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Traci M. Bank

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Running head: COLLEGE MENTAL HEALTH RECOVERY

Pepperdine University  
Graduate School of Education and Psychology

ADDRESSING MENTAL HEALTH NEEDS ON COLLEGE CAMPUSES: UTILIZING  
RECOVERY PRINCIPLES THAT ENCOURAGE HOPE, COMMUNITY INCLUSION,  
RECOVERY ON A CONTINUUM, PEER SUPPORT, AND STIGMA REDUCTION

A clinical dissertation submitted in partial satisfaction  
of the requirements for the degree of  
Doctor of Psychology

by

Traci M. Bank

January, 2016

Dennis Lowe, Ph.D.– Dissertation Chairperson

This clinical dissertation, written by

Traci Bank

under the guidance of a Faculty Committee and approved by its members, has been submitted to and accepted by the Graduate Faculty in partial fulfillment of the requirements for the degree of

DOCTOR OF PSYCHOLOGY

Doctoral Committee:

Dennis Lowe, Ph.D. – Chair Person

Stephanie Woo, Ph.D.

Ani Vartazarian, Psy.D.

Robert Scholz, M. A.

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## COLLEGE MENTAL HEALTH RECOVERY

## VITA

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**EDUCATION**

**Pepperdine University**, Graduate School of Education & Psychology (Expected) 2016  
 Doctor of Psychology in Clinical Psychology, APA-Accredited Program

**Clinical Competence Examination:** Passed with Distinction 2014

**Dissertation Title:** *Addressing mental health needs on college campuses:  
 Utilizing recovery principles that encourage hope, community inclusion,  
 recovery on a continuum, peer support, and stigma reduction*

**Pepperdine University**, Graduate School of Education & Psychology 2011  
 Master of Arts in Clinical Psychology

**University of California, Santa Barbara** 2004  
 Bachelor of Arts in Political Science with an Emphasis in International Relations;  
 Minor in English Literature

**Universidad de Alcalá**, Education Abroad Program 2003  
 Spanish Language & Culture

---

**CLINICAL TRAINING**

**University of Southern California** 2015-2016  
*Student Counseling Services*  
 Psychology Pre-doctoral Intern (APA-Accredited)

**Children's Hospital Los Angeles** 2014-2015  
*Clinical Translational Science Institute – Clinical Trials Unit*  
 Neuropsychology Extern

**Pepperdine University Psychological & Educational Clinic** 2012-2015  
*Community Counseling Center*  
 Psy.D. Trainee

**Long Beach Mental Health Center** 2013-2014  
*Outpatient Community Mental Health Center*  
*Department of Mental Health*  
 Psychology Extern

**A New Journey** 2013  
*Intensive Outpatient Program for Eating Disorders*  
 Program Therapist

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**OTHER CLINICAL EXPERIENCE**

**Learning Dynamics, Inc.** 2011-2012  
*Community Mental Health Center*  
 Psychological Assistant, PSB #36354

**Alcott Center** 2010  
*Outpatient Community Mental Health Center*  
*Department of Mental Health*  
 Volunteer

---

**PEER SUPERVISION**

**Pepperdine University Psychological & Educational Clinic** 2014-2015  
*Community Counseling Center*  
 Peer Supervisor (Therapy & clinical assessment)

---

**WRITING & RESEARCH**

**Pepperdine University** 2013-2015  
*Applied Scholarly Community*  
 Graduate Student Researcher

**Pepperdine University, Los Angeles, CA** 2012-2015  
*Writing Support Center*  
 Graduate Assistant (Peer Editor)

**Pepperdine University, Los Angeles, CA** 2010-2011  
*Louis Cozolino, Ph.D.*  
 Research Assistant

---

**TEACHING EXPERIENCE**

**Pepperdine University** 2015  
*Graduate School of Education & Psychology*  
 Teaching Assistant

---

**PRESENTATIONS & GUEST LECTURES**

- Bank, T. (2015). *Theory and Techniques of Dialectical Behavior Therapy*. Guest lecture given to masters-level course, Techniques of Counseling & Psychotherapy, Pepperdine University, Encino, CA.
- Bank, T. (2014). *Introduction to Dialectical Behavior Therapy*. Presentation given to masters-level psychology trainees, Learning Dynamics, Woodland Hills, CA.
- Bank, T., Jackson, M., Lowe, D., & Woo, S. (2014). *Mental health resources for college students, peers, and family members*. Workshop presented at the National Alliance on Mental Illness (NAMI), California Annual Conference, Newport Beach, CA.
- Bank, T. (2014). *Common College Mental Health Concerns*. Presentation given to masters-level psychology trainees, Learning Dynamics, Woodland Hills, CA.

## COLLEGE MENTAL HEALTH RECOVERY

- Bank, T. (2014). *Understanding Roberts-2*. Workshop for doctoral-level psychology trainees, Pepperdine University, Los Angeles, CA.
- Bank, T. & Hale, K. (2013). *Food for Thought*. Poster presented at LACPA Annual Convention, Los Angeles, CA.
- Bank, T. (2013). *Mindful Eating*. Lecture presented to adolescent residents, Sober College, Woodland Hills, CA.
- Bank, T. & Pierce, S. (2012). *Recognizing Depression in Peers*. Lecture presented to undergraduate students, Pepperdine University, Malibu, CA.

---

## HONORS & AWARDS

- |  |      |
|--|------|
| • Clinical Competence Examination, Passed with Distinction,<br>Pepperdine University | 2014 |
| • Cum Laude, University of California, Santa Barbara                                 | 2004 |
| • Order of Omega, Honor Society  | 2004 |
| • National Society of Collegiate Scholars  | 2004 |

---

## PROFESSIONAL MEMBERSHIPS

- American Psychological Association (APA)
  - California Psychological Association (CPA)
  - National Alliance on Mental Illness (NAMI)
  - Los Angeles County Psychological Association (LACPA)
  - Psi Chi
-

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## ABSTRACT

There has been an undeniable upward trend of college students reporting mental health conditions, and university counseling centers unable to solely manage the influx of students requiring services. As such, many higher educational institutes have created and implemented various ways to support these students and encourage help-seeking behaviors. Stigma-reduction and peer support programs appear to be the most widely recognized and developed, however, research indicates that students continue to struggle with psychological distress despite these efforts. The recovery model, which is rooted in treating substance abuse disorders, has shown efficacy in its application towards mental health treatment and has relevance for a college population. In an attempt to provide universities with a cohesive body of evidence-based literature and current college programming that appears to be effective, this project sought to utilize recovery-oriented principles as a framework for addressing mental health issues on college campuses. A critical analysis of the literature involved review of five recovery principles identified by Substance Abuse and Mental Health Services Administration (SAMHSA), efficacious strategies to promote programs reflective of the recovery principles, and identification of existing college mental health programs. The study determined that while many universities are headed in the right direction, there is an uneven distribution of research amongst college programming. Additionally, recommendations were made for future research and program development.

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### Chapter 1: Review of Background Literature and Statement of the Problem

#### Background

According to the U.S. Department of Education (2012), there are presently more than 22 million students enrolled in community and four-year higher educational institutions, many of whom experience mental health conditions that remain untreated. Current research indicates that there has been a steady rise of reported psychological distress among college students, including anxiety, depression, feelings of hopelessness, and crippling stress levels, while college counseling centers are struggling to meet these rising demands (American College Health Association, 2013). As such, the development of additional supportive resources designed to address the needs of students with psychiatric conditions is clearly warranted. Nation-wide efforts such as Healthy Campus 2020, an initiative that “extends beyond traditional interventions,” provides universities with a basic framework in order to enhance overall wellness for college students (American College Health Association, 2012, para. 2). Recognizing that the responsibility of students’ well-being lies not only with the counseling center, but the university-at-large, this program offers schools an opportunity to effectively unite and engage departments across campus as part of a movement towards the promotion of “quality of life, healthy development, and positive health behaviors” (American College Health Association, 2012, para. 4). Healthy Campus 2020 empowers universities to create healthy campuses by identifying current health improvement standards, increasing community awareness, understanding the determinants of health, providing opportunities for progress, and facilitating measurable objectives and goals for implementation of health-related interventions and programming. The inter-connectedness of multiple university stakeholders (e.g., counseling center, athletic department, etc.) working collaboratively to promulgate health and wellness programs on

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campuses suggests that universities would strongly benefit from such cooperative efforts. Moreover, Healthy Campus 2020 is advertised as a framework, further indicating that the implementation of programming might be more efficient and effective, if done so under a general set of guidelines and structure.

In a similar way, the recovery principles may also serve as a model from which programming could be developed, emphasizing a nonlinear, person-centered perspective in order to address both the reduction of symptoms and promotion of well-being. In other words, it is expected that the process of recovery involves both symptom remittance and reemergence, and the principles maintain the belief that an individual can still live meaningful, productive lives in despite challenging periods (Davidson, 2011). While there is not a universally accepted definition of recovery, for the purposes of this project, it will be understood as a “process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential” (Substance Abuse and Mental Health Services Administration, 2011, p. 1). Ten core principles have been identified by Substance Abuse and Mental Health Services Administration (SAMHSA) that promote this definition of recovery. Although these principles have traditionally been utilized to treat substance abuse, they have also been applied to other mental health issues, due to a flexible definition of wellness. Specifically, the recovery-oriented principles suggest that recovery is a process, and that one can thrive even in the presence of psychological symptoms.

