high-pressure situation. You’re worried about it being too late, and there’s no clear handoff [when helping students with mental

health issues]” Kelly, who had experienced mental health challenges herself, realized that students might indicate that they were “fine” even if that was not the case. If that happened, then you would not be able to provide the needed supports and resources a distressed student may need.

Moreover, dealing with students in crises impacted some of the participants emotionally. For example, Adam, explained that when he helped a student who had “cuts on her arm and on her wrists” because of her struggles with suicidal ideation, it triggered memories of his own mental health history. He stated, “I was reminded a lot about the hard times that [I] had gone through when [I] was in undergrad. “Adam continued:

To me, it's very hard not only being able to see but having dealt with something very, very similar and knowing...what could come of that, and what if I don't hear from that student again,... it kind of makes me worry, like what happened to her.

Adam acknowledged that it was difficult for him to see the cuts knowing that could have been him.

Mary shared a similar circumstance. She confided that after only about “10 days out from [her] own [suicide] attempt,” she had to deal with a student who experienced thoughts of suicide and depression. She expressed that she “immediately had like a moment of trying to ensure that [she] was in a good place to be able to discuss this rationally with a student and not necessarily be putting [her]self at risk for [her] own mental health issue.” Because Mary had just dealt with a similar crisis, she was “hyper-aware” of her actions and how she responded. She acknowledged, “there were days where I am just not feeling my best.” Mary and Adam admitted that it was challenging at times to maintain a professional distance when confronted with a student who shared their mental health concerns. So, although they believed their personal histories may give

them a deeper sense of empathy and compassion when helping these students, sometimes it interfered or impacted how they worked with their students.

Though several of the participants who dealt with personal mental health issues also expressed experiencing emotional effects from helping distressed students, they were not the only ones who were impacted. Donna, who did not have her own psychological conditions, was also affected. She shared that handling students with mental health issues made her feel sad and was “a lot to carry [and] burdensome.” She also mentioned that being confronted with these situations, such as suicidal ideations, at times, affected her physically making it difficult to sleep at night.

Given the emotional and psychological impact of helping distressed students, several of the participants recognized their need to practice self-care to manage these circumstances. Ken, a hall director, stated, “It’s important as practitioners and professionals that we take the time to take care of ourselves.” Ken further explained, “We are such a giving profession that a lot of times we give so much of ourselves we have nothing left for ourselves.” Similarly, Kelly, a student services coordinator, mentioned that it was important to take care of herself to “have some capacity” to help students, which was why self-care was essential while working with students, especially those with mental health concerns.

Several participants offered ways they considered their own needs when dealing with these serious situations. Megan, a hall director, indicated that after working with distressed students, she “decompressed” by “tak[ing] a nap with [her] dog.” She stated that having a dog “helped [her] through a lot of grief that [she] had personally,” but also with handling student mental health issues. In addition, Megan also mentioned that she would call her mom to talk over

any challenging situations she dealt with during the day. Being able to share issues with a loved one helped her manage the stress.

Other participants utilized family members as well. Carla, a hall director, found comfort in having a supportive husband who helped her deal with stressful situations. She mentioned that her first semester was very demanding because she handled a few students with suicidal ideation. Her husband listened and let her know that “it’s okay to stress about that kind of stuff.” His care and support helped her cope with the challenges of her job.

Another way that some of the participants managed their stress was by having supportive colleagues and supervisors. Karen, a coordinator of special projects, noted that it was her direct supervisor who was crucial to help her process emotionally challenging situations. She explained that she would speak to her supervisor about her experiences with distressed students and her supervisor would validate her emotions, saying, “it’s okay to feel that way,” which eased her anxiety. Carla also found her supervisor to be incredibly supportive when handling these types of situations. Sharing in this way helped Carla and Karen cope as well as be reassured that it was okay to be emotional about working with distressed students.

Handling mental health issues among college students was upsetting for several of the new professionals, especially those who had personally dealt with psychological and emotional problems themselves. The types of situations they confronted caused a variety of emotions to surface for them. However, several acknowledged that self-care was necessary to manage these circumstances. They offered a few different strategies to address their emotional burdens, including relying on colleagues, supervisors, and loved ones to help them manage these challenges.

Job Satisfaction

Job dissatisfaction was one reason new student affairs professionals were leaving the profession (Tull, 2006). Specifically, higher levels of job stress were found to be a contributor to job dissatisfaction (Mullen et al., 2018). However, in the current study, although many of the participants expressed that working with distressed students was difficult for them personally, most enjoyed their work. For example, Mary described helping students with mental health problems as “a little nerve wrecking” because she was concerned about doing and saying the right thing to help students. Nevertheless, she shared that she enjoyed her job because she was able “to help [students] kind of figure out the crazy number of things that [they] have to figure out about [themselves] while you’re in college.” Max, Ken, and Carla also indicated that helping distressed students was “exhausting” and “taxing,” but acknowledged that they still found the job fulfilling. Penny best expressed it by saying that helping students with mental health concerns could be “a little bit heavy” at times; however, she “[felt] like a really good person at [her] job where [she felt] really accomplished when [she was] able to really help a student put the pieces together.” So, in spite of the stresses and frustrations associated with dealing with students who had mental health concerns, most of the participants were still satisfied with their job.

In fact, there were only two of these new professionals who alluded to considering leaving the field. Kelly, a student services coordinator, noted that helping students who have mental health issues was personally challenging. She explained:

I’ve noticed with my anxiety it’s hard for me to be around people for long periods of time.... Like I’ve had panic attacks and things like that. And so, it’s hard just because I’m at a point where honestly, I know I need to make a career shift because I’m just not always able to be in those spaces anymore.

Kelly recognized that she probably needed to change jobs due to her own issues.

One other participant also suggested she would change fields. However, unlike Kelly, who had a history with mental health issues, Donna lacked first-hand knowledge. It was the additional burden of handling these types of cases that made Donna consider pursuing another career. She stated that “if I was going to deal with something draining and...heavy then I would have gone into another field like counseling or social work or things that I knew that was the nature of the job.” Donna had not anticipated needing to help students who were in crisis. It is possible that because she had not dealt with mental health concerns herself, she had not anticipated how challenging it would be to handle these types of issues. Consequently, dealing with crisis situations negatively impacted her job satisfaction, which may have contributed to her considering leaving the student affairs field. Therefore, although most of the participants maintained a positive view of their work in spite of its challenges, the stresses were too great for two of the participants to want to stay in their current role.

Conclusion

The findings of this research captured the various perspectives of 15 new student affairs professionals who worked with college students handling mental health issues. The three themes—preparation prior to entering the student affairs profession, handling mental health issues, and job satisfaction—helped to fully illustrate the participants’ experiences dealing with distressed students and the impact it had on how fulfilled they were in their position. The first theme revealed that although the participants may have found their way to student affairs careers by various routes, most were enthusiastic about the field. This remained true even though they felt ill-prepared to work with distressed students and most had experienced mental health issues themselves. The next theme—handling mental health issues—gave greater insight into how they learned about students with mental health issues (i.e., Kucirka’s *noticing* phase) and then how

they worked with them (i.e., Kucirka's *responding* phase). The participants admitted they found it challenging, at times, handling these situations (i.e., Kucirka's *experiencing* phase), so that they resorted to relying on friends, family members, and pets to help them cope. The last theme explained how handling psychological problems among college students impacted the participants' job satisfaction. While most of the professionals were satisfied with their jobs, despite feeling emotionally "drained and exhausted" handling the situations, there were two who were not satisfied and hinted that they would be leaving the field, in part, because of the emotional challenges associated with working with students with mental health issues.

