

Exploring Faculty and Academic Advisors' Experiences Supporting College Students with Mental Health Challenges: A Qualitative Study Using Interpretative Phenomenological Analysis

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This interpretive phenomenological study explores faculty and academic advisors' experiences in supporting students with mental health challenges. Guided by the Theory of Planned Behavior, which suggests that personal beliefs, prior experiences, and familiarity with symptoms influence behavior, the study examines participant narratives to identify key factors that shape their approaches to supporting students. Findings indicate that personal beliefs about mental health, prior experiences with individuals facing mental health challenges, and campus-based mental health training opportunities all significantly enhance mental health support mechanisms for students outside traditional counseling settings. The ability of faculty and academic advisors to recognize signs of mental health challenges is critical for promoting overall campus well-being.

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Mental illness impacts millions of people across all demographics worldwide. In 2023, more than 59 million U.S. adults were diagnosed with a mental illness, and over 48.7 million had some substance use disorder (National Institute of Mental Health [NIMH], 2023; Substance Abuse & Mental Health Services Administration [SAMHSA], 2023 p. 2). Yet only half of those diagnosed with mental illness seek treatment (SAMHSA, 2023).

College students' mental health challenges are also on the rise. A 2022 multi-campus study reported that over 60% of students met the criteria for a mental health diagnosis—a 50% rise since 2013 (Lipson et al., 2022). Numerous studies (Duffy et al., 2020; Hunt & Eisenberg, 2010; Lipson et al., 2019) show similar surges in diagnosed mental illness among college students,

with one confirming an increase in reported cases from 21.9% in 2007 to 36% in 2016–2017 (Lipson et al., 2019, p. 61). The Healthy Minds Study (2022) revealed that 41% of college students screened positive for depression, 36% for anxiety disorders, and 14% for suicidal ideation (p. 3). Additionally, in the past year, 24% of students lacked free time to seek mental health care, and 15% stated that they did not know where to go for support (p. 7). Alarming, one 2021 study indicated that 11% of college students reported suicidal thoughts (AUCCCD, 2021, p. 25). Clearly, the COVID-19 pandemic compounded mental health challenges for college students.

This concerning landscape underscores the urgent need for college student mental health support. Here, academic advisors play a crucial role in identifying and addressing these challenges, ensuring that students receive the support they need to succeed.

Purpose of the Present Study

This study explores how two groups—academic advisors and faculty—support students facing mental health challenges. It utilizes an Interpretative Phenomenological Analysis (IPA), a qualitative research method that investigates personal perspectives. The study identified factors that enable professionals to identify any decline in student mental health and then guide students toward appropriate support.

Definitions

The World Health Organization (WHO) defines mental health as “a state of well-being in which the individual realizes his or her abilities, can cope with the normal stresses of life, can work productively and fruitfully, and can contribute to his or her community” (Minnesota Department of Health, 2023, para. 2). “Mental illnesses are health conditions involving changes in emotion, thinking or behavior (or a combination).

Table 1. Signs or Symptoms of a Mental Health Disorder

Signs or Symptoms	Definition
Apathy	Loss of initiative or desire to participate in any activity.
Drop in functioning	An unusual drop in functioning at school, work or social activities, such as quitting sports, failing in school, or difficulty performing familiar tasks.
Feeling disconnected	A vague feeling of being disconnected from oneself or one's surroundings, a sense of unreality.
Illogical thinking	Unusual or exaggerated beliefs about personal powers to understand meanings or influence events; illogical or "magical" thinking typical of childhood in an adult.
Increased sensitivity	Heightened sensitivity to sights, sounds, smells, or touch; avoidance of over-stimulating situations.
Nervousness	Fear or suspiciousness of others or a strong nervous feeling.
Mood changes	Rapid or dramatic shifts in emotions or depressed feelings.
Problems thinking	Problems with concentration, memory, or logical thought and speech that are hard to explain.
Sleep or appetite changes	Dramatic sleep and appetite changes or decline in personal care.
Unusual behavior	Any odd, uncharacteristic, peculiar behavior.
Withdrawal	Recent social withdrawal and loss of interest in activities previously enjoyed.
Changes in school or work	Increased absenteeism, worsening performance, difficulties in relationships with peers and coworkers.