### **Purpose of the Project**

As college counseling centers attempt to accommodate the growing demand for services and evolving mental health needs of students, more than half of university counseling center directors reported that there have not been increased resources (Gallagher, 2008). More than

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50% of college counseling centers have implemented a limit on the number of therapy sessions available to students, and the length of a typical session has been shortened in efforts to accommodate more students (Association for University and College Counseling Center Directors [AUCCCD], 2012). Nearly half of university counseling centers surveyed from the National Survey of Counseling Center Directors, participated in Depression Screening Days and reported that of 7,200 students, one-third were referred for counseling, and half of the schools promoted psychoeducation of mental illness on their website (Gallagher, 2008). However, while the number of students who report psychological issues has recently risen, a 2007 national study conducted on college mental illness found that only 36% of those individuals sought treatment (Eisenberg, Golberstein, & Gollust, 2007). Data collected by 140 university counseling centers indicated that the average number of therapeutic sessions attended by students is fewer than five, suggesting that future research endeavors should focus on utilization rates and how counseling services are actually being used by students (Center for Collegiate Mental Health, 2014). These findings of limited use also support the importance of colleges exploring multiple ways to address mental health needs on campus.

Research suggests that the one-dimensional approach of addressing college mental health issues by offering brief, time-limited therapeutic services on campus may not be sufficient as a stand-alone effort. This is evidenced by the finding that only half of individual therapy sessions scheduled at college counseling centers are actually attended (AUCCCD, 2012). Additionally, almost one-third of counseling centers have waitlists for intake evaluations throughout the school year, which could discourage students from seeking treatment (AUCCCD, 2012). Although children and adolescents have increased their utilization of mental health services, a gap in help-seeking behavior exists in the college student population (Hunt & Eisenberg, 2010). There is also

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a notable dearth of information on the effectiveness of on-campus interventions as well as how these attempts affect help-seeking (Hunt & Eisenberg, 2010). It is important to consider the possibility that this problem is exacerbated by a lack of accessible, adjunctive resources found on college campuses. Students are more likely to engage in help-seeking behavior when resources are relevant, practical, appealing, and effective. In consideration of contextual factors, this dissertation sought to provide an alternative (i.e., recovery-oriented) perspective in order to potentially improve management of college student mental health care.

Hunt and Eisenberg (2010) propose the use of evidence-based practices that have established efficacy amongst the general young adult population to inform mental health programming for college students. However, these researchers also caution against the prescription of specific interventions for the college population, due to the lack of empirical data with regards to outcomes and program evaluation. What they do recommend, on the other hand, is for universities to adopt a more broad theoretical approach to college mental health at this time. “Because of the multiple channels by which students can be reached on college campuses, practices and policies based on a holistic, public health approach seem particularly promising. These strategies would view mental health as a foundation for the well-being and success of the student and would emphasize not only treatment but also prevention and the promotion of positive mental health” (Hunt & Eisenberg, 2010, p. 7). The core tenant of the recovery framework is rooted in the notion that recovery is a unique process experienced by each individual by utilizing a holistic, multifaceted approach. It is the hope of the author that college students may learn new and effective strategies to attend to their emotional health needs through the lens of the recovery principles.



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To summarize, this dissertation served as an attempt to explore the potential benefits of addressing mental health needs on college campuses from a recovery-oriented framework. The project was inspired by the recognition that in-depth research and evidence-based adaptations of the recovery principles for college students with mental health issues was lacking. A comprehensive system is recommended for universities as a means to create innovative and relevant programs that address the needs of college students with mental health issues (Hunt & Eisenberg, 2010). Due to insufficient data outcomes with regards to specific interventions, it is recommended that universities operate under a set of guiding principles that could better inform the development of college mental health programming and policies. Recovery-oriented principles offer the perspective that individuals can function and thrive, despite the presence of psychological symptoms. Thus, this model appears to be particularly relevant to college students, given that mental health challenges often need to be managed while pursuing academic and social endeavors.

The use of a recovery-oriented lens from which to address college mental health will hopefully have a number of benefits. Recovery-oriented principles encourage the development of positive identity outside of being an individual with mental illness. This is especially salient for college students because this phase of life is typically marked by transition and identity formation. Furthermore, resources developed with this framework in mind would be aimed at teaching individuals new ways to self-manage mental health difficulties and symptoms of mental illness. Perhaps these resources will also help college students develop personal and professional goals for the future. Additionally, college counseling centers could utilize recovery-oriented principles as a framework for program development. Universities that participate in the International Association of Counseling Services (IACS) are expected to meet standards outlined

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by the organization, as a means to ensure that counseling centers are providing the highest quality of care (IACS, 2015). As such, the recovery model could serve as a streamlined approach in creating mental health efforts on campus, and/or be incorporated into current programming which meet IACS standards. Through this project, the author hopes to encourage greater use of current resources and encourage an innovative perspective to address mental health issues on college campuses. It should be noted that this project does not provide clinical interventions nor focus on treating specific psychiatric disorders; rather, its purpose is to provide recommendations for addressing mental health issues from a recovery-oriented perspective based upon current programming and review of evidence-based practices.

### Literature Review

**College culture.** In 2013, a record number of students were expected to attend American colleges and universities, with an average of four million enrolled in higher education for the first time (U.S. Department of Education, 2012). It should be noted that although the age range of college students is varied, for the purposes of this project, *students* will be identified as young adults (aged 18-24) enrolled in a two- or four-year college or university, as this group constitutes 79% of the college population (U.S. Census Bureau, 2012). Moreover, the terms *college* and *university* will be used interchangeably throughout this paper.

Like all subcultures, the college population is one that has distinct features and could be most prominently characterized by its emphasis on transition. Individuals in this population face unique challenges, as they mature not only in years, but experience significant emotional and developmental growth as well (Blimling, 2013). For many, college is the first time young adults are separated from their parents and family unit, which can be both exciting and anxiety-provoking. The inherent freedom that accompanies lack of parental guidance and control

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suggests that students are required to make decisions independently, cope with stressors in an unfamiliar environment, balance new relationships and social settings, and navigate an entirely new academic world, while managing their own physical and emotional well-being (Healy, 2012). For some, this juggling act can be overwhelming and lead to poor choices such as engaging in substance and/or alcohol use, failing to maintain responsibilities, and choosing risk-seeking activities such as sexual promiscuity, reckless driving, and para-suicidal behaviors (CollegeXpress, 2013). According to the National Institute on Alcohol Abuse and Alcoholism (2013), the first six weeks of freshman year can be an especially vulnerable period for college students, who are often susceptible to peer pressure and expectations. It is reported that more than half a million college students are injured due to alcohol-related incidents, and an estimated 400,000 reported having unprotected sex (Presley, Meilman, & Cashin, 1996). While some individuals may consider engaging in such behaviors to be part of the social norm of the college environment, there can be negative consequences if psychological issues become more serious or remain untreated, including poor performance at school, social withdrawal, and decreased incentive to seek help (Presley et al., 1996). These vulnerability factors, along with evidence that neurological processes such as impulse control and executive functioning continue to mature into one's late 20's, suggest that this is a critical stage of development in a person's life (Giedd, 2004).

**Prevalence of mental health issues in college population.** With regards to development, college-aged individuals are inherently at a higher risk to experience psychologically distressing symptoms for the first time (DeGiolamo et al., 2012). For example, psychotic episodes related to schizophrenia typically occur in the early- to mid-20s, while the average age of onset for bipolar disorder is 18 years (American Psychiatric Association, 2013).

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Further, suicide has been reported to be the third leading cause of death amongst individuals between the ages of 15-24 (Center for Disease Control [CDC], 2010). Research indicates that one-quarter of young adults ages 18-24 have a diagnosable mental illness, and three-quarters of chronic mental illness conditions have an onset by age 24 (National Institute on Mental Health, 2005). It is typical for college students to experience apprehension and mixed emotions when transitioning into college, and is particularly difficult for individuals with mental health issues to try and manage problems on their own. According to the National Survey of Counseling Directors, 95% of university counseling center directors reported that the prevalence of psychiatric conditions and mental health concerns of their student bodies has significantly increased over the past few years (Gallagher, 2008). A recent study, comprised of nearly 100,000 undergraduate students, indicated that more than half of the respondents endorsed overwhelming anxiety and approximately one-third experienced severe depressive symptoms (American College Health Association, 2013).