CHAPTER 5

SUMMARY, IMPLICATIONS, AND CONCLUSION

Mental health issues among college students is a growing concern for higher education institutions. Counselors and psychologists are known to be the ones who typically see individuals with emotional and psychological conditions; however, student affairs professionals are on the front line interacting daily with and helping students, especially those in distress. At the same time, student affairs professionals are also leaving the field, typically within the first five years, because of job dissatisfaction. While there is research on reasons why student affairs professionals are leaving the field, very little research has explored new student affairs professionals' role in handling mental health problems among college students and the influence those interactions may have on the professionals' job satisfaction.

The purpose of this study was to address the void in the literature on the experiences of new student affairs professionals handling distressed college students and how those interactions might influence their job satisfaction. The examination of experiences of 15 diverse participants at a four-year, large, public university in the southwest region of the United States illuminated new student affairs professionals' perceived role in dealing with distressed students and the impact those interactions might have on their job satisfaction. This chapter presents a summary of key findings, implications for practice, implications for theory, recommendations for future research, and a conclusion.

Summary of Findings

This section contains a summary of the findings using Kucirka's (2017) theoretical framework as a guide. The original model captured the steps faculty go through when working with distressed students. It is extended here to provide a deeper understanding of the role new

student affairs professionals' play, specifically those who work in academic advising/affairs, admissions, student activities, and housing/residence, when helping students who have mental health illnesses. The framework, in addition to previous relevant research, places this current study's findings in a richer context.

1. How do new student affairs professionals identify students with mental health issues? (Noticing)

According to Kucirka's (2017) framework, triggering events—specifically self-disclosures and communication from others—is how individuals identify students with psychological problems. Kucirka (2017) found “student-initiated communication” was frequently the source of how faculty learned about students with mental health issues, whether it was verbal or written communication (p. 397). Other researchers, such as Ethan and Seidel (2013), noted similar findings of how faculty learned about distressed students.

In the current study, self-disclosure through one-on-one interactions/meetings was a common method for the student affairs participants to find out about mental health issues among college students. For example, Adam and Rodney, academic advising/support professionals, experienced students disclosing various psychological and emotional problems during academic-related meetings to explain their reasons for not attending classes, poor grades, and/or lack of motivation. Penny and Brian, hall directors in housing, also pointed out that they became aware of similar issues students were facing or had dealt with in the past during student success meetings with first-year students who lived in the residence halls.

The participants also were told about mental health concerns from students who worked for them. Kucirka (2017) pointed out that faculty became aware of student issues because of their “familiarity or acquaintance with the student” (p. 397). Similarly, the participants noted that the

student workers may have felt a level of trust and support with them, which created a space for these sensitive disclosures. The participants acknowledged the importance of ongoing dialogue and active listening to help create rapport with students. This communication style may extend to the students with which they work, helping to explain why student staff were also willing to disclose this sensitive information. For instance, Mary, who worked as a coordinator for academic outreach and indirectly supervised over 150 student employees and leaders, mentioned that because of her position some student employees “felt comfortable...to express [their issues such as] anxiety” with her. In fact, the type and frequency of interactions that students have with student affairs professionals may lead to even deeper relationships than with faculty because faculty may have more limited opportunities to interact. Therefore, it is not surprising that students feel comfortable sharing their mental health concerns with these student affairs professionals.

Although self-disclosure was a natural way that these new student affairs professionals discovered students had mental health issues, another way that they identified mental health issues among college students was through secondhand information from other sources, such as student employees and the dean of students’ office. This study found that because of some of the professionals’ functional areas (i.e., housing/residence life, academic advising/support) and the hierarchies within their departments, they became aware of students’ mental health problems from people who report to them or from those to whom they report. Brian and Donna, hall directors in housing/residence life, shared that if they responded to crisis/emergency incidents that occurred in the residence halls, they would sometimes learn of distressed students from the resident assistant (RA) because of the reporting structure. Max, who worked in academic advising/support, also explained that when his student staff noticed signs of distressed students,

they would refer them to him as well. Moreover, some of the new student affairs professionals, such as Carla and Brian, who were hall directors, would receive care reports from the dean of student's office to follow-up and check-in with identified distressed students. While researchers, such as Ethan and Seidel (2013), reported that faculty came in direct contact with students who showed signs of mental health problems, this current study revealed that new students affairs professionals may not always be on the front line of receiving the information; however, they play a vital role in responding to students who were identified. Further, the nature of their jobs and the importance of developing rapport with the students with whom they interact frequently may make the student affairs professionals even more likely than faculty to be confidantes for students with mental health challenges.

2. How do new student affairs professionals intercede to help students with mental health issues? (responding)

In the second phase of Kucirka's (2017) model, *responding*, Kucirka identified factors that played a role in the faculty member's choice to intercede to help distressed students. One of the factors taken into consideration was how comfortable the professional felt helping students with their emotional and psychological problems. Comfort level is a person's "sense of competence or ability or inability to respond" to a student's mental health situation (Kucirka, 2017, p. 398). Unlike the faculty in Kucirka's study, the new student affairs participants in the present study did not consistently feel they reached the comfort level, as suggested by Kucirka, before acting. In fact, most of them did not feel they had the skill set to address these students' conditions even though they received some training and education, such as QPR and Mental Health First Aid (MHFA) trainings. For example, Katie, a student success coordinator, expressed

that she did not “feel like [she has] the tools” to deal with students’ psychological concerns. Adam and Matthew, along with many others, shared similar sentiments.

However, in time, these professionals acquired a sense of comfort when dealing with these high-stakes situations. The participants developed a level of competency to confront students with mental health conditions as they gained experience in student affairs. For example, Carla, a hall director and who also worked as a resident assistant and a graduate assistant hall director prior to her full-time job, admitted that initially she had a “fear of helping distressed students,” just like Katie, Adam, and Matthew. However, she acknowledged that the more experience and training she received dealing with mental health issues, the more she understood how to help distressed students.

Furthermore, the participants’ personal experiences with psychological and emotional problems gave them a sense of comfort in handling these matters. For instance, Megan dealt with depression and shared that she was able to “relate to [her] students,” hoping they would “find comfort in knowing [that] they’re not alone” in dealing with their issues. Karen also shared that she had psychological concerns and mentioned that she was able to relate to distressed students when helping them because she had similar experiences. Even though these professionals, overall, felt unprepared to handle distressed students because of insufficient training, their ongoing work and previous personal experiences with mental health issues played a significant role in them feeling comfortable, over time, responding to these students.