Note. "Warning Signs of Mental Illness," *American Psychiatric Association (APA)*, 2024

Mental illnesses can be associated with distress and/or problems functioning in social, work, or family activities" (American Psychiatric Association, 2024, para 1). According to the American Psychiatric Association (APA), "If a person is experiencing several [symptoms listed in Table 1] at one time and the symptoms are causing serious problems in the ability to study, work or relate to others, they should be seen by a physician or mental health professional" (2013, para. 5).

Mental illness includes anxiety, depression, personality disorders, eating disorders, and addictive behaviors (APA, 2013). The terms *mental health concerns* or *challenges* are used in this study to describe when a student is experiencing early, worsening, or crisis-level signs and symptoms.

Literature Review

College students experience numerous stressors: academics, job commitments, family and friendship dynamics, romantic relationships, and extracurricular activities. Therefore, mental health support at this stage of life is vital. When students feel cared for and supported, they are more inclined to engage in positive health behaviors

(Courtenay et al., 2002; Mitchell, 2015). As stakeholders in student academic success, academic advisors frequently dialogue with students to provide support, usually via office hours or campus events (Margrove et al., 2014). Such supportive campus interactions can mitigate feelings of isolation and vulnerability, thereby lowering levels of depression, anxiety, and hopelessness (Ciran & Çinar, 2013; Lakey & Orehek, 2011). Such emotional support can include empathy, some comforting words, or connections to campus resources. By fostering a culture of support and openness, colleges can empower students to protect their mental health early on, leading to a more resilient and healthy student body.

Theory of Planned Behavior (TPB)

The Theory of Planned Behavior (TPB) theorizes that an individual's engagement with a particular behavior is influenced by a person's attitude toward the behavior, subjective norms, and the perceived ability to perform the behavior (Ajzen, 1991). In the context of mental health help-seeking, the TPB infers that faculty and academic staff intentions to support students who show signs of mental health concerns are

influenced by their attitudes toward seeking help, perceived social norms related to help-seeking, and their perceptions of their ability to navigate available resources (Johns, 2020).

Numerous studies have examined the effect of perceived support on students' mental health, quality of life, and retention. For example, Chao's (2012) study—which examined a sample of 459 undergraduates—revealed a significant correlation between students' perceived stress and support and a three-way interaction between perceived stress, social support, and dysfunctional coping. Similarly, Watkins and Hill's (2018) study found that social support indirectly affected symptoms of anxiety and depression. These findings are consistent with other studies that suggest social support buffers college students' mental health challenges (Crockett et al., 2007; Hirsch & Barton, 2011; LeGarry, 2017). Another study found that participants recognized the personal and organizational challenges they encountered, while emphasizing the rewards they gained from assisting students facing mental health concerns (McAllister et al., 2014, p. 12). Moreover, diverse cultural attitudes toward mental health can influence individual reactions to mental health challenges (Elshamy et al., 2023; Kamimura et al., 2018).

Johnson et al. (2023) investigated college students' behaviors concerning mental health assistance-seeking. It uncovered that the pursuit of assistance for behavioral health and substance use disorders comprises a blend of social and professional support. Comprehending such intricacies is pivotal when designing successful student interventions. A separate study by Charles et al. (2017) analyzed not student but faculty and academic advisors, who had previous experience with mental illnesses. It shows that these past experiences shaped current interactions with students. In short, individuals already familiar with mental health challenges tend to accept and provide informal support to students more empathetically than others, thereby suggesting that individual experiences help to cultivate empathy for students dealing with mental health concerns.

In short, to pave the way for effective mental health interventions, it is essential to identify cultural differences, dismantle stigma, raise awareness, and cultivate a supportive mental health environment so that all students embrace help-seeking when needed. Bohon and her colleagues (2016) discovered in their study that mental health interventions for college students can be

effective when they include education about mental health disorders and available treatments, increasing awareness of available services, and addressing the challenges surrounding access to long-term care.

Methods

This study employed an Interpretative Phenomenological Approach (IPA) to interpret the lived experiences of faculty and academic advisors who offered emotional support to college students exhibiting signs of mental health concerns. By exploring participants' perspectives, this study aims to illustrate how participants perceive mental health services.