Additionally, 46.5% of students stated that within the past year they have felt hopeless, and 8% admitted to active suicidal ideation (American College Health Association, 2013). In a 2012 survey conducted by the National Alliance on Mental Health (NAMI), 64% of students who were no longer enrolled at a university identified mental health reasons as the primary cause for leaving school. While these statistics may appear staggering, they only represent individuals who actually report symptoms of distress, thereby indicating that a more accurate representation of the number of college students struggling with psychological difficulties could be even higher. Conversely, Hunt and Eisenberg (2010) suggest the possibility that it is not necessarily an increase in the prevalence of psychological disorders among this population, rather a reflection of students' willingness to seek mental health services that has contributed to the rise in reported

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mental health issues. Although it is unclear what the driving force(s) behind the increased number of students reporting psychological distress may be, what is apparent is that universities must find new ways of dealing with the demand for psychological services. Schools today are also faced with emerging issues such as increased and new forms of bullying among peers due to popularity of social media outlets, a drastic rise over the past 20 years in the occurrence of targeted violent assaults on college campuses, and providing assistance to a growing number of student veterans returning from Iraq and Afghanistan (Drysdale, Modzeleski, & Simons, 2010; MacDonald & Roberts-Pittman, 2010). Consequently, in taking the temperature of the times, it is apparent that there is a need for universities to anticipate and prepare for these presently developing issues, as these additional factors often lead to the development of more serious mental health problems.

**Recovery principles.** The U.S. Department of Health and Human Services (1999) defines mental health conditions as, “health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination of those) associated with distress and/or impaired functioning” (p. 40). The process of mental health recovery, according to SAMHSA, is defined as a “change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential” (2011, p. 1). Although originally developed as a set of guidelines for addiction and substance use, application of the recovery principles has been expanded upon to include mental health conditions (Hyde, 2013). As such, the recovery principles, which have been applied to several areas of psychological disorders including adjustment disorders, depression, anxiety, relational issues, and phase-of-life problems, emphasize that an individual’s health, home, community, and life purpose are all essential components to support a life in recovery (SAMHSA, 2011). However, recovery-oriented mental

## COLLEGE MENTAL HEALTH RECOVERY

health research is still in a relatively nascent stage, suggesting that thorough development and examination of efficacy outcomes will continue to be fundamental in evaluation assessment and program building (Salzer, 2014).

These principles specify that recovery does not require complete symptom remission; rather, they promote the idea that recovery is a personal journey, thereby emphasizing an individual's subjective experience of functioning and self-appraisal of overall life satisfaction (Lieberman, 1988; Schrank & Slade, 2007). Further, the recovery principles maintain the notion that recovery is possible for conditions ranging from mild to severe, and can occur even if symptoms reemerge. This dissertation project focused on five of 10 recovery principles: stigma reduction; peer support; hope; joining and building a life in the community; and recovery existing on a continuum. These principles are viewed as very relevant to college mental health.

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### **Chapter 2: Review and Analysis Procedures**

This critical analysis of the literature involved review of five recovery principles identified by the Substance Abuse and Mental Health Services Administration (SAMHSA) and established programs and resources for college students with mental health issues. Relevance of the principles for this population and program evaluations were analyzed. Potential mechanisms to support recovery-oriented programming on college campuses were suggested. A systematic review of theoretical and empirical research in the areas of recovery and college mental health yielded a set of implications for future resource development for universities.

#### **Study Design**

The recovery model, as outlined by SAMHSA, was used to guide this critical analysis of the literature, and provided the framework in identifying current programming for college students with mental health issues. Of the 10 recovery principles, five were explored: stigma reduction; peer support; hope; reintegration into the community; and recovery on a continuum. Each principle was discussed and included implications for implementation of programming on college campuses, current programming reflective of the principle, and recommendations based upon established effectiveness data and program evaluation. Further, prevalence of mental health issues on college campuses, the role of university counseling centers, and common barriers to help-seeking behaviors were reviewed. While original data was not collected for this dissertation, the author sought to synthesize information and previous research conducted in order to facilitate a body of literature that promotes the use of recovery-oriented approaches in managing college mental health.

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### **Methodology**

The aim of this dissertation project is to identify the mental health needs of college students that cannot be wholly managed by the current system of university counseling centers, and to provide suggestions for college students living with mental illness using recovery-oriented principles as a framework. First, the author reviewed the most current literature on the prevalence of mental health conditions among college students and how universities are addressing such issues. Next, five core recovery-oriented principles identified by SAMHSA were reviewed and discussed. This dissertation provided representative examples of how recovery principles could be incorporated into the development of a range of resources to address college students' mental health needs. This synthesis of utilizing recovery principles to address mental health problems of college students, and the benefits of doing so was discussed. Finally, areas for potential contribution and future research were included.

### **Search Methods**

This critical analysis of the literature includes an examination of topics as they relate to: recovery-oriented principles, mental health issues, college population, the university environment, adjunctive psychological resources, and suggestions for adapting the recovery principles to address college mental health. Due to the timely nature of this dissertation topic and its potential impact on the current college student population, the focus of the literature was primarily obtained from documents published after 1990. However, relevant articles, chapters, and books with earlier publication dates were not necessarily excluded (e.g., if these are widely cited, seminal references in the field; if the work pertains to a major study; if the work provides an important historical foundation for other material discussed in the dissertation). Research databases such as PsycINFO, Academic Search Complete (EBSCO), EBSCO host databases, and



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Google Scholar were utilized. Research conducted by national mental health organizations (e.g. National Alliance on Mental Illness, Substance Abuse and Mental Health Service Administration, etc.) were also obtained in order to provide a comprehensive review of the literature.

### **Review Strategies**

For the purpose of potential resource development and implementation, review of the literature targeted three primary areas. First, various aspects of mental health issues commonly seen on college campuses were examined. More specifically, the literature search focused on the following: prevalence of mental health issues among college students, college culture, college mental health, psychological resources for college students, college counseling centers, and barriers to treatment for college students. Next, the recovery principles defined by SAMHSA were reviewed and their relevance to college students was explored. Key terms used to search for literature included, but were not limited to: recovery principles, recovery in college students, college student wellbeing, interventions for college students, and protective factors in recovery for college students. Finally, the author attempted to provide a diverse amalgamation of examples of current programming designed for college students facing mental health issues.

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### **Chapter 3: Recovery Principles and Current Programming**

This chapter will be organized and written into five sections, with each representing one of the recovery principles investigated for the purposes of this dissertation. Following an introduction to the principle, current programming and efforts that reflect the essence of this principle will be reviewed, evaluation of programs based on previous studies and research will be presented, and novel and adapted recommendations are offered for schools to consider. A table providing more details regarding specific programs (e.g., name of program, contact information, university, etc.) and the recovery principles they support are presented in Appendix A.

#### **Stigma Reduction**

Shame and stigma not only play significant roles in the recovery process, they are also major influences on whether individuals receive mental health care in the first place. While some evidence suggests that attitudes among young adults regarding mental health treatment have shifted in a more positive direction in the last decade (Eisenberg, Golberstein, & Gollust, 2007), “stigma remains the number one barrier to students seeking help” (Gruttadara & Crudo, 2012, p. 4). In a 2012 survey conducted by NAMI, college students identified fear of others’ perceptions, even within mental health degree programs, as the primary reason for not disclosing psychological symptomatology (Gruttadara & Crudo, 2012). In addition to discouraging students from seeking treatment, research has also demonstrated that stigma has the capacity to distort perceptions of the need for help (Czyz, Horwitz, Eisenberg, Kramer, & King, 2013) and can therefore contribute to other barriers to treatment, such as a lack of problem recognition or minimization of conditions among affected students. Addressing stigma is especially important for the college student population, as these individuals tend to place a strong emphasis on

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engaging in socially accepted behavior. As the need to develop relationships and a sense of identity emerges during this time, students may feel disinclined to seek treatment if they assume they will be rejected because of it. Thus, interventions to combat stigma are needed on college campuses to encourage students to seek services and foster an improved perspective of mental health. The following will provide a closer look at these three approaches, their effectiveness in reducing stigma, and current programs based on each strategy.

**Education.** It can be argued that education is at the core of any effective stigma reduction tactic. Research suggests that the more knowledgeable a person is about mental illness, the less likely he/she is to hold stigmatizing and discriminatory attitudes about mental illness (Corrigan et al., 2001). Education that improves mental health knowledge can reduce stigma by replacing common myths or beliefs (e.g., all people with mental illness are dangerous) with accurate facts about the prevalence and nature of mental illnesses (Arboleda-Florez & Stuart, 2012; Corrigan & Kosyluk, 2013). This strategy relies heavily on a didactic model, wherein learning about different facets of mental health also “provide[s] optimistic messages about the treatability of mental health problems” (Alvidrez et al., 2009, p. 128). Educational approaches have also been shown to increase symptom recognition, early identification, help-seeking behaviors, and to reduce prejudice and discriminatory behaviors (Arboleda-Florez & Stuart, 2012). In regards to execution, factual information about mental health issues could be presented by a person (or small group of people) either with or without a mental health condition. Alternatively, a video contrasting myths with reality about mental illness may be shown in lieu of an in vivo presentation. Some of these education-based methods target specific audiences, such as young students or athletes, while others are presented to a more general population. Additionally,

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education about mental health can range from focusing on one specific topic (e.g., schizophrenia) to offering a broader perspective (e.g., prevalence rates of different mental health conditions).