Nevertheless, two of the participants lacked personal experience with mental health issues, which influenced their confidence in working with distressed students. Unlike the majority of the study’s participants, Donna and Ashley, could not tap into their histories to help them when they worked with distressed students. However, Donna, a hall director, indicated that

she had a few years of work history as a resident assistant and assistant hall director so that she had developed some level of comfort, over time, when addressing mental health issues. Ashley, on the other hand, did not express having much prior job experience or personal history with mental health illness. She admitted that this lack of experience might explain why she was “timid” when helping distressed students. Ashley’s situation reveals how important training might be to provide these professionals a level of competence and skill to feel able to handle mental health issues among college students, particularly if this is new terrain for them.

In addition to the participants’ comfort level, the faculty in Kucirka’s (2017) research indicated that having administrative support when assisting distressed students helped many of them feel confident in responding. She found that full-time faculty felt assured intervening to help students with mental health issues because they knew they had support from colleagues if they needed anything. However, the adjunct faculty did not feel the same way. They were hesitant to address the needs of students with mental health issues because they felt like “outsiders” in the department (Kucirka, 2017, p.398).

Much like the full-time professors, the new student affairs professionals felt confident addressing distressed students because they had support from their colleagues. In fact, the participants did not have to question who they needed to refer to when handling students with mental health problems because there was a reporting structure in place to assist many of them as needed. For example, when a hall director was notified about a distressed student, depending on the severity of the situation, other university staff, such as the assistant director for residence life, counselor, and/or someone from the dean of students’ office, would be contacted to assist. Unlike faculty, most student affairs professionals expect that they will at some point need to intervene and help distressed students given their regular interactions with students (Reynolds,

2011). Faculty, on the other hand, are trained primarily to tend to students' academic needs, so venturing into these uncharted waters with distressed students is new for them, leaving some of them to feel unsupported.

Once faculty intervened, Kucirka (2017) indicated that they used different *strategies* such as “referring the student to available resources, speaking directly with the student, “checking in” with the student...” (p.398). This was true in the current study as well. The new student affairs professionals spoke about utilizing different strategies to respond to distressed students, such as listening, building relationships, and referring students to the counseling center, some of the same approaches the faculty used. For example, Ashley expressed that listening allowed students to freely talk about their issues and feel heard by someone. She also mentioned that this was her approach because some students may not feel comfortable telling other people or have the support system to allow them to share what they are experiencing. This finding was consistent with White and LaBelle's (2019) finding that many of the participants were “empathic listener(s)” to support and help the distressed student manage their emotional and psychological problems (p. 140). Additionally, the participants felt that listening showed students that they cared about them. For example, Brian expressed that listening was a way to show students that he was “interested in other aspects of their life,” but also that he “truly care[d] and want[ed] to get to know [them] on a deeper level.” After listening, several of the participants worked to build rapport with distressed students. Carla, for example, indicated that when she learned of a student with mental health issues, she would work to build rapport with them by seeing “how they're doing in general” and how their classes were going. From there, she would move into expressing her concerns for the student to show that she cared and to see how she could help them. According to the new professionals, listening and developing a relationship with students who

had mental health issues provided students an environment for them to feel comfortable sharing their problems and allowed the professionals to show care for the students.

However, one of the most critical strategies employed by Kucirka's faculty and the current study's student affairs staff was referring students to the counseling center. Although Kucirka (2017) indicated the faculty who were "familiar with referral sources were more confident" addressing mental health issues among college students, many of the faculty felt uncertain about what resources were available to students, which affected their confidence intervening (p. 398). Whereas, the professionals in the current study all knew of and relied on the campus resources to assist these students. For instance, Penny, a hall director, noted that she was "not trained professionally" to handle situations concerning distressed students' mental health. So, she acknowledged that it was important to direct distressed students to the counseling center to seek the appropriate assistance. Even though referring them to the counseling center was critical for many of the participants to feel comfortable responding to distressed students, not everyone found the approach helpful. For example, Ashley expressed her "frustration" because she was uncertain if the student saw a counselor and if they were doing better or not. She found this strategy less useful, similar to the faculty in Kucirka's study, who also expressed concern that students may not follow through. Nevertheless, most of the participants found this strategy as well as listening and building rapport with students effective in order to help them.

Therefore, many of the strategies employed by faculty in Kucirka's study were also used by the new student affairs professionals who participated in this study. However, where more faculty expressed uneasiness with taking an active role helping students, most of the student affairs staff understood the role they needed to play to help students who were handling mental health issues. In spite of their apprehension, they still intervened to help the students. Awareness

of the resources available and the application of basic strategies helped them handle these difficult circumstances until they gained confidence with experience.

3. How does interceding (or not) to aid students with mental health issues affect the physical and psychological well-being of new student affairs professionals? (experiencing)

According to Kucirka (2017), when faculty responded to students with mental health issues, they experienced an “impact on affect, cognition, and behavior” (p. 399). *Affect* was the various feelings that surface when dealing with these situations, *cognition* related to how people’s personal mental health was affected by handling distressed students, and *behavior* referred to how the faculty dealt with and managed their emotions (e.g., stress) while handling situations with distressed students. The new student affairs participants in the current study were no different than the faculty in Kucirka’s study. Several of them experienced some form of physical, mental, and/or emotional effects when handling situations with distressed students. For example, Donna, who did not have personal mental health issues, expressed that responding to students’ mental situations was “a lot to carry,” that it was “burdensome.” She also shared that she “[didn’t] want to [handle] this” level of pressure on the job. Managing these unexpected situations made it difficult for Donna to sleep at night because she was worrying about the students’ health as well as her own. Other staff felt the pressure as well, but it was particularly challenging for Donna because she had no personal experience with these issues. These findings echo those from Mullen et al.’s (2018) study on reasons for burnout in student affairs. Mullen et al. (2018) found that staff felt “pressured” by “demanding” parts of the job (p. 99) which had some effect on stress. It is likely that these difficult situations contributed to stress, particularly in new staff who have not yet gained a sense of confidence in handling these cases.

Aside from job stress, burnout is another notable construct that the participants in this study presumably dealt with when handling distressed students. Although they did not overtly mention feeling or being burned out, how they described the effect of responding to distressed students aligned with some of the characteristics of burnout, such as exhaustion and frustration (Marshall et al., 2016). Additionally, considering that Kelly eventually left her position after the study was completed, staff turnover would reflect Marshall et al.'s finding (2016) that indicated burnout was one of the reasons people left the student affairs field.

Kucirka (2017) found that although faculty were impacted emotionally and mentally from dealing with distressed students, they turned to their colleagues to help them manage the stress of the situations. The faculty in Kucirka's study expressed that "collegial relationships" provided support and offered a "sense of relief" for them to share their thoughts with someone with whom they could confide (p. 398). This present study revealed similar findings. Some of the new student affairs professionals confided in their work colleagues to cope after handling situations with distressed students. For example, Karen was able to honestly discuss her experiences with her supervisor, which not only helped her manage the stress of responding to these students but also demonstrated that she had support.

The literature is scarce on new student affairs professionals handling mental problems among college students and the impact it has on their physical and psychological well-being. However, the previous research (Marshall et al., 2016; Mullen et al., 2018) demonstrates that handling stressful situations such as mental health issues among college students can emotionally and mentally affect a professional, causing job stress and burnout.