IPAs enable researchers to study how individuals process experiences when exploring subjective phenomena, including emotions, beliefs, and values (Smith & Osborn, 2004). IPAs emphasize perspectives and meaning-making rather than just generalizable outcomes. In an IPA study, researchers engage in in-depth interviews or gather detailed textual data from a small group of participants and later analyze that data to identify patterns, themes, and meanings.

Participants

Participants included faculty and academic advisors employed at a large U.S. urban research university between September 2019 and February 2020. A purposive sampling approach recruited 10 participants of different demographic backgrounds who provided emotional support to students exhibiting signs of mental health concerns (see Table 2). Participant names were changed, although gender and employment data were preserved. Other narrative details have been generalized to provide anonymity.

The study site has a centrally coordinated and decentralized advising structure (i.e., campus-wide advising with advisors placed in each school or college on campus). The site also has a campus-wide counseling center where students can receive free and confidential support.

Procedure

I conducted 10 semi-structured interviews with five willing faculty and five willing academic advisors (see Appendix A). Before each interview, participants received an information sheet that outlined the study's purpose and procedures, benefits and risks, costs and compensation, and more. Interview questions were open-ended,

Table 2. Participant Information

Participant	Gender	Race	Role at Univ.	Years of Experience
Maria	Female	White	Academic Advisor	3
Todd	Male	White	Academic Advisor	12
Amber	Female	African American	Academic Advisor	3
Cloe	Female	White	Academic Advisor	5
Mae	Female	African American	Academic Advisor	33
Tina	Female	African American	Faculty	3
Lela	Female	African	Faculty	6
Matt	Male	White	Faculty	3
Jennifer	Female	African American	Faculty	13
Nicole	Female	White	Faculty	10

allowing participants to provide rich and detailed experiences. Interviews were conducted in private, with each session lasting between 45 to 60 minutes; they were audio-recorded and transcribed with participant consent.

The central research question was: How do participants perceive and experience instances when they identify and support college students exhibiting mental health concerns, and what meaning is derived from their interactions with this student population? Sub-research questions included:

- What factors motivated you to initiate supportive interactions with students displaying indicators of declining mental health or disclosing their mental struggles?
- What prevailing attitudes and perceptions do you hold regarding students grappling with mental health concerns?
- What factors encouraged you to extend emotional support to students exhibiting signs of diminishing mental well-being versus simply overlooking these signs?
- Are there specific experiences, services, or trainings that enhanced your capacity to provide emotional support?
- How do you interpret the interplay between your roles, student mental health concerns, and the urban university environment?

To foster rapport and initiate the interview, I inquired about participants' familiarity with mental illnesses or mental health training. Afterwards, participants expressed their thoughts on why students facing mental health challenges might discontinue university studies prematurely (i.e., "dropout"). The semi-structured nature of these interviews facilitated follow-up questions

to elicit more intricate details aligned with the research inquiries. These follow-up queries frequently focused on participants' past experiences in supporting students in need. Post-interview, I documented impressions, nonverbal cues, and ideas in a research journal to inform any subsequent interviews.

Ethics

This study received approval from the university's Institutional Review Board (IRB) before data collection commenced. Participants were given an information sheet that detailed the study, and confidentiality was maintained throughout. To protect participant identities, all names were replaced with pseudonyms.

Data Analysis

The use of Interpretative Phenomenological Analysis (IPA) facilitated a systematic inquiry into participants' subjective encounters and their cognitive processes in deriving meaning from those experiences. This rigorous data analysis adhered to a six-stage framework (Smith et al., 2009), encompassing immersion, familiarization, coding, theme generation, theme revisitation, and theme finalization. In data analysis, I used open coding, an exploratory phase where salient units within the data are isolated and assigned descriptive labels. Employing the *NVivo 12 Plus* software, this coding endeavor commenced the process of organizing and categorizing the data.

The initial codes were organized into themes based on the features of participants' lived experiences. I met with mentors to dialogue emerging themes, while exchanges with mentors refined these themes—which reflects the interactive nature of the IPA process. As these themes evolved, they were revisited deliberately to

identify relevant themes in relation to the overarching research question.