Evaluation of education programs on mental health stigma reduction has shown that immediately after a presentation, audience members tend to be less likely to endorse negative beliefs; however, attitudes toward mental illness generally returned to baseline when follow-up measures are administered (Corrigan et al., 2002). The brief presentation style that typically provides basic information in an attempt to dispel myths about mental illness has some benefits such as exportability and higher rates of attendance due to the shorter time commitment. Yet, it has also been argued that this type of one-size-fits-all approach to disseminating information about mental health concerns can lack focus and clarity, and neglect to incorporate different learning styles (Holmes, Corrigan, Williams, Canar, & Kubiak, 1999).

With the aim of promoting more positive attributions about mental illness, organizations—on the national, state, and regional levels—all utilize some form of education as part of their stigma reduction efforts, and university counseling centers, for the most part, are no exception. Many college counseling centers, such as the University of Missouri, Columbia University, the University of California, Berkeley, and Yale University, provide an overview about mental health issues on their websites in an effort to normalize symptoms, increase awareness of psychological distress, and encourage help-seeking behavior. Websites like [TheJedFoundation.org](http://TheJedFoundation.org) and [ULifeline.org](http://ULifeline.org) have user-friendly online services that are largely based on an educational prototype, whereby basic facts are provided about mental health issues in general, as well as specific symptoms, signs and treatment options for common psychological conditions such as bipolar disorder, schizophrenia and depression. The National Alliance on Mental Illness (NAMI) released a toolkit specifically geared towards college students: *Raising*

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*Mental Health Awareness* in 2013 in order increase student awareness and promote conversation about mental health (Children's Mental Health Network, 2013). The toolkit includes a presentation guide, slides, fact sheets, and marketing and outreach materials that can be digitally downloaded with the intent to educate people on mental health issues.

**Protest.** The use of protest to reduce stigma involves identifying mental health injustices (i.e., prejudice, discrimination, etc.), publicizing them, and speaking out against them (Collins, Wong, Cerully, Schultz, & Eberhart, 2012; Corrigan & Kosyluk, 2013). Protesting attempts to confront negative attitudes and representations head-on by various means such as letter-writing campaigns, demonstrations, boycotts, and organized marches. Anti-stigma messages are carried out by advocates, educational support groups, and patient empowerment groups in the hopes of casting a wider net to raise awareness or instigating change in policy or public perception. For instance, in 2000, NAMI's subgroup, StigmaBusters successfully pressured a prominent television station to cancel a program that portrayed people with mental illness as dangerous and unpredictable (Corrigan & Kosyluk, 2013). Protesting stigma encourages the public to stop having negative views about mental illness, and similarly, for the media to stop portraying such negative images of people with mental illness (Corrigan, 2000). However, Corrigan (2000) also asserts that protest is a "reactive strategy" in that it "diminishes negative attitudes about mental illness, but fails to promote more positive attitudes that are supported by facts" (p. 60).

Although not as highly documented as educational or contact-based strategies in stigma reduction effectiveness, the most current literature has identified that protesting stigma produces mixed outcomes (Arboleda-Florez & Stuart, 2012; Corrigan & Kosyluk, 2013). On one hand, there has been some evidence that protest may effectively suppress minority group prejudice in the short-term, and reduce stereotyping and overall stigmatization of mental illness (Wahl,

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1995). However, researchers cannot say for certain that protesting actually leads to positive feelings or even increased knowledge about mental illness (Corrigan, 2001). Furthermore, protests can be interpreted by some as a heavy-handed approach, and these efforts may have the opposite effect than intended. Individuals may dislike being told what to do, resulting in negative attitudes about mental illness, not because of the content, but because of the delivery method (Corbiere, Samson, Villotti, & Pelletier, 2012). Yet, college campuses continue to see their fair share of student-led protests each year. Crossley (2008) identifies the university setting as having a “politicizing effect upon students, drawing them into protest and social movements” (p. 18). In light of the fact that college is typically a period in one’s life where identity is emerging, which includes identification of values, beliefs, and goal setting, it makes sense that university students might be drawn to engaging in a protest more than the general population. Moreover, research on activism notes a correlation between increased participation in student movements and external contention or events (Crossley, 2008). For example, in May 2014, students at the University of California, Santa Barbara (UCSB) led a protest against sexual violence and hate crimes by marching to the apartment of a student who had taken his own life after killing six women. However, protesting may also be instigated in an effort to increase awareness of mental health; this was the case at Northwestern University in May 2014, when 60 students marched through campus chanting, *Stomp Out Stigma*, and holding signs with statistics about mental health. College-based mental health organizations such as Active Minds have been creative in their approach with regards to protest. As part of a traveling exhibition, the organization collected 1,100 backpacks that get displayed in high-traffic areas on campuses, representing the number of college students lost to suicide each year (Active Minds, 2015b). More promising, is that a reported 91% of survey respondents rated the display as powerful, 83% felt that it had

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educational value, and the majority of visitors told at least three other people about *Send Silence Packing* (Active Minds, 2015b). It is important to continue to evaluate the effectiveness of such programs to inform protest strategies that reduce mental health stigma.

**Contact-based programs.** As previously discussed, one way that psychoeducation about mental illness can be provided is through first-person accounts from those who live with mental illness. Overwhelmingly, research indicates that contact-based programs are the most effective strategy in reducing mental health stigma (Dalky, 2012; Michaels et al., 2014; Rusch, Kanter, Angelone, & Ridley, 2008;). “‘Contact’ refers to all interactions between the public and persons affected, with the specific objective to reduce stigmatizing attitudes” (Heijnders & Van der Meij, 2006, p. 359). While contact-based interventions can be media based, such as an individual with mental illness sharing his/her story in a magazine, giving a talk on a pre-recorded video, or a celebrity disclosing their own mental health struggles, the literature strongly suggests that in vivo contact is the most powerful mechanism for stigma reduction. Presentations are given to either the general public or selected subgroups (usually within a classroom setting), with the goal of reducing stereotypes, improving attitudes, and decreasing desire for social distance. Unless someone has come into contact or has learned of a first-hand experience about a person with mental illness, knowledge about mental health is generally limited to media portrayal. It seems almost expected then that people without direct exposure to mental illness would possess stereotypic ideas, believing that people with psychological conditions are unpredictable, dangerous, and lack potential for reintegration into society (Klin & Lemish, 2008). By interacting with someone who has successfully managed their mental health issues, such common myths are inherently disputed.

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Corrigan (2014) synthesizes what makes these transactions successful: personal anecdotes of struggles, challenges, description of symptoms, consequences of having a mental health condition, and perhaps more importantly, stories that also highlight the recovery process, resiliency factors, and accomplishments. He goes on to write, “messages include a call to action, behavioral changes that explicitly inform how the audience might decrease stigma and promote opportunity” (Corrigan, 2014, p. 2). The National Alliance on Mental Illness (NAMI) recognized the benefits of interpersonal contact as an effective strategy to reduce mental health stigma, and created a highly reputable and now well-known program called In Our Own Voice (IOOV). The format of IOOV includes a 90-minute interactive group led by two facilitators with serious mental illness, who are in recovery, and show a video with five segments: dark days; acceptance of illness; treatment; coping strategies; and successes, hopes, and dreams (NAMI, 2007). After each segment the facilitators share their personal experiences, lead group discussion, and answer questions. Evaluation of this program consistently demonstrates decreased stigmatization and less social avoidance on behalf of participants, even when an abridged version of the presentation is used (Corrigan et al., 2010; Rusch et al., 2008). The Active Minds Speakers Bureau, similar to IOOV, is a program designed to raise awareness about mental health by having speakers share their personal stories and experiences with psychological challenges. Presentations are approximately 35-45 minutes in length and cover topics including, but not limited to addiction, anxiety, bipolar disorder, eating disorders, self-esteem, LGBTQ issues, and depression (Active Minds, 2015a).

**Program effectiveness.** In order to develop initiatives that are effective in reducing stigma, Dalky (2012) reasons that the various components of stigma must be identified and understood. Although stigma has become a more popular topic of discussion and investigation in



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recent years, “definitions of stigma are still being debated, and no consensus has yet been reached on the usefulness of only one definition” (p. 522). Two widely accepted conceptualizations of public and self-stigma are Corrigan’s (2000) stigma model and the modified labeling theory (Link, Cullen, Struening, Shrout, & Dohrenwend, 1989). Corrigan (2000) provides an understanding of how public stigma affects cognitive, emotional, and behavioral processes: stereotyping involves cognitive knowledge structure; prejudice results from the cognitive and emotional processes related to stereotyping; and discrimination is the behavioral manifestation of prejudice. Rusch et al. (2008) suggested that these three domains serve as the cornerstones used to evaluate initiatives aimed at reduction of stigmatizing attitudes and behaviors. Link et al. (1989) identified that within the course of socialization, “individuals develop negative conceptions of what it means to be a mental patient and thus form beliefs about how others will view and then treat someone in that status” (p. 419). Link et al. recognized the detrimental effects labeling can have on an individual’s psyche, including how it negatively impacts treatment and perpetuates the cycle of perception that people with mental illness are socially withdrawn, resort to secrecy, and are potentially dangerous (i.e., the person with mental illness fears others’ judgment and others fear the person with mental illness as they remain unfamiliar). An analysis of the literature suggests that the most commonly employed techniques used to reduce mental health stigma occur via education, protest, and contact-based methods (Corrigan & Kosyluk, 2013).