4. How does interceding to aid students with mental health issues influence how student affairs professionals feel about their job satisfaction? (reflection)

Given that Mullen et al.'s (2018) quantitative research showed that when student affairs professionals' stress and burnout levels increased their job satisfaction decreased and their intentions of turnover increased, it would be expected that the current findings would align with previous literature. However, that was not the case for most of these new professionals. While this may seem counterintuitive because many of them experienced psychological and physical effects of responding to these types of situations, such as feeling "emotionally drained," "exhausted," and/or "stressed," nevertheless, most of the participants saw their jobs as "rewarding." For example, Penny explained that dealing with students who have mental health problems could be "a little bit heavy" at times, but she felt "really accomplished...help[ing] a student put the pieces together." Several other participants shared a similar perspective. Despite the emotional and physical impact of handling these situations they found satisfaction in their jobs. One reason for this satisfaction could be that many of the participants chose to pursue student affairs because they wanted to help college students (e.g., Max).

Yet, there were some different responses to the stresses in the participants. Kelly and Rodney chose student affairs as a career because they wanted to help Black students progress in school and graduate since Black students face unique challenges while trying to obtain a degree. Although Rodney stayed in the profession and found satisfaction in continuing to work with students, the pressure and stress of the job was too "heavy" for Kelly, causing her to consider leaving the field. Rodney's experiences are echoed in Jones et al.'s (2009) research on African American counselors' job satisfaction that revealed that even though the counselors faced challenges within the job, such as job-related stress, they remained satisfied with their work because they were able to help people. It is beyond the scope of the study to tease out why the situation affected Rodney and Kelly so differently. It is likely linked in some way to their own

prior experience with mental health, work, and/or their trainings. Future researchers can tease out these different effects.

It was apparent in this current study that most of these new student affairs professionals found satisfaction in the job because they had managed their own mental health problems and could relate to and understand what distressed students were experiencing. For example, Megan, a hall director, succinctly explained that it was because she managed depression and anxiety herself that helped her to “relate” to students, hoping they would “find comfort in knowing [that] they’re not alone.” The fact that many of the participants had previous or current experiences dealing with mental health issues helped them to be more empathic to these students, which played a positive role in their job satisfaction despite the stress these interactions produced.

Although most new student affairs professionals felt their own backgrounds helped them in their work and contributed to their job satisfaction, this was not true for two of the participants. As mentioned, two of the professionals were not satisfied with the job and contemplated leaving because of the pressure they endured handling mental health issues among college students. Kelly pursued student affairs because she wanted to help Black students specifically because of the hardships she endured as a student (e.g., homelessness) as well as her own mental health problems, which allowed her to relate to distressed students. Yet, unlike most of the other participants, the burden of handling students’ crises, such as sexual assaults and suicidal ideations, took a toll on her emotionally and physically, causing her to consider leaving the student affairs field.

Donna also considered leaving the field during the time of the study. Unlike the others, she did not seem to have a passion for the field, explaining that she “fell into the [hall director] role” because she was familiar with the job due to having previous housing experiences and was

able to work and attend school. However, the job did not seem to meet her expectations. Although Donna and the other participants experienced similar emotional effects of the job, such as feeling “drained” and exhausted from the work, Donna articulated that if she would have known that she would deal with “heavy” situations then she would have chosen another profession, such as “counseling or social work.” This statement showed that that her knowledge of the job at this point and her level of commitment to helping students was vastly different than the others. Unlike many of the other participants, Donna had not personally dealt with mental health issues, which may have made it more difficult for her to relate to and understand what distressed students were experiencing, which contributed to her dissatisfaction.

Implications for Practice

The findings in this study provide much needed insight into the role new student affairs professionals’ play when handling psychological concerns among college students and the impact it has on their job satisfaction. This section offers recommendations for practice utilizing the findings from the study.

The study makes it clear that these new student affairs professionals became aware of mental health issues among college students by students disclosing their problems during one-on-one interactions and receiving secondhand information through a hierarchical reporting structure. Although many of them attended training sessions and educational courses to handle these problems, such as QPR and counseling courses, they still expressed feeling unprepared, ill-equipped, and uncomfortable aiding distressed students. It is evident that more intentional training, education, and skill development is needed for these individuals to feel prepared to address these student problems. Training is needed that focuses on the basic/foundational skills to respond properly and effectively to students. The goals of this training should be to familiarize

staff with common mental health issues among college students, such as depression, anxiety, and homesickness, and to demonstrate to the student affairs professionals how to appropriately respond to these situations. The sessions should include talking points to show professionals how to have an effective yet appropriate dialogue with students about what they are dealing with and scenarios for professionals to practice or role play responding to different type of mental health problem situations. These suggestions will not only help new student affairs professionals feel comfortable, confident, and equipped when handling distressed students but may get more students to seek counseling before their issues become severe. Additionally, since student affairs professionals enter the field with a variety of work experience and educational background, a hands-on training would be beneficial to ensure that everyone has the basic knowledge and skills needed to help students who have mental health issues.

In addition to more intentional training, new student affairs professionals entering the field should have prior work experience working with distressed students. The professionals who discussed feeling more relaxed while addressing distressed students indicated they had prior experience during undergraduate and graduate school that trained them on how to handle these types of situations. One of the participants mentioned that they became more comfortable addressing mental health issues with students by shadowing their supervisor. Therefore, it would be beneficial for student affairs graduate programs to offer graduate assistantships or part-time jobs for students going into the profession so they can be prepared to handle mental health problems among college students.

Furthermore, even though several of the participants in this study have a graduate degree in higher education, very few mentioned taking classes that helped them to address mental health issues among college students. Given the growing numbers of students dealing with emotional

and psychological problems on college campuses, it is highly recommended that higher education graduate programs reevaluate their curriculums to include courses that focus on basic counseling and helping skills for new student affairs professionals to gain the knowledge and foundational skills to help students with mental health illnesses. This information, in conjunction with practical on-the-job training through assistantships, would not only help prepare them for their careers but also help all of them develop more accurate expectations of student affairs work.

Lastly, responding to mental health issues among college students affected the mental, emotional, and physical state of many of the new student affairs participants. The findings revealed that several of the participants dealt with their own mental health problems or the mental health problems of people close to them. The reality was that interactions with distressed students caused some of the professionals to be stressed and exhausted. It led two participants to consider leaving the field due to the overwhelming pressure of helping distressed students with mental health issues. Knowing that many of the participants deal with their own psychological issues while also handling distressed students, the field should promote and implement wellness and self-care activities and resources for student affairs professionals and academic advisors on the front line that include counseling, exercising, mediation, and more. Most of the participants in this current study talked about using their animals, friends, and family as support but not about utilizing institutional or department-sanctioned resources. It was beyond the scope of this study to understand why they made this decision. Was it because they were unaware of the resources available to faculty and staff, such as counseling services, or was it the stigma of seeking help that stopped them from accessing the resources? Whatever the reason, given the emotional and psychological impact that handling mental health issues can have on new professionals, it is

necessary to offer resources and strategies that can help them cope during stressful times in the job and help to minimize burnout. Additionally, encouraging and promoting employee self-care may help reduce staff turnover and increase job satisfaction because it is providing a healthy option for professionals to cope with the demands of the job and working with distressed students.