Trustworthiness and Rigor

To ensure trustworthiness and rigor, I established credibility through prolonged engagement with the data, member checking with the participants, and triangulation of findings with relevant literature. Transferability was addressed by providing rich descriptions of the research context and participant characteristics, enabling readers to assess the applicability of findings to similar settings. Contextualization and interpretation were done by placing participants' experiences within the broader context of the phenomenon. For example, I looked at participant experiences in relation to existing literature, theories, and broader societal implications. Additionally, peer debriefing sessions were held with external experts in both qualitative research and mental health to obtain feedback and enhance the credibility of the analysis.

Results

Participant interview analysis revealed four distinct themes that impact responses to students displaying possible signs of mental health concerns: experience, beliefs, knowledge, and confidence. These themes identify the essential aspects of the participants' experiences and the meanings they attribute to those experiences.

Theme One: Experience

Participants with prior experience with individuals who they believed had mental health concerns, discussed a heightened sense of empathy towards recognizing distress in their students. These experiences influenced how they interacted with students suspected of having emerging mental health concerns. For example, four participants cited past experiences with loved ones suffering from mental illness as preparing them to help students with similar mental health signifiers. Amber shared that her parents' untreated mental illnesses shaped her understanding of the long-term consequences that untreated mental illness can have on students. Nicole's experiences with mental health influenced her to pursue a career in advising; she wanted to "give back" to the counselors who had helped her as a student. Matt described how attending a 6-hour mental health awareness training led him to be more equipped to work with students in need: "The

Table 3. Experience with Mental Illness

Category	Personal Experience	Professional Experience
Parents	4	N/A
Other Relative	2	N/A
Friends	2	N/A
Students in Class	N/A	10
A Colleague	N/A	1

Note. This table presents the distribution of participants' personal and professional experiences related to individuals with mental illness. "N/A" indicates "Not Applicable."

training helped me understand the signs of mental health issues better and gave me the confidence to engage with students more effectively. I could refer the student to the appropriate campus resources, ensuring they received the support they needed."

Participants' past experiences with others experiencing mental health challenges enhanced their empathy for students and led them to initiate supportive dialogues and guide students toward relevant resources. Clearly, prior experiences cultivate our capacity to meet student mental health needs. Table 3 summarizes the details of number and type of experience by each participant.

Theme Two: Beliefs

Using IPA, which examines the nuances embedded within participants' vocabulary, tone, and facial expressions, I explored advisors' beliefs concerning campus resources and their influence on non-returning students. These participants shared similar beliefs when asked about what might cause a student to dropout. Todd suggested that a student might abandon their studies because of a lack of culturally appropriate support. Similarly, Maria believed students with mental illness often leave college early out of "embarrassment."

These findings align with faculty participants, who felt that student dropouts with mental health concerns are often both overwhelmed and embarrassed. During the interviews, Matt shared that a lack of variety in mental health resources contributes to student stress and potential dropout. Jennifer talked about the difficulty that students face while accessing campus resources; she questioned whether these resources are enough to meet the various mental health concerns students

face. She recalled an incident in which on-campus counseling centers were unable to provide appropriate crisis services to a student who was behaving disruptively. As a result, administrators contacted local police, who transported the student to the county jail.

Mae, an academic advisor, recalled a student whose professor triggered fear in them whenever they went to class, so they often kept their head down. The professor noticed the frightened look on the student's face and reached out to Mae for additional information. After meeting with Mae several times, the student admitted that they had been sexually abused as a child and now found it challenging to engage in a class where the professor resembles their abuser. Mae stated that she connected the student to disability services on campus, where they received accommodations to help them finish the class.

These findings revealed varying beliefs among participants regarding the extent to which they believe on-campus resources support a diverse student body, findings that align with Byrd and McKinney's (2012) study. They argued that interpersonal and institutional factors, along with a lack of adequate resources, can contribute to students feeling uncomfortable with accessing mental health support or completing their planned program.

Theme Three: Knowledge

The study assessed knowledge of mental health concerns by asking participants to describe how an afflicted student might appear or behave. Participant answers revealed three signifiers: physical signs, alarming behaviors, and strained communication.