**Recommendations.** In a survey of over 1,700 adults, Crisp, Gelder, Rix, Meltzer, and Rowlands (2000) identified the following beliefs about individuals with mental illness: these individuals are dangerous; some mental health problems (e.g., substance abuse, eating disorders) are self-inflicted; and, people with mental health issues are generally hard to talk to. Changing

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attitudes about mental illness has proven to be challenging; yet the development of effective stigma reduction approaches amongst the general public has certainly paved the way for new and innovative strategies to address mental health issues in the college environment.

***Course-based intervention & use of mixed media.*** Theriot (2013) recommends that, “truly effective programs must be stimulating and emotionally arousing in order to fully engage students and curtail boredom” (p. 119). One such study hypothesized that a seminar, titled *Maniacs and Psycho Killers: Myths and Realities of Mental Illness in Pop Culture*, could highlight this idea that mixed media, an alluring course name, and small class size, could in fact, decrease stigma on mental illness (Theriot, 2013). Understanding that college students today are regular consumers of mass media, it is important to note that research has also determined that media images are largely responsible for negative attitudes and stigma toward people with mental illness, and more specifically, contribute to perception of dangerousness and social distance (Klin & Lemish, 2008). The seminar covered topics such as defining, diagnosing, and treating mental illness, and relied on documentary and horror films as the foundation which lectures, discussions, and assignments were drawn. Results indicated that the course successfully reduced students’ mental illness stigma (most significantly regarding individuals with schizophrenia), and improvements were observed in perceptions of dangerousness, fear, and social distance (Theriot, 2013).

These initial outcomes suggest a promising means to effectively reduce stigma, improve students’ beliefs and understanding of mental illness, and develop interest in the subject matter. Utilizing basic tenants of the course (i.e., provocative course title, mixed media, small class size to maximize student participation, etc.), universities could adapt and expand upon its focus to include other clinical presentations, perhaps more commonly seen on college campuses, such as

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mood and anxiety disorders, eating disorders, and substance use. Additionally, this seminar was only offered to freshman students; future courses could be available to all undergraduate students, thereby casting a wider net. Moreover, professors who endeavor to teach such a course are most likely within the field of social science and may have a limited fund of knowledge in regards to relevant (but more obscure) movies and pop culture references. Thus, collaboration with the university film department could be prudent in order to maximize the breadth of mixed media incorporated in the course. Lastly, assignments that encourage creativity, such as a character study from a movie, could facilitate students' understanding that mental illness does not define a person, and a confluence of many factors contributes to an individual's personality, behavior, and beliefs, with the goal to increase empathy.

***Ongoing psychoeducational efforts.*** While psychoeducation has long been supported as efficacious in increasing awareness of mental illness, current literature suggests that more innovative and non-traditional methods may actually be more beneficial in decreasing stigma (Brown, D'Amico, McCarthy, & Tapert, 2010; Theriot, 2013). Studies conducted on the effects of mental illness education programs have shown that immediately after a presentation, audience members tend to be less likely to endorse stigma; however, attitudes toward mental illness generally returned to baseline when follow-up measures were administered (Corrigan et al., 2002). The brief presentation style that typically provides basic information in an attempt to dispel myths about mental illness has some benefits such as exportability as well as potential for higher rates of attendance due to the shorter time commitment (Holmes et al., 1999). As such, universities could develop programming outside of, or in conjunction with the counseling center, in which mental health issues are discussed not simply as a special event or single lecture, but as an ongoing series that incorporates psychoeducation, discussion, and other creative

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media/formats to increase mental health literacy. This would allow students to have the opportunity to learn the information over a longer period of time, digest new concepts and ideas, and would facilitate a more comprehensive understanding of topics related to mental health. Moreover, participants who attended the series (which could be conducted over the course of a month, semester, or school year), could have an ongoing dialogue with presenters that is tailored to the climate of the campus. Presentations could be conducted in-vivo or be web-based and allow speakers to utilize technology such as Skype to cast a wider net for greater accessibility. In order to maximize student engagement, a committee of students interested in taking on leadership roles in this area could get involved and help organize the series as well.

Collectively, research has shown that initiatives designed to reduce stigma must not only promote education about mental illness, but also include methods to raise awareness of discriminating behaviors and prejudices, be multifaceted in their approach, and challenge negative stereotypes often perpetuated in the media (Davey, 2013). Corrigan and Kosyluk (2013) affirm that stigma reduction is only truly successful when negative beliefs are replaced with “affirming attitudes and behaviors” (p. 131), and contend that this is primarily accomplished through both in vivo and media-based methods. Developing creative, ongoing, interactive, and relevant programs specifically tailored to the college population seem promising in accomplishing the goal of mental health stigma reduction.

### **Peer Support**

The many benefits of peer support throughout the recovery process are widely acknowledged (Brown et al., 2001; Humphreys et al., 2004; Solomon, 2004). Peer-based recovery support has been defined as a system of “giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful” (Mead,

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Hilton, & Curtis, 2001, p. 6). Interventions that include peer support have been shown to increase self-determination, self-awareness, and self-advocacy (Jones et al., 2013). The effects of interventions involving peer support are far-reaching across multiple diagnoses, and have been shown to decrease symptoms of post-traumatic stress disorder (PTSD), anxiety, depression, and acculturative stress (Crockett et al., 2007; Dennis et al., 2009; Morley & Kohrt, 2013).

Peer support is particularly salient for college students, as they tend to rely heavily on their friends and social networks much in the same way that the function of family serves. As many students embark on their first experience living away from home, roommates, classmates, and resident advisors take on the roles of providing guidance, emotional support, and easing the transition as young adults begin to individuate from their family of origin (Dennis, Phinney, & Chuateco, 2005). There is additional evidence to highlight the fact that having a strong support group is closely affiliated with psychological well-being, adjustment, academic achievement and goal-setting (Dennis et al., 2005). As attachment theory postulates, having a secure base from which to explore one's world is crucial in developing healthy relationships and navigating the external environment (Bowlby, 1988). Similarly, peer support for college students has become identified as a "safety net" (Dennis et al., 2005, p. 226).

Review of the literature and current peer-led university programs operate under the assumption that individuals who have a common experience are in a unique position to help those within their own social group (Humphreys et al., 2004). Peers have the advantage of being able to relate to one another as they serve as an in-group within the larger context of the campus; in other words, students will naturally, identify more closely with other students (Klein, Cnaan, & Whitecraft, 1998; Yazedjian, Toews, Sevin, & Purswell, 2008). Efficacy of peer support programs continues to be evaluated, though findings strongly indicate that peer mentorship is the

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most widely implemented model used in universities today (Chau Leung, Marsh, Craven, Yeung, & Abduljabbar, 2013; Solomon, 2004;). However, other important peer support efforts that are gaining momentum on college campuses include peer educators, peer counselors, peer-led support groups, and peer gatekeepers.

**Peer mentorship.** Sanft, Jensen, and McMurray (2008) identify a peer mentor as someone who “has learned from experience and has developed skills to successfully guide other students through college” (p. 5). Often, peer mentors serve as the mentee’s first step in seeking out assistance since they have traversed this path most recently, and can provide practical information from the student’s perspective. Wake Forest University (2012) requires that peer mentors communicate with their mentees face-to-face at least once per month during the fall semester, and once per week using some form of technology (e.g., e-mail, text, phone calls, Skype, etc.). Like many universities, Hamilton College (2014) provides a specific list of abilities and duties expected of a peer mentor, such as serving as “a positive social and academic role-model” and strictly abiding by and enforcing campus policies (para. 2). One unique mentoring program that is particularly noteworthy is the E-Mentors program at Barnard College (Barnard College, 2015). In 2006, the Office of Disability Services (ODS) launched the program, which matches incoming students with disabilities to current students with disabilities for informal, online networking peer support. Peer mentor training manuals, such as the one provided by the University of Michigan, outline responsibilities, provide planned group activities, goal setting exercises, communication strategies, campus resources, and record templates to help mentors keep track of meetings (University of Michigan, 2015). Peer mentors generally receive support and supervision from faculty and mental health staff. While programs vary in their requirements, all universities reviewed mandated training for mentors that facilitated cultural sensitivity,

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enhanced communication skills (e.g., empathic listening), and increased interpersonal effectiveness (Colvin & Ashman, 2010).