Implications for Theory

Kucirka's (2017) model of how faculty navigate student mental health issues helped guide the study. The four stages of noticing, responding, experiencing, and reflecting had resonance, as well, with the way the student affairs participants in this present study navigated their interactions with distressed students. However, the findings did expose some differences between the role of faculty and the role of student affairs professionals when handling these challenging situations. This section provides implications for using this Kucirka's (2017) theoretical framework in the future.

Kucirka (2017) defined noticing, the first phase of the student-faculty relationship model, as "the act of noting or observing, becoming conscious of, or perceiving the presence of a student with mental health problems" (p. 396). The new student affairs professionals, like faculty, discovered students had mental health issues through student self-disclosure as well as through their previous knowledge of certain students through frequent interactions. For example, those who worked in academic advising/support and met with students about their classes and grades also learned about the emotional and psychological problems students were facing because they felt comfortable discussing those problems with the professionals in a more intimate setting. However, the participants also learned of distressed students from people above and below them in their reporting hierarchy. The dean of students' office would notify staff if they received a

care report about a student having difficulties. The dean of students' office would then forward this report to the staff with more immediate contact with the student. Therefore, knowledge of issues may come from sources other than the student themselves. This information might affect how staff approach, assist, and support the student.

Kucirka's (2017) describes the second phase, responding, as exploring the elements taken into account when faculty "decides to intervene, moving from a stance of recognition to response" (p.397). Comfort level, awareness of resources, and administrative support were critical elements for faculty to intervene. Comfort level played a less critical role in the current study. Some of the participants were reluctant to begin a conversation with a student they thought may be in distress, but most still reached out to the student. Perhaps they did so because the staff members, unlike faculty, were well aware of the resources available and felt confident they had the support of their supervisors. The response issues focused more on the staff gaining confidence over time and with experience to overcome their initial reluctance. Future application of the theory may look more deeply at the elements that helped and hindered participants' responses.

Most of the participants were emotionally, physically, and/or mentally affected by handling mental health issues among college students. The faculty in Kucirka's (2017) research shared similar experiences and coping strategies to deal with the impact from the student situations. However, one difference was that the new student affairs professionals in this present study also acknowledged how addressing distressed students sometimes triggered their own mental health problems. For example, Mary's psychological issues had surfaced at the same time a student disclosed their mental health problem to her. Although it was challenging, she viewed facing her own mental health problem while assisting the student as a way to empathize and

better understand the student. This study revealed the need to look at the mental health backgrounds of the participants as well as the students they help because that affected not only their interactions with the students, but their own responses.

The last phase of Kucirka's theory, reflecting, is where faculty thought about their experience helping students with mental health issues and how they would approach the situation differently in the future. The participants in the current study did not reflect on their past actions but considered how addressing distressed students influenced their job satisfaction. Future studies utilizing Kucirka's theory should explore the impact of dealing with students with mental health issues and the professionals' job satisfaction because these challenging situations may have long-lasting effects on the professionals.

Kucirka's model proved a helpful framework for exploring the experiences of student affairs professionals. Although the professionals' relationship to students is different from that of faculty, the framework helped to tease out the phases the professionals go through when helping students with mental health concerns. Future researchers are encouraged to use this framework to continue exploring the experiences of various university administrators assisting distressed students.

Recommendations for Future Research

The current study provides an in-depth exploration of the experiences of 15 new student affairs professionals' and academic advisors who work at a single, large public research university, who deal with distressed students and the impact those interactions can have on the professionals' job satisfaction. In addition, this present study focused specifically on professionals who had fewer than five years of experience because of the difficulty in retaining staff in those early years. Additionally, this study focused on the job satisfaction of new staff

since prior research found that job dissatisfaction is a common indicator that a professional will leave the field.

Considering that mental health problems among students continue to be a growing concern for colleges and universities (Center for Collegiate Mental Health, 2016, 2017), there are several recommendations for future research. Each area could be tackled using qualitative and/or quantitative approaches because there is so little research available at this point. The qualitative approaches are essential at this exploratory stage and would continue to assist in providing insights into the experiences of these individuals on the front line and identify potential variables that can be studied quantitatively. The quantitative approaches would then help us to learn how common or uncommon these experiences are across the field. It would also help to explain the relationship between differing factors, such as years of experience in student affairs, functional area, and so forth, and helping and coping strategies. Listed below are areas that still need further study:

- The current study represents the views of staff at one specific research site in a specific geographical area—a large, public research institution in the southwest region of the U.S. Future researchers are encouraged to replicate this study at different types of universities/colleges, such as two-year community colleges, public universities, and private universities, to explore the differences and similarities between the experiences of new student affairs professionals because the demographics of the students and the functional areas and responsibilities of the professionals could vary. Further, the unique student experiences at these distinct types of postsecondary institutions may lead to very different student issues. Additionally, given that institutional size may affect the relationship of staff to students, new student affairs professionals at smaller institutions

may identify mental health issues among students through other sources than large public schools and have different processes in place for handling these situations. Qualitative methods could be used to better understand the experiences of staff at these other types of institutions. Once potential variables have been identified, a quantitative study looking across institutional types would be able to determine the differential effects of institutional type, size, and staffing on student affairs staff retention/departure.

- The current study focused solely on new professionals with fewer than five years of experience in the field. Although research noted that attrition is particularly high in the first five years, this study did not reflect a high attrition rate. Only two participants found working with students with mental health issues led them to consider leaving the field. Because this study did not explore how handling these critical student issues may affect staff after those first five years, future research might investigate the experience of staff with under and over five years in the field to help tease out if working with students with mental health issues affects them and/or their job satisfaction over time. Again, qualitative methods would be able to provide a deeper understanding of how new and experienced staff at an institution describe working with distressed students and their attitudes about the field. Once variables have been identified then quantitative methods would be able to determine how years in the field affect job satisfaction.
- This study included professionals, who worked in housing/residence life, admissions, student activities, and academic advisors. Given that previous literature focused on the faculty's and counselors' experiences working with distressed students, this study expanded the understanding of how institutional representatives contend with distressed students. It represents only the views of its participants. Other front line staff at the same

institution may have different perceptions. Therefore, including professionals from various functional areas within student affairs, may express very different experiences. These areas may include: Greek life, health and wellness, career counseling, and judicial affairs. Research that includes other departments/offices within student affairs will provide a greater awareness of how staff handle distressed students, how these situations may affect their job satisfaction, and the processes for handling these matters within in other departments/offices. Some departments/offices, such as Greek life, will have close interactions with students while others, such as judicial affairs, would have more limited interactions. Understanding all areas of student affairs regarding working with distressed students will provide a fuller picture of this field. Using both qualitative and quantitative methods can provide both an in-depth understanding of the experience of working with distressed students based on functional area and teasing out if staff in various areas respond differently to the handling students with mental health issues.