Regarding physical signs, Cloe suggested that students in trouble often present poor hygiene, a disheveled appearance, or intoxication (i.e., like using a vape pen during meetings). Marie thought that such students often look "tired, disheveled, dehydrated, or disorganized." She recalled students crying during advising sessions, having short tempers, missing appointments, missing classes, or neglecting their hygiene. Mae offered that students with emerging mental health concerns often look rigid or lack clear communication skills: "It was like when you asked them to respond to yes or no questions, they just look at you, or they are on the verge of tears." They went on to relay this story:

I had a student who was very rigid and combative. She was sometimes even disrespectful. It was challenging to advise her. No matter what I said, she did not want to do it. It took about a year from the time we met that she just broke up one day and revealed to me that her father had molested her older sister and started sexually abusing and attacking her younger sister. The student shared that the father was now awaiting trial.

Mae often wondered why the student came to her advising appointments with a negative attitude. However, after consistently showing the student kindness and reminding her of on-campus resources, the student's attitude improved; they went to counseling and regularly saw her for advising sessions. Mae even said the student learned practical coping skills and was finishing her master's degree in counseling.

Many faculty members mentioned that students with mental health concerns typically struggle recalling knowledge in their classes. Lela described how students with anxiety often have difficulty participating in class discussions and meeting deadlines. She recalled a student who, despite being bright and capable, frequently missed assignments and appeared visibly distressed during exams. Nicole provided another example of a student with depression who struggled to stay engaged in group projects and often isolated themselves from peers. Using their knowledge of such behaviors, Lela and Nicole emphasized the importance of having a framework for delivering course content and assessing outcomes that cater to the diverse needs of all the students in their classroom. They suggested implementing flexible deadlines, providing lecture notes in advance, offering alternative assessment methods, and creating a supportive classroom environment where students feel comfortable seeking help. This approach not only helps students with mental health challenges but also fosters an inclusive learning environment for all students.

Theme Four: Confidence

Throughout the interviews, participants expressed varying degrees of confidence in their ability to support students displaying signs of mental health decline. Their confidence seemed tied to perceptions of their own competence and to the availability of campus resources. Notably, their knowledge of mental health issues among college students and their

perceived ability to offer practical assistance influenced confidence levels. For instance, Maria's preference for discussing academics over mental health indicated a higher level of trust in the specialized services offered by CAPS (Counseling and Psychological Services) on campus. On the other hand, Tina was hesitant to address mental health concerns because she wanted to respect student privacy, suggesting a lack of confidence when offering support while also wanting to respect the self-determination of students. She remarked, "I can recognize when a student might be struggling with something like anxiety or depression, but I'm not always sure how to approach it or if it's my place to intervene. I worry about saying the wrong thing or making the situation worse."

Other participants demonstrated unwavering confidence in their support capabilities. For example, Nicole recounted a situation where two students were in constant conflict, disrupting the class environment. By taking the time to meet with each student and understand their individual perspectives, Nicole was able to build trust and rapport. She then facilitated a mediation session, guiding the students towards a resolution. This intervention not only restored a positive classroom atmosphere but also increased her willingness to intervene in similar situations. Matt shared a similar experience in which a student had a strong emotional reaction to a video played in class about abused children. The student became visibly upset and left the classroom in tears. Recognizing their distress, Matt approached the student afterwards to offer support. He spent time listening to the student's concerns and building a relationship based on trust. Through their conversations, the student revealed a personal history of trauma that the video triggered. With Matt's guidance and support, the student felt more comfortable and was able to discuss their feelings openly. The participant's responses align with Osteen's (2018) findings, emphasizing the strong relationship between self-efficacy, active listening, and gatekeeper behaviors.

The implications of these narratives extend beyond the TPB. While individual attitudes towards mental health support are critical, these findings suggest a broader influence from campus culture. Participants' confidence and trust levels may impact their willingness to engage in mental health discussions, thereby shaping the university's overall environment. This broader influence aligns with the theory's notion that perceived control and social norms can significantly affect behavior,

indicating that fostering a supportive campus culture is as important as addressing individual attitudes.

Discussion

Throughout these interviews, it became evident that participants' knowledge, prior experiences, and beliefs about mental illness overlapped with their trust in the available mental health services on campus, leading to heightened confidence in offering support when needed. Participants who had previous encounters with mental health issues felt more equipped and empathetic, which bolstered their ability to guide students effectively.