**Peer educators.** Both universities and online resources have greatly supported the application of peer education as a means to support students facing mental health challenges. At the University of California, San Diego (UCSD), Wellness Peer Educators provide psychoeducation and outreach to other students. They participate in stigma reduction efforts focusing on mental health and wellness, and provide workshops and interactive presentations on topics such as assertiveness training, academic success strategies, relaxation and mindfulness trainings, suicide prevention, and recognizing signs of depression and anxiety. (University of California, San Diego [UCSD], 2013). They also host a number of events throughout the year including National Depression Screening Day, National Sleep Awareness Week *Sweet Dreams Event*, and *Stress Free Zone*. Like peer mentors, Wellness Peer Educators receive training in basic counseling skills, group facilitation, crisis management, and ethical practices.

The University of Maryland, College Park (UMD; 2009), advertises that “being a peer educator doesn’t mean you have to be perfect, it means that you care about the health and safety of your fellow Terps [school mascot]” (para. 1). Unlike most peer mentorship programs, which require a strong academic and well-rounded background, UMD encourages students who are simply interested in mental health advocacy. Peer educators have a choice to be involved in one of four specialty peer education groups: Campus Advocates Respond and Educate to Stop Violence (CARE) which addresses issues surrounding sexual violence in the UMD community; Choosing Healthy Options in the College Environment Safely (CHOICES), which aims to provide psychoeducation about substance use and its negative effects; Helping Establish a Lifestyle that Works (HEALTH), a program designed to increase student awareness of general

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wellness, time management, mental health, and body image and eating disorders; and Sexual Health and Reproductive Education (SHARE), a group that encourages sexual health by providing education, support, and resources regarding sexually transmitted infections (STIs), HIV/AIDS, testing options, reproductive health, and contraceptive information. Presentations given by CARE, CHOICES, HEALTH or SHARE, are 50-minute interactive workshops that are available to classrooms, student organizations, Greek organizations, residence halls, and academic and other campus departments.

Education efforts that are not campus-specific also provide opportunities for students to become involved in raising mental health awareness. Active Minds is a national, nonprofit organization that empowers students to have an open dialogue about mental health issues on college campuses by facilitating student-run chapters (Active Minds, 2015a). Many of the Active Minds members are living with or have recovered from a mental health disorder, while other students may have a family member or close friend managing mental health issues, and some are just advocates of the mental health community. Chapters are responsible for providing education about mental health issues and available resources through a variety of outreach methods including campaigns, panel discussions, movie screenings, stress-relief activities; they also promote help-seeking behaviors by tabling and placing brochures from the counseling center and other mental health agencies in easily accessible locations throughout campus. The BACCHUS Network is an international association of university peer education programs that provide students with tools, resources, and materials in order to implement evidence-based, peer-driven mental health programs and lead mental health campaigns on college campuses (<http://www.bacchusnetwork.org/>). Web-based resources are another platform for peer



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education. For example, The JedFoundation has subsidiary websites such as

[http://www.ulifeline.org/help\\_a\\_friend](http://www.ulifeline.org/help_a_friend)

and <http://www.halfocus.com/> that provide guidelines to help college students and young adults identify potential warning signs indicating that a friend may be experiencing emotional distress.

These websites also provide information about how to best communicate and express concern to a peer and encourage help-seeking behavior.

**Peer-led support groups.** Peer-led support groups can be structured and skills-based, or less formal such as advocacy or process-oriented groups. Regardless of the nature of the group, this type of peer support is unique in that sharing experiential knowledge is the piece that has been shown to be particularly effective (Schubert & Borkman, 1994). At The University of Rhode Island, Feinstein Providence Campus, there is a weekly, 90-minute peer-led process group for students grieving the death or illness of a loved one (University of Rhode Island, 2015). Helping Young People Experience Recovery (HYPER) is a peer support group for students managing addiction, regardless of their recovery stage, at the University of Nevada, Las Vegas (HYPER, 2014). Their preamble clearly states that it is a support group run solely by students who are in recovery themselves, and is not intended as a therapy or treatment group. HYPER follows the 12-step model including the format of meetings (i.e., welcome statement, group sharing, etc.), general group guidelines, and recognizes recovery milestones.

**Peer counselors.** Other types of peer-led support groups are uni-directional in nature, with one or more clearly defined member who is able to offer support, insight, and resources, and are not necessarily identified as having had a personal mental health issue (Schubert & Borkman, 1994). Desired characteristics of peer counselors have a therapeutic quality and include: reliability; good communication skills; effective listening skills; empathy;

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respectfulness; trustworthiness; ability to be non-judgmental; and patience (Cramer & Prentice-Dunn, 2007). At Harvard University, peer counselors are trained to facilitate one of five groups on campus, where they have both drop-in hours, and hotline hours: Contact focuses primarily on sexuality and relationships; Eating Concerns Hotline and Outreach (ECHO) addresses concerns around eating, body image, and self-esteem; Peer Contraceptive Counselors (PCC) counsel students about contraceptives, STIs, and sexuality; Response provides support for students surrounding issues of rape, abuse, intimate partner violence, harassment, and relationships; and Room 13, the oldest and most established peer counseling group at Harvard University offers general support for students (Harvard University, n.d.).

**Peer gatekeepers.** Universities have become proactive in discovering alternative solutions to the growing mental health problem of college students, by outsourcing student *gatekeepers* to maintain a watchful eye on potentially high-risk individuals. QPR, which stands for Question, Persuade, and Refer, is a program that trains students and other faculty and staff members, “how to effectively recognize and refer persons in distress to campus and community resources” (University of Central Florida, 2014, p. 1). This concept lends itself to the notion that mental health issues can be detected, and perhaps even prevented, with the assistance of peers who may have more opportunities to interact with those experiencing psychological disorders. Similarly, Step UP! Be a Leader, Make a Difference is a pro-social behavior and bystander intervention program that educates students on ways in which they can be proactive and help others (Bell, n.d.). The goal of the initiative is to raise awareness of helping behaviors, increase students’ motivation to help, develop response and intervention skills, and ensure the safety and well-being of fellow students. A comprehensive guide outlines strategies for effective helping (e.g., motivational interviewing techniques), identification of early warning signs, and provides

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action steps and resources students can take (Bell, n.d.). Trojans Care for Trojans (TC4T) is a less formal gatekeeping initiative at the University of Southern California (USC), whereby students can anonymously report observations and concerns about other students online, where it is then reviewed by the Division of Student Affairs (University of Southern California, 2008). In addition to the electronic reporting form, the website also provides a list of campus and community resources.

**Program effectiveness.** An informal survey conducted at California State University, Northridge (CSUN) determined that having peer support, such as a mentor, was the most important factor contributing to high retention and graduation rates for low-income, first-generation college students (San Diego City College, n.d.). A study conducted at a Canadian university found that there was a 20% higher student retention rate for first-year students who received peer mentorship as compared to those who did not (Bader, 2010). Moreover, qualitative results from this same study identified that overall, student mentees perceived reduced anxiety, increased use of student services and more involvement in college activities. The benefits of peer mentorship were bidirectional, not only does the relationship serve as a protective factor for the mentee, it also enhances the mentor's sense of accomplishment, interpersonal competence, and social approval for those helped (Pepin, 2009).

With regards to peer education, numerous studies have supported the efficacy of these programs for a college population (Posavac, Kattapong, & Dew, 1999; Sloane & Zimmer, 1993; White, Park, Israel, & Corder, 2009). For instance, a recent study assessing the impact of a peer-led HIV intervention for African American college students, indicated that participants were less embarrassed to put a condom on themselves or partner and were more likely to use protection and ask their sex partner if he/she had been tested for HIV (Calloway, Long-White, & Corbin,

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2014). White et al. (2009) found that students who had contact with peer health educators over time were significantly more likely to report less alcohol consumption and decreased negative self-image talk. A review of the literature also found that peer education is most impactful when focused on benefits of help-seeking behaviors, self-efficacy, susceptibility rates, and skill-building (Calloway et al., 2014). Similarly, peer counseling and peer support groups have historically produced positive results amongst college students including improved social adjustment, less reported feelings of loneliness, and greater perceived social support (Lamothe et al., 1995; Mattanah et al., 1995). This platform of peer support inspires students to develop deeper, more meaningful connects with a small group of students, which in turn, encouraged personal sharing of experiences and increased group cohesiveness (Mattanah et al., 1995). Research on college gatekeeper programs, while limited, have generally produced mixed outcomes, as it is difficult to obtain objective measures of well-being and increased help-seeking behaviors that have a causal relationship with gatekeeping efforts (Eisenberg, Hunt, & Speer, 2012).

**Recommendations.** While each university offers different resources for peer support outlets, research suggests that out-of-class experiences (e.g., residential environment), small group or individual interactions between peers within a traditional learning setting, and co-curricular learning environments (e.g., student organizations), provide the greatest opportunity for an impactful and successful integration of social and academic learning (Minor, 2007; Vu, 2014). As such, it is recommended that universities provide students with a range of opportunities to become involved in peer support programs. It appears that a blend of peer mentors, peer mental health educators, and peer-led support groups reflect a comprehensive approach in encouraging students' help-seeking behaviors from fellow peers. Additionally, due

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to mixed outcomes of peer gatekeeping effectiveness, universities may want to consider implementing a web-based tracking system to identify what percentage of students are referred to the counseling center or other mental health resource, as a direct result from gatekeeping efforts.