- This study included professionals from academic advising/support, which are typically housed in academic affairs; however, they were included because some of their skills and experiences aligned with student affairs professionals. This research found their experiences handling mental health issues and their job satisfaction to be in line with student affairs staff, which shows that there is a need for future qualitative research to include staff, including academic advisors from a range of academic departments, that also work closely with students, to get a better understanding of how other front line staff handle these critical concerns. .
- In this study, participants mentioned involving professionals and students from different reporting structure levels, such as the assistant director of residence life, someone from

the dean of students' office, or student staff when handling severe cases of mental health issues among college students. It would be beneficial to know through a qualitative inquiry about how those operating at different points in the intervention perceived their role when it comes to helping these students, their perceptions of the issue, and how handling these matters affects them personally and their job satisfaction. These perspectives will help to expand the literature on mental health issues among college students and the different responsibilities that university administrators, staff, and faculty have in helping meet the growing demand of psychological and emotional issues among college students.

- The participants in this current study discussed a reporting hierarchy and a care report as part of the distressed student identification process, but a qualitative study that investigated the issue from an organizational and policy perspective could provide insights that might affect the institutional approach to managing these crisis situations.

The current study provided rich data on the experiences and job satisfaction of 15 new student affairs and advising professionals handling mental health issues among college students. However, more research is needed on this topic since mental health issues on college campuses continue to rise and staff play critical roles on the front line helping students. It is vital that researchers continue to explore this topic not only to better understand the experiences and job satisfaction of student affairs professionals addressing distressed students but also to provide recommendations for future research and implications for practice and institutional policies to retain student affairs professionals in higher education.

Conclusion

Prior researchers (Ethan & Seidel, 2013; Kucirka, 2017; Mazza, 2015; White & LaBelle, 2019) have focused on faculty's involvement in the process of helping distressed students. However, because student affairs staff play a critical role in the success of college students (Reynolds et al., 2009), it was necessary to better understand the role they play in helping these students in need. The findings of this current study show that new student affairs professionals play an important role in handling mental health concerns among college students—from identifying distressed students to responding to their concerns. However, these professionals revealed that handling these situations is not always easy and it takes an emotional and physical toll on them. Nevertheless, despite the negative impact of working with distressed students, most of these new student affairs professionals continued to find satisfaction in their jobs because they ultimately enjoyed helping people and found the experience to be rewarding. Surprisingly, the stress and burden of handling students' mental health concerns made a significant negative impact on only two staff members' job satisfaction, causing them to consider leaving the field. For this reason, it is important to give more attention to how working with students with mental health problems may impact the health, happiness, and career longevity of staff who are on the front line because they play such a critical role in the success of today's college students.

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Appendix A

Interview Protocol for Student Affairs Professionals

1. Tell me a little bit about yourself.
 - a. Tell me what led you into a student affairs career/job.
 - b. Describe your past and current job responsibilities in student affairs positions.
2. Describe your experiences helping students who were in distress.
 - a. What type of mental health situations have you encountered?
 - b. How did you become aware of mental health situations among college students?
 - c. Describe the role you have played helping these students.
 - d. Did you expect to handle these types of problems?
3. What strategies, techniques, and/or skills did you use to help them?
 - a. Were there any that were particularly useful?
4. What type of training and experiences did you have handling mental health issues?
 - a. Did you receive formal training? If so, what type, where, and when?
 - b. Did you take educational courses? If so, how many, what courses, and where?
 - c. Were there any experiences that were particularly useful that you use today to help distressed students?
5. Describe how you felt handling distressed students?
 - a. Describe your feelings. Did you feel comfortable, confident, nervous, etc.?
 - b. What made you feel this way?
6. Do you think that handling mental health issues among college students influence your job satisfaction? If so, in what ways?
 - a. Did the experiences influence it in a positive or negative way? If so, please describe.

7. What type of support (e.g., colleague, family, etc.) did you receive to be able to handle mental health issues among college students?
 - a. Did you ask for assistance from someone when dealing with the incidents?
 - b. Who did you speak to?
 - c. What type of response did you receive?
 - d. Were there any individuals you felt supported you while handling these types of situations? If so, who and how did they support you?
 - e. Were there departments/offices on-campus you felt were supportive? If so, who and how did they support you?
 - f. Were there departments that were not helpful? If so, who and how so?
8. Is there anything else you want to tell me about your experience handling mental health issues among college students and the influence it may have on your job satisfaction?

Appendix B

Interview Protocol for Counseling Center Director

1. Tell me how long you have worked at this institution.
2. How is the counseling center staffed?
3. About how many students do you work with each month/year?
4. Describe students help-seeking behaviors on-campus.
 - a. What is your perception of students seeking services on-campus?
 - i. Has there been an increase or decrease in services from students? If so, please describe.
 - ii. How do you handle the changes? What strategies do you utilize? Are they effective? If so, how?
5. Have there been any changes in the nature of the issues? Please describe.
6. What types of issues do students' seek counseling for?
 - a. Are the issues more or less severe in nature over the past few years? Please describe.
7. What initiatives have been implemented university-wide to meet the needs of students with mental health issues?
8. Does the counseling center collaborate with other offices to help in providing services to students? If so, with whom?
 - a. Describe the partnership between counseling services and other offices?
9. Is there anything else I haven't asked that I should know about how the counseling center works with students?

Appendix C

Email to Staff to Recruit Participants

Dear Colleague,

My name is Delcencia Collins, and I am a doctoral student at the University of Texas at Arlington. I am conducting a study for my dissertation, which is exploring the experiences of new student affairs professionals handling mental health issues among college students at a four-year, public institution.

The purpose of this exploratory study is to understand how new student affairs professionals perceive their role in handling students with mental health issues. This qualitative study will explore new student affairs professionals who have less than five years of full-time experience working in a student services functional area(s) that can include: career counseling, student activities, Greek affairs, residence life, dean of students, judicial affairs, health and wellness, student activities, admissions, and academic affairs, such as advisement and academic support services.

I would like to recruit eight to 12 participants who are new student affairs professionals to participate in an approximately 60-90 minute interview via Skype, telephone, Face time, phone, or face-to-face. Deciding to participate is voluntary and participants may elect to discontinue their involvement at any time without any negative consequences.

Would you please assist me with the recruitment of full-time student affairs professionals who meet the criteria for my study by forwarding a copy of my recruitment letter to potential participants? I have attached my recruitment letter to this email for your convenience. I will check back in a week to see if you will be able to assist me by sending out the recruitment letter.

Your assistance is most appreciated. Thank you for your time and consideration!

Best,

Delcencia Collins
Doctoral Student
The University of Texas at Arlington
College of Education
Educational Leadership and Policy Studies

Appendix D

Participant Email Invitation

Date

Dear (Participant's Name):

I would like to invite you to participate in a study I am conducting as part of my doctoral degree in the Department of Educational Leadership and Policy Studies at the University of Texas at Arlington under the supervision of Dr. Barbara Tobolowsky. I would like to provide you with more information about this project and what your involvement would entail if you decide to take part.

The purpose of this exploratory study is to explore how new student affairs professionals perceive their role in handling students with mental health issues. I plan to interview new student affairs professionals who have less than five years of full-time experience working at a four-year institution in a student services functional area that can include: career counseling, student activities, Greek affairs, residence life, dean of students, judicial affairs, health and wellness, student activities, admissions, and academic affairs, such as advisement and academic support services.