The depth of participants' relationships with students was a key factor in their readiness to offer support. Those who had established a strong rapport and trust with their students were more proactive and confident in addressing mental health concerns. However, participants differed in their views on the extent of their role in providing mental health support. Some participants grappled with a dilemma between respecting students' privacy and inquiring about their mental health. These inner-struggles reflect just how much campus culture can shape help-seeking behaviors. For example, while some faculty felt it was their responsibility to intervene and provide guidance, others were concerned about overstepping boundaries and losing trust. This reality highlights the need for clear role definitions and guidelines in providing mental health support.

Exploring participants' thoughts on how training might enhance their capabilities could provide valuable insights into shaping future support initiatives. Understanding the nuances of their experiences and the factors that influence their willingness to engage in mental health discussions can inform the development of targeted interventions that improve individual competence and contribute to a more supportive and open campus culture regarding mental health. This holistic approach could foster an environment where students feel empowered to address mental health challenges.

Implications

This study examined how faculty and academic advisors perceive, manage, and make sense of mental health challenges on college campuses. Advisors play key roles in supporting students, so a nuanced understanding of their perceptions and experiences highlights their potential to shape students' lives.

This research highlights the need to develop specialized mental health training programs for advisors and faculty. Institutions should implement culturally appropriate training to help navigate the delicate balance between respecting privacy while providing support. This approach, in turn, will give tools to recognize mental health distress and foster a supportive environment that encourages open dialogue and timely referrals. These advanced skills will enable deeper and more meaningful connections with students, providing a trusted channel through which students can address their mental health challenges further with counseling staff on campus or in their communities.

Limitations

One of the limitations of this study is that participants may feel inclined to provide socially acceptable responses to avoid exposing their biases about mental illnesses. Also, there is the potential for self-selection bias among participants, as individuals who volunteer to participate may have a particular interest in mental health support, so their perspectives might not fully represent the broader population. Additionally, the sample size of 10 participants may limit the generalizability of the findings to other settings or institutions. A larger and more diverse sample could offer a more comprehensive report. Furthermore, the study's reliance on self-reported data through interviews may introduce the possibility of recall bias. Participants may have difficulty accurately recalling specific instances or details of their interactions with students, potentially affecting the reliability of the data.

The use of IPA may also introduce subjectivity into data interpretation. The researchers' individual perspectives and preconceptions could influence the analysis process and the identification of themes, impacting the study's objectivity. Finally, the research was conducted at a single urban university, which could limit the transferability of the findings to institutions with diverse cultural contexts, student populations, and support systems. Variation across diverse educational settings may warrant additional research to enhance the study's external validity.

Conclusion

It is essential that advisors and faculty recognize the impact untreated mental health concerns can have on college students. Poor mental health

can affect not just a student's social life; it can impact their ability to complete a degree. This IPA study amplifies the need for collective action for ongoing training across the campus community to meet students' mental health challenges. The combination of participants' experiences and their support to students facing mental health challenges showed a powerful story that calls for a shift towards proactive, inclusive, and supportive mental health awareness within multiple touchpoints within higher education. It sparks inquiries into the adequacy of campus resources and uncovers the latent potential residing within faculty and academic advisors.

Advisors and faculty need to foster open dialogues about mental health concerns and ensure that helpful resources are available to support students. By caring for students' mental well-being, advisors can support student personal growth. Together, we can pave the way for a brighter, healthier, and more accepting approach to student mental health concerns grounded in an equitable, inclusive response. In doing so, we can build a future where every student can succeed and flourish, creating a legacy of compassion and justice that will resonate for generations to come.

References

- Ajzen, I. (1991). The theory of planned behavior. *Organizational Behavior and Human Decision Processes*, 50(2), 179–211. [https://doi.org/10.1016/0749-5978\(91\)90020-T](https://doi.org/10.1016/0749-5978(91)90020-T)
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). American Psychiatric Publishing
- American Psychiatric Association. (2024). *Warning signs of mental illness*. <https://www.psychiatry.org/patients-families/warning-signs-of-mental-illness>
- Association for University and College Counseling Center Directors. (2021). *2020–2021 annual survey report*. <https://www.aucccd.org/assets/2020-21%20Annual%20Survey%20Report%20Public%20Survey.pdf>
- Byrd, D. R., & McKinney, K. J. (2012). Individual, interpersonal, and institutional level factors associated with the mental health of college students. *Journal of American College Health*, 60(3), 185–193. <https://doi.org/10.1080/07448481.2011.584334>
- Bohon, L. M., Cotter, K. A., Kravitz, R. L., Cello, P. C., & Fernandez y Garcia, E. (2016). The theory of planned behavior as it predicts