***Broaden peer mentor programs.*** As peer support and specifically mentorship programs continue to develop and become increasingly more established at universities, it will be important to also consider broadening both mentor and mentee populations. The current emphases of these programs, however, appear to be limited in that they primarily focus on serving first-year and transfer students, and encourage only top students to apply to be peer mentors. Barnard College's E-Mentoring program serves as a good first step and model for connecting students who have disabilities with each other, however, they are only matched if the student has self-identified as having a disability and seeks services from ODS, and communication is electronically-based (as opposed to in vivo). The peer mentorship model is based on the notion that the mentor has previously walked in the mentee's shoes, however, this may not be the case for someone battling depression, severe anxiety, or bipolar disorder. The camaraderie and connection may be difficult to facilitate if the mentee has a mentor who surpasses expectations, and could potentially activate negative schemas about himself (i.e., that he does not possess the same traits or capabilities as his mentee, regardless of their shared identities as students). This could further discourage the mentee from even trying, if the bar is set unrealistically high within the context of his mental health condition, and elicit a *why bother?* attitude.

In order to better meet the needs of college students facing mental health issues, universities may want to consider implementing a peer mentorship program that is specifically

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designed for these individuals. Students who have had their own personal mental health struggles and are in recovery, so to speak, could be encouraged to apply. University counseling centers could provide information about this program as a means to recruit interested student mentors and mentees. Although not expected to be a perfect system, mentorship pairings could be matched based upon similar psychological challenges both individuals of the dyad faced (i.e., mentor) or are currently facing (i.e., mentee). Mental health peer mentors could disclose about their experiences appropriately and as they see fit. As an incentive to continue help-seeking behavior and continued recovery, counseling centers could offer longer-term therapy for the mentors, as many universities are limited to short-term therapy. Additionally, these peer mentors would obtain specialized training in mental health, in addition to the standard peer mentor training that the university provides. Recognizing that individuals who struggle with mental health issues are typically managing their psychological well-being, on top of being a college student, the requirements and demands placed on these peer mentors should reflect realistic goals and a manageable time commitment.

It is clear that social support for college students is an integral aspect of psychological well-being, development and growth, and should be incorporated into the framework from which to include mental health resources. Drum, Brownson, Denmark, and Smith (2009) found that 46% of college students with serious suicidal ideation and attempts never talked to anyone about these issues, and of those who did confide in someone, 67% of the time it was a close peer. Facilitating opportunities for students to become involved in peer support in a number of different capacities will likely increase participation, both of students seeking and providing support.

### **Hope**

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Hope has been identified as a central element of the recovery process. “The emotional essence of recovery is hope, a promise that things can and do change, that today is not the way it will always be” (Jacobson & Curtis, 2000, p. 335). Jacobson and Greenley (2001) state that hope can be broken into seven components: recognition of a problem; commitment to change; focusing on strengths; looking towards the future; celebrating small steps; redefining priorities; and cultivating optimism. For individuals living with mental illness, hope serves as a central factor in motivating people towards psychological wellness. When individuals witness recovery in others, they tend to have greater levels of hope that they too will recover, as they are provided with evidence that change is possible. Research shows that individuals struggling with mental illness who are more hopeful also tend to have better quality of life and self-efficacy (Magaletta & Oliver, 1999). In addition, hope has been shown to be a protective factor against depressive symptoms for college students with who have been exposed to traumatic events (Visser, Loess, Jeglic, & Hirsch, 2013). Thus, individuals who experience setbacks in recovery increase their chances of better outcomes if they are able to think about these experiences as opportunities to learn something new, to gain new skills, or to deepen relationships (Lambert, Graham, Fincham, & Stillman, 2009).

A sense of hope has been directly correlated with academic achievement and overall well-being for college students. Students who maintain self-efficacy and believe in their ability to achieve are not only more likely to exert effort, they also demonstrate an aptitude to manage disappointment, utilize effective coping strategies, and are minimally affected by stress (Feldman, Davidson, & Margalit, 2014; Snyder, 2002). When students have higher levels of hope, they are more inclined to seek learning opportunities because they do not have such fears of failure. In essence, hope is utilized as a resource, and as a result, students may feel less anxiety

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when taking tests and less pressure to perform, as they are able to view multiple solutions to a problem (Snyder et al., 2000). Moreover, a recent study highlighted that after providing freshman university students with an intervention that focused on goals and hope, there was a significant improvement in grades (Feldman, Davidson, & Margalit, 2014). Hope has also been found to be associated with increased self-esteem, ability to focus on the task at hand and lower likelihood of experiencing negative affect, and a perspective that allows for multiple ways of viewing challenging situations (Snyder, 2002).

A systematic search and narrative review of the existing literature found that although many recovery-oriented interventions had a secondary gain of increasing hope, no intervention has been identified as single-handedly fostering hopefulness (Schrank, 2012). Understandably, the term *hope* has been dubbed elusive in nature, partially due to the fact that it is inextricably linked to recovery, and in a way, is an inherent feature of the recovery process itself. With that said, research on the importance of hope has been widely studied in both mental health and educational settings. The following highlights current programming that is reflective of three distinct ways hope is promoted at the college level: psychoeducation about mental health issues and specific tools to help manage symptoms; hearing others share their mental health recovery journey; and faith-based approaches.

**Psychoeducation.** The first step to recovery is recognition. Hope is generated when an individual can identify and label their symptoms, understand they are not alone nor the only person to experience mental health issues, and most importantly, become aware that help is available and learn that recovery is possible. Since students are often the first to recognize mental health symptoms in themselves, psychoeducation is a powerful tool to help reduce the negative impact of a psychological condition before it becomes a more serious or unmanageable issue



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(Gruttadara & Crudo, 2012). Considering that today's college students are largely consumers of web-based information, both campus-specific and general efforts have been made to provide online, easily accessible material such as symptom checklists for specific psychiatric disorders, free and anonymous online screening measures, tips and tools for self-care, and links to the student counseling center and/or other resources (e.g., suicide hotline phone number, mental health websites, etc.). In fact, every university student counseling center website reviewed for the purpose of this dissertation provided mental health resources above and beyond the counseling services offered on campus. For instance, Ohio State University (OSU) has a self-help tab on their website which provides students with a decision tree to determine if symptoms warrant emergency services, hotline information, local emergency psychiatric resources, and staff recommendations that include books, links to mindfulness podcasts, and video clips (Ohio State University, 2015). Easily navigated, the site lists numerous psychiatric conditions (e.g., depression, gambling, sleep, eating and body image, substance use, etc.) and for each disorder, provides common symptoms, treatment options, and other resources targeted for that specific issue. Baylor University's counseling center's website provides information using non-psychiatric jargon; topics include sleep deprivation, perfectionism, maintaining balance, building friendships and relationship concerns (Baylor University, n.d.). Coping strategies, common myths, basic cognitive reframing tools, tips, and psychoeducation geared towards normalizing symptoms allow students to take steps toward recovery and have increased levels of hope. The counseling center website at Pepperdine University provides students with symptom check lists, online screenings, web-based resources and mental health apps (Pepperdine University, n.d.). Websites such as ULifeline.org, a subsidiary of the Jed Foundation, offers students to take a self-evaluation which screens for 13 of the most common mental health issues college students face;

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the screening does not provide a diagnosis, rather it suggests potential mental health conditions based on endorsed symptoms. Students input their university and at the end of the evaluation, campus-specific resources, information about the mental health disorders that were implicated, and treatment options are listed. Mindcheck is another website designed to help college-aged students better understand their emotions and quickly connect to mental health resources and support (<http://mindcheck.ca/>). Support includes education, self-care tools, website links, and assistance in connecting to local professional resources.

In-vivo efforts are also employed by many colleges; for example, multiple universities (e.g., Michigan State University, Cleveland State University, Boston University, and Kent State University) participate in the National Depression Screening Day (NDS), an annual event held on the first Thursday in October where students can take free, anonymous screenings on campus (Screening for Mental Health, n.d.). At Columbia University, Mental Health Awareness Week provides students the opportunity to obtain information about psychiatric symptoms, available resources both on and off campus, attend a movie screening, participate in discussions on stigma, and listen to musical performances and guided meditation sessions (Columbia University, 2014). *Look Beyond the Mirror Week* is a week devoted to body image and eating disorders at Penn State (Pennsylvania College of Technology, 2012). Similar to Columbia University's program, Penn State organized both educational and creative events such as a soccer game played in old prom attire, had life-size Barbie and Ken dolls to promote open dialogue about body image, and had several interactive stations that encouraged students to avoid focusing solely on physical appearance.

**Shared experiences.** It is widely accepted that sharing a personal experience, from someone who is *on the other side*, provides a working model for recovery, coping strategies,

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empowerment, hope, and motivation (Klein, Cnaan, & Whitecraft, 1998; Solomon, 2004).