Participation in this study is voluntary. It will involve a single interview of approximately 60-90 minutes in length to take place in a mutually agreed upon location or on Skype or Facetime, or by phone based on the participant's preferences and availability. You may decline to answer any of the interview questions if you wish. Furthermore, you may decide to withdraw from this study by advising the researcher at any time without any negative consequences. With your permission, the interview will be digitally recorded to facilitate collection of information and later transcribed for analysis. Shortly after the interview has been completed, I will send you a copy of the transcript to give you an opportunity to confirm the accuracy of our conversation and to add or clarify any points that you wish. All information you provide is completely confidential. Your name will not appear in any dissertation or report resulting from this study; however, anonymous quotations will be used. There are no known or anticipated risks to you as a participant in this study.

If you have any questions regarding this study, or would like additional information to assist you in reaching a decision about participation, please contact me at (870) 918-9480 or by email at delcencia@uta.edu.

This study has been reviewed and has received ethics clearance through the Institutional Review Board (IRB) at the University of Texas at Arlington. However, the final decision about participation is yours.

Please email me at delcencia@uta.edu by (date) to notify me if you are interested in participating. If you are interested, an electronic questionnaire will be emailed to you to gather demographic data and informed consent. The questionnaire should take 5-7 minutes to complete.

If you are selected to continue to the interview stage, you will be contacted via email with instructions regarding further participation.

I hope that the results of my study will benefit the practices of student affairs professionals as they continue to be on the front line to support and help college students with their problems and concerns in which they experience while in college.

I look forward to hearing from you and thank you in advance for your assistance in this project.

Sincerely,

(Signature)

Delcenia Collins
Doctoral Student
Education Leadership and Policy Studies
The University of Texas at Arlington

Appendix E

Email to the Director of the Counseling Center

Dear Colleague,

My name is Delcencia Collins, and I am a doctoral student at the University of Texas at Arlington. I am conducting a study for my dissertation, which is exploring the experiences of new student affairs professionals handling mental health issues among college students at a four-year, public institution.

The purpose of this exploratory study is to understand how new student affairs professionals perceive their role in handling students with mental health issues. This qualitative study will explore new student affairs professionals who have less than five years of full-time experience working in a student services functional area(s) that can include: career counseling, student activities, Greek affairs, residence life, dean of students, judicial affairs, health and wellness, student activities, admissions, and academic affairs, such as advisement and academic support services.

However, the reason I am contacting you is because I would like to gain perspective and context regarding the following information about the university's counseling center: demand of services for the counseling centers, the types of issues students seek counseling for, the strategies the center uses to meet the heavy workload (e.g., waitlists, off-campus referrals, etc.), etc.

Participation in this study is voluntary. It will involve a single interview of approximately 60-90 minutes in length to take place in a mutually agreed upon location or on Skype or Facetime, or by phone based on the participant's preferences and availability. You may decline to answer any of the interview questions if you wish. Furthermore, you may decide to withdraw from this study by advising the researcher at any time without any negative consequences. With your permission, the interview will be digitally recorded to facilitate collection of information and later transcribed for analysis. Shortly after the interview has been completed, I will send you a copy of the transcript to give you an opportunity to confirm the accuracy of our conversation and to add or clarify any points that you wish. All information you provide is completely confidential. Your name will not appear in any dissertation or report resulting from this study; however, anonymous quotations will be used. There are no known or anticipated risks to you as a participant in this study.

This study has been reviewed and has received ethics clearance through the Institutional Review Board (IRB) at the University of Texas at Arlington. However, the final decision about participation is yours.

If you are willing to participate in this interview, please email me at delcencia@uta.edu with your availability. We can then set-up a day and time to either meet in person, on Skype or Facetime, or by phone—it is your preference.

If you have any questions, please feel free to contact me at delcencia@uta.edu or my UTA dissertation chair, Barbara Tobolowsky at tobolow@uta.edu.

I look forward to hearing from you and thank you in advance for your assistance in this project.

Sincerely,

(Signature)

Delcencia Collins
Doctoral Student
Education Leadership and Policy Studies
The University of Texas at Arlington

Appendix F

Participant Demographic Questionnaire and Informed Consent Invitation Email

Date

Dear Participant,

Thank you for volunteering to participate in the new student affairs professional interview. The information you provide will help me further understand your experience working with students with mental health issues. In order for me to further my research, I will need to gather some details about you and ask for consent. Please note that this information will be kept confidential and no connections will be made directly to you and the facts you provide in the written study. The questionnaire should take you 5-7 minutes to complete.

Appendix H

Consent form and Demographic Questionnaire

NEW STUDENT AFFAIRS PROFESSIONALS EXPERIENCES HANDLING MENTAL HEALTH ISSUES AMONG COLLEGE STUDENTS

Delcencia Collins, Doctoral Student
The University of Texas at Arlington

Principal Investigator

Delcencia Collins, and I am a doctoral students at The University of Texas at Arlington.

Faculty Advisor

Barbara Tobolowsky, PhD, Associate Professor, Educational Leadership and Policy Studies

Introduction

You are being asked to participate in a study I am conducting for my dissertation research, which is exploring of the experiences of new student affairs professionals handling mental health issues among college students at four-year institutions. You were sent this email because you were identified as a full-time student affairs professionals who has less than five years of experience. Your participation is voluntary. Refusal to participate or discontinuing your participation at any time will involve no penalty or loss of benefits to which you are otherwise entitled. Please ask questions if there is anything you do not understand.

PURPOSE

The purpose of this study is to explore how new student affairs professionals perceive their role in handling distressed students and their perspective on how it influences their job satisfaction.

DURATION

The first part of the study involves completing a pre-screening background questionnaire. It will take 5-7 minutes of your time. For the second part of the study, I will conduct individual interviews lasting between 60-90 minutes in person, on Skype or Facetime, or by phone, based on the participant's preferences and availability.

NUMBER OF PARTICIPANTS

Individual interviews will be conducted with eight to 12 individuals who completed the questionnaire and agreed to participate in the individual interview.

PROCEDURES

You are requested to:

1. Provide your consent to participate in this questionnaire by clicking the "yes" button below.
2. Answer the questions in the survey. (You are not obligated to answer every question.)
3. Provide your consent to participate in an individual interview by clicking the "yes" button below.

4. Participate in an individual interview. (You are not obligated to answer every question.)

If you are selected to continue to the interview stage, you will be contacted via email with instructions regarding further participation.

POSSIBLE BENEFITS

Findings from this study will benefit the practices of student affairs professionals as they continue to be on the front line to support and help college students with their problems and concerns in which they experience while in college.

POSSIBLE RISKS/DISCOMFORTS

There are no perceived risks or discomforts for participating in this research study. Should you experience any discomfort, please inform the researcher. You have the right to discontinue the study procedures at any time at no consequence.

COMPENSATION

No compensation will be offered for participation in this questionnaire or interview.

ALTERNATIVE PROCEDURES

There are no alternative procedures offered for this questionnaire. You have the right to decline participation in any or all study procedures or quit at any time at no consequence.