- potential intention to seek mental health services for depression among college students. *Journal of American College Health*, 64(8), 593–603. <https://doi.org/10.1080/07448481.2016.1207646>
- Chao, R. C. L. (2012). Managing perceived stress among college students: The roles of social support and dysfunctional coping. *Journal of College Counseling*, 15(1), 5–21. <https://doi.org/10.1002/j.2161-1882.2012.00002.x>
- Charles, J. L. K., Holley, L. C., & Kondrat, D. C. (2017). Addressing our own biases: Social work educators' experiences with students with mental illnesses. *Social Work Education*, 36(4), 414–429. <https://doi.org/10.1080/02615479.2017.1297393>
- Cirpan, F. K., & Çinar, S. (2013). Assessment of the relationship between peer support and academic success among students of vocational school of healthcare services. *Marmara Üniversitesi Sağlık Bilimleri Enstitüsü Dergisi*, 3(4), 91.
- Courtenay, W. H., McCreary, D. R., & Merighi, J. R. (2002). Gender and ethnic differences in health beliefs and behaviors. *Journal of Health Psychology*, 7(3), 219–231. <https://doi.org/10.1177/1359105302007003216>
- Crockett, L. J., Iturbide, M. I., Torres Stone, R. A., McGinley, M., Raffaelli, M., & Carlo, G. (2007). Acculturative stress, social support, and coping: Relations to psychological adjustment among Mexican American college students. *Cultural Diversity & Ethnic Minority Psychology*, 13(4), 347–355. <https://doi.org/10.1037/1099-9809.13.4.347>
- Duffy, A., Keown-Stoneman, C., Goodday, S., Horrocks, J., Lowe, M., King, N., Pickett, W., McNevin, S. H., Cunningham, S., Rivera, D., Bisdounis, L., Bowie, C. R., Harkness, K., & Saunders, K. E. A. (2020). Predictors of mental health and academic outcomes in first-year university students: Identifying prevention and early-intervention targets. *BJPsych Open*, 6(3), 46.
- Elshamy, F., Hamadeh, A., Billings, J., & Alyafei, A. (2023). Mental illness and help-seeking behaviours among middle eastern cultures: A systematic review and meta-synthesis of qualitative data. *PloS One*, 18(10), e0293525–e0293525. <https://doi.org/10.1371/journal.pone.0293525>
- Healthy Minds Network. (2022). *Healthy minds study: 2021–2022 data report*. <https://healthymindsnetwork.org/research/data-for-researchers>
- Hirsch, J. K., & Barton, A. L. (2011). Positive social support, negative social exchanges, and suicidal behavior in college students. *Journal of American College Health*, 59(5), 393–398. <https://doi.org/10.1080/07448481.2010.515635>
- Hunt, J., & Eisenberg, D. (2010). Mental health problems and help-seeking behavior among college students. *Journal of Adolescent Health*, 46(1), 3–10.
- Johns, S. (2020). A mixed methods approach to understanding the factors that impact confidence to offer support to college students with mental health concerns (Doctoral dissertation). Wayne State University. ProQuest Document ID: 245
- Johnson, R. L., Nandan, M., Culp, B., & Thomas, D. (2023). College students' mental health help-seeking behaviors. *The College Student Affairs Journal*, 41(1), 73–89. <https://doi.org/10.1353/csj.2023.0005>
- Kamimura, A., Trinh, H. N., Johansen, M., Hurley, J., Pye, M., Sin, K., & Nguyen, H. (2018). Perceptions of mental health and mental health services among college students in Vietnam and the United States. *Asian Journal of Psychiatry*, 37, 15–19. <https://doi.org/10.1016/j.ajp.2018.07.012>
- Lakey, B., & Orehek, E. (2011). Relational regulation theory: A new approach to explain the link between perceived social support and mental health. *Psychological Review*, 118(3), 482–495. <https://doi.org/10.1037/a0023477>
- LeGary, R. A., Jr. (2017). College students with autism spectrum disorder: Perceptions of social supports that buffer college-related stress and facilitate academic success. *Journal of Postsecondary Education and Disability*, 30(3), 251–268. <https://files.eric.ed.gov/fulltext/EJ1163965.pdf>
- Lipson, S. K., Lattie, E. G., & Eisenberg, D. (2019, January). Increased rates of mental health service utilization by U.S. college students: 10-year population-level trends (2007–2017). *Psychiatric Services*, 70(1), 60–63.
- Lipson, S. K., Zhou, S., Abelson, S., Heinze, J., Jirsa, M., Morigney, J., Patterson, A., Singh, M., & Eisenberg, D. (2022). Trends in college student mental health and help-seeking by race/ethnicity: Findings from the national healthy minds study, 2013–2021. *Journal of Affective Disorders*, 306, 138–147. <https://doi.org/10.1016/j.jad.2022.03.038>
- Margrove, K. L., Gustowska, M., & Grove, L. S. (2014). Provision of support for psychological