CONFIDENTIALITY

Every attempt will be made to see that your study results are kept confidential. All data collected from this study will be stored [REDACTED] on campus for at least three (3) years after the end of this research. The results of this study may be published and/or presented at meetings without naming you as a participant. Additional research studies could evolve from the information you have provided, but your information will not be linked to you in anyway; it will be anonymous. Although your rights and privacy will be maintained, the Secretary of the Department of Health and Human Services, the UTA Institutional Review Board (IRB), and personnel particular to this research have access to the study records. Your records will be kept completely confidential according to current legal requirements. They will not be revealed unless required by law, or as noted above. The IRB at UTA has reviewed and approved this study and the information within this consent form. If in the unlikely event it becomes necessary for the Institutional Review Board to review your research records, The University of Texas at Arlington will protect the confidentiality of those records to the extent permitted by law.

CONTACT FOR QUESTIONS

Questions about this research study may be directed to Delcencia Collins, doctoral student at UT Arlington, delcencia@uta.edu. I can be reached at 870-918-9480. You can also reach Dr. Barbara Tobolowsky, Faculty Advisor, Department of Educational Leadership and Policy Studies, UT Arlington. She can be reached at tobolow@uta.edu. Any questions you may have about your rights as a research participant or a research-related injury may be directed to the Office of Research Administration, Regulatory Services at 817-272-2105 or regulatoryservices@uta.edu.

CONSENT

By clicking “Yes” below, you confirm that you are 18 years of age or older and have read or had this document read to you. You have been informed about this study’s purpose, procedures, possible benefits, and risks. You have been given the opportunity to ask questions before you sign, and you have been told that you can ask other questions at any time.

You voluntarily agree to participate in this questionnaire and to participate in the interview portion if selected to do so by the researcher. By clicking “Yes” you are not waiving any of your legal rights. Refusal to participate will involve no penalty or loss of benefits to which you are otherwise entitled. You may discontinue participation at any time without penalty or loss of benefits, to which you are otherwise entitled.

- Yes, I give my consent to participate in the questionnaire and interview.
- No, I do not want to participate.

Appendix I

Demographic Questionnaire

Name: _____

Contact Phone: _____

Email Address: _____

Best time of day to reach you: _____

Interview preference: Skype Face time Face-to-face Phone

If follow-up communication is needed, your preferred communication: (Check all that apply):

Phone Text Email Other: _____

Gender: Male Female Other Age: _____

What is your highest level of education?

- High school
- College
- Vocational training
- Masters
- Doctoral
- Other, please specify _____

University/College (undergraduate): _____

Bachelors Major/Degree: _____

University/College (graduate): _____

Masters Major/Degree: _____

Years of full-time experience in student affairs (excluding graduate assistantships):

(Select the most appropriate response)

- 10+ years of experience
- 7-10 years of experience
- 5-6 years of experience
- 3- 4 years of experience
- 0-2 years of experience

What functional areas have you worked in student affairs? (Check all

that apply)

- career counseling
- student activities
- Greek affairs
- residence life
- dean of students
- judicial affairs
- health and wellness
- student activities
- admissions
- academic affairs (i.e., advisement and academic support services)

What is your current work area in student affairs?

- career counseling
- student activities
- Greek affairs
- residence life
- dean of students
- judicial affairs
- health and wellness
- student activities
- admissions
- academic affairs (i.e., advisement and academic support services)

How long have you worked in your current position?

What is your current job title?

Would you like to be considered as a potential interview participant? (Selecting “yes” does not obligate you to participate, nor does it guarantee that you will be selected to participate. Selecting “yes” indicates you would be willing to participate if requested to do so by the principal investigator.)

- Yes
- No

Thank you!

Appendix J

Formal Invitation to Participant

Date

Dear (Participant's Name):

Thank you for participating in the first phase of this study through completing the introductory questionnaire. I would like to invite you to participate in the second part of the study by participating in an individual interview. You have been purposefully selected to participate in an interview because of your current employment and years of experience working in the student affairs profession.

The purpose of this exploratory study is to explore how new student affairs professionals perceive their role in handling students with mental health issues. This qualitative research will include new student affairs professionals who have less than five years of full-time experience working at a four-year institution in a student services functional area that can include: career counseling, student activities, Greek affairs, residence life, dean of students, judicial affairs, health and wellness, student activities, admissions, and academic affairs, such as advisement and academic support services.

Participation in this study is voluntary. It will involve a single interview of approximately 60-90 minutes in length to take place in a mutually agreed upon location or on Skype or Facetime, or by phone based on the participant's preferences and availability. You may decline to answer any of the interview questions if you wish. Furthermore, you may decide to withdraw from this study by advising the researcher at any time without any negative consequences. With your permission, the interview will be digitally recorded to facilitate collection of information and later transcribed for analysis. Shortly after the interview has been completed, I will send you a copy of the transcript to give you an opportunity to confirm the accuracy of our conversation and to add or clarify any points that you wish. All information you provide is completely confidential. Your name will not appear in any dissertation or report resulting from this study; however, anonymous quotations will be used. There are no known or anticipated risks to you as a participant in this study.

This study has been reviewed and has received ethics clearance through the Institutional Review Board (IRB) at the University of Texas at Arlington. However, the final decision about participation is yours.

If you are still interested in participating in an interview, please email me at delcencia@uta.edu with your availability. We can then set up a day and time to either meet in person, on Skype or Facetime, or by phone.

If you have any questions, please feel free to contact me at delcencia@uta.edu or my UTA dissertation chair, Barbara Tobolowsky at tobolow@uta.edu.

I look forward to hearing from you and thank you in advance for your assistance in this project.

Sincerely,

(Signature)

Delcena Collins
Doctoral Student
Education Leadership and Policy Studies
The University of Texas at Arlington

Appendix K

Follow-up Email to Participant

Hello (Participant's Name):

Thank you again for taking time to participate in the study to explore how new student affairs professionals perceive their role in handling students with mental health issues. The information provided will be beneficial to the field of student affairs.

I am currently seeking additional participants who meet the criteria for the study. If you know of anyone professionals who have less than five years of full-time experience working at your institution, will you forward the recruitment email to them (see below) or send me their name and email address for me to contact them directly? I would greatly appreciate your assistance.

Thank you for your time and consideration!

Best,

Delcenia Collins

Doctoral Student

The University of Texas at Arlington

College of Education

Educational Leadership and Policy Studies

Biographical Information

Delcencia Collins is currently an Assistant Director of Residence Life at The University of Texas at Arlington. She is passionate about working with college students and creating an academic environment that is supportive and promotes student success inside and outside of the classroom. She has worked in the field of student affairs, specifically housing and residence life, for nine years. Her research interests include student success and retention efforts in higher education, and exploring best practices in the field of student affairs to enhance the college student experience. Delcencia received her Bachelors of Arts degree in English from Mississippi State University and earned her Master of Science degree in College Student Personnel Administration from the University of Central Arkansas. She is a doctoral student at the University of Texas at Arlington pursuing her degree in Educational Leadership and Policy Studies. She plans to continue advancing her career in higher education and focus on developing and implementing co-curricular initiatives that will enrich the college student experience.