- distress by university staff, and receptiveness to mental health training. *Journal of Further and Higher Education*, 38(1), 90–106. <https://doi.org/10.1080/0309877X.2012.699518>
- McAllister, M., Wynaden, D., Happell, B., Flynn, T., Walters, V., Duggan, R., Byrne, L., Heslop, K., & Gaskin, C. (2014). Staff experiences of providing support to students who are managing mental health challenges: A qualitative study from two Australian universities. *Advances in Mental Health*, 12(3), 192–201. <https://doi.org/10.1080/18374905.2014.11081897>
- Minnesota Department of Health. (2023). *Mental health promotion*. <https://www.health.state.mn.us/communities/mentalhealth/index.html>
- Mitchell, K. (2015). *An exploration of factors toward seeking psychological help for African–American male college students* [Doctoral dissertation, Tennessee State University]. ProQuest Dissertations & Theses. <https://search.proquest.com/docview/1733328825>
- National Institute of Mental Health. (2023). *Mental illness*. U.S. Department of Health and Human Services, National Institutes of Health. https://www.nimh.nih.gov/health/statistics/mental-illness#part_2539
- Osteen, P. J. (2018). Suicide intervention gatekeeper training: Modeling mediated effects on development and use of gatekeeper behaviors. *Research on Social Work Practice*, 28(7), 848–856. <https://doi.org/10.1177/1049731516680298>
- Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method, and research*. SAGE Publications.
- Smith, J. A., & Osborn, M. (2004). Interpretative phenomenological analysis. In G. M. Breakwell (Ed.), *Doing social psychology research* (pp. 229–254). Blackwell Publishing; British Psychological Society.
- Substance Abuse and Mental Health Services Administration. (2023, November). *Key substance use and mental health indicators in the United States: Results from the 2022 National Survey on Drug Use and Health* (HHS Publication No. PEP23-07-01-006, NSDUH Series H-58). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. <https://www.samhsa.gov/data/release/2022-national-survey-drug-use-and-health-nsduh-releases>
- Watkins, K., & Hill, E. M. (2018). The role of stress in the social support–mental health relationship. *Journal of College Counseling*, 21(2), 153–164. <https://doi.org/10.1002/jocc.12094>

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Appendix A

Semi-Structured Interview Protocol

Familiarity with Mental Illness:

Do you have any personal experience or familiarity with someone who has had a mental illness? Please describe your experience:

Specialized Training:

Do you have any specialized training or education related to mental illness?

Concerns about Students' Mental Health:

Have you ever had concerns about the mental health of students you interact with? What concerns you the most when you notice signs or symptoms of an emerging mental health concern in a student?

Offering Academic Support:

Can you share a specific instance when you provided academic support to a student whom you believed to have a mental illness? Please describe the situations:

Reasons for Leaving University:

In your perspective, what are some of the reasons why students with mental illness might leave a university before completing their degree?

Perception of a Student with Mental Illness:

Take a moment to imagine a college student experiencing an emerging mental illness. What image comes to your mind when you think about this?

Subjective Interpretation of Support:

Reflecting on your experiences, can you share a time when you offered support to a student with a mental health concern? What feelings and thoughts arose within you during that interaction?