Studies have shown that this kind of social proximity and personal disclosure improves overall functioning and quality of life, higher rates of maintaining sobriety, and increased hope for their own recovery (Klein, Cnaan, & Whitecraft, 1999). Adopting a similar model, universities use contact-based approaches, whereby individuals who have personally had mental health issues share their experiences with fellow students through a variety of mediums. For example, at Carleton College, the Mental Health Awareness Collective (MHAC), a peer-led group that promotes mental health awareness on campus, held their second annual, *Break the Silence: Stories of Mental Health* event in February 2015, where students were invited to tell personal stories regarding mental health (Carleton College, 2015). At Winona State University (WSU), an Active Minds chapter sponsored *Mental Health Monologues*, an event where 14 students wrote and performed monologues about their experiences, challenges, and triumphs with mental health issues (Ratliff, 2015). Students had the option of performing their own material, publishing with their name on it, or remaining anonymous. In May 2015, a panel of University of Maryland, College Park (UMD) students shared their personal mental health journals in an event called, *Mental Health and Me* (University of Maryland, College Park, 2015). After sharing their stories regarding various aspects of navigating college mental health needs, including perceived stigma and the process of disclosure to friends and family, panelists discussed their work with mental health advocacy and led an open forum discussion. Online resources, such as Harvard Speaks Up, provides an opportunity for college students across the country to watch videos recorded by members of the Harvard community talk about their experiences with mental health related issues (Harvard University, 2015). The website is intended to offer students hope that they are “not the only one who has struggled, and that it will get better” (Harvard University, 2015, para.

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1). NAMI's IOOV program, which has also been identified as effective in reducing stigma, offers a good working model of a national effort to provide hope to people living with mental illness; speakers (from the general public, not limited to college students) share first-hand accounts of their experiences with mental health conditions by sending the message that individuals with mental illness can believe that having a successful future is possible (Brennan & McGrew, 2013).

**Faith and spirituality.** The foundation of spirituality and transformation is rooted in the idea that recovery actually occurs subsequent to emotional growth, change, and inner progress (Nedderman, Underwood, & Hardy, 2010). Watts, Dutton, & Gulliford (2006) identify the core component of faith (i.e., belief that something is possible despite the absence of concrete evidence) as a "psychological resource from which hope can be generated" (p. 287). Hope has also been associated with religion and faith, as religious beliefs and faith can serve as an understanding that a difficult life event is part of a bigger, divine plan couched in an opportunity to demonstrate a person's ability to manage trying times (Lyubomirsky, 2008; Nedderman et al., 2010). People derive a sense of meaning from their religious beliefs, and find comfort in knowing that their suffering and hard work serves a greater purpose, which in turn provides hope for the future.

While many universities have multiple non-secular organizations on campus (e.g., Campus Crusades for Christ), the integration of mental health and religious affairs seems to have had limited exposure in colleges. With that said, a few schools have begun to open the dialogue about this cross-section. For instance, in the wake of three student suicides in early 2014, the University of Pennsylvania's religious leaders stepped forward by making their support and counseling services more public and accessible to students. Recognizing that perceived stigma

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was a barrier for many students in seeking mental health care, the university ensured that campus ministers were available for counseling and encouraged students to more openly discuss personal challenges (Lim, 2014). In November 2013, the Office of Religious Life and student counseling center at USC co-facilitated an interfaith panel discussion on ways to bring together faith and mental health awareness (University of Southern California, 2013). In the same month, Wesleyan University also hosted a panel discussion, *Making Sense of Mental Health: An Exploration of the Physical and Spiritual Sides of Addiction and Depression*, where leaders in the psychology and religious communities spoke about the intersection of the two fields, how they co-exist, and benefits of applying spirituality to psychological disorders (Blazer & Addy, 2013). In April 2015, the University of North Carolina, Greensboro held the *2015 Behavioral Health Faith Summit*, which was a 1-day event comprised of numerous workshops led by religious and psychology experts in order to increase awareness and explore innovative ideas for how faith and spirituality can be incorporated into mental health care (Medlin, 2015).

**Program effectiveness.** In essence, hope can be instilled by transmission, “as hope inculcates hope” (Nedderman et al., 2010, p. 121). Learning that recovery is possible and that there are strategies to manage mental health challenges, college students certainly benefit from psychoeducational literature, self-assessment measures, and understanding treatment options. Replicated studies have demonstrated the efficacy of psychoeducation for college students in reducing disordered eating behaviors and increasing hope for recovery (Stice, Orjada, & Tristan, 2006). Moreover, listening to how peers successfully deal with their mental health issues increases levels of confidence college students have about their own recovery outcomes (Magura et al., 2003). One study found that a 10-week course which provided basic education about the nature of mental illness, by people who were in recovery themselves, improved participants’

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self-advocacy skills, increased levels of empowerment, and demonstrated greater hope for the future (Cook et al., 2012). Salzer (2011) further supports this notion based upon social learning theory, in that peers tend to be more credible role models because they are demonstrating how they cope and continue to manage their mental health issues, thereby increasing hope and self-efficacy for individuals still facing challenges. The literature also suggests that college students are more likely to be open to feedback and guidance when presented information by a fellow student, as they are more inclined to believe that success is possible, and have higher hope for the future (Minor, 2007). Review of the literature also points to a positive correlation between spirituality and empowering hope (Gaskins & Forte, 1995). Lastly, research indicates that college students who report high levels of religious involvement and commitment demonstrate better emotional and mental health than those with little or no participation in religious endeavors (Astin & Astin, 2004). In a national study of almost 4,000 third-year college students from 46 different universities, results showed spirituality is positively correlated to both self-esteem and feelings of equanimity (Astin & Astin, 2004). Notably, it appears that hope can be facilitated in college students managing mental health problems in a number of ways, and universities should consider taking a multi-pronged approach when implementing programs that are reflective of this recovery principle.

**Recommendations.** While hope has often been identified as a secondary gain from other recovery-oriented efforts, universities could create explicit programming to instill hope for college students struggling with mental illness.

**Experiential sharing.** As indicated, research suggests that when a person with mental illness interacts with a specific, targeted group, such as peers, there are better outcomes (Jones et al., 2013). A recent study highlighted the efficacy of NAMI's IOOV program in increasing

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mental health knowledge and more importantly, providing a hopeful message that recovery is possible (Brennan & McGrew, 2013). Brennan & McGrew (2013) compared mental health consumers to non-consumers in their reactions, and discovered that consumers felt that they could more closely and personally relate to the stories and presenters themselves. While this may not be a particularly surprising result, it can be inferred that individuals who share a commonality can more easily relate to one another. Instillation of hope is produced through role modeling, building trust by sharing experiential knowledge, and empowering students by teaching skills and providing salient information (Hammond, 2010). The implication for universities might be to have college students as IOOV presenters, rather than speakers who are typically older, have had more and/or very different life experiences, and may not be familiar with current stressors students face today. College students facing their own mental health issues would likely feel encouraged, inspired, and more hopeful if they came into contact with an individual who can send the message: *I am a college student and I have a mental illness. These are ways that I have managed and overcome challenges.*

***Faith-based.*** College students who do not consider themselves highly religious or spiritual are more likely to feel depressed, experience psychological distress, and report overall poor emotional health (Astin & Astin, 2004). Plante, Yancey, Sherman, and Guertin (2000) also found a positive correlation between spirituality and mental health outcomes; data gathered from more than 300 college students indicated that strength of religious faith was significantly correlated to coping with stress, optimism, finding meaning in life, viewing life's challenges more positively, lower levels of anxiety, and increased self-acceptance. While ascribing to a particular faith is a personal choice every individual has to make, it is important to acknowledge the potential benefits of faith-based programs for college students facing mental health

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challenges. Review of current efforts to promote the integration of faith and mental health on college campuses has yielded limited results. With that said, North Park University, a small liberal arts Christian school, hosted a day-long symposium in November 2014 designed for healthcare and religious professionals (North Park University, 2014). The conference, *Being Present: A Faithful Response to Mental Illness*, was comprised of a series of workshops and keynote presentations that provided substantial psychoeducation, guidance, and suggestions for ways in which mental health issues can be addressed in the faith community. Materials presented included: sample authorization form to release information between the mental health care provider and religious figure; template of a *Pastoral and Spiritual Care Journal* for individuals to complete after religious counseling sessions, integrating physical, spiritual, and emotional self-inventory; spiritual pain scale; and how religious leaders can be of service to those suffering from mental health issues by providing psychoeducation to ushers, pastors and congregations, encourage advocacy among congregants, and incorporation of prayer as a part of the recovery process thereby instilling hope that tomorrow will be better. Given that there is empirical evidence to support the use of faith-based approaches in order to facilitate hope in college students, it would be helpful for universities to consider not only increased seminars and symposiums about the intersection of religion and mental health, but to implement programs and specific recommendations that come out of such conferences. Moreover, colleges should include and emphasize student involvement, rather than limit participation to professionals in the field.

The psychology literature has identified hope as an integral and highly valuable component to the recovery process (Anthony & Mizock, 2014). Hope is contingent upon the belief that one is actually capable of pursuing and accomplishing goals that a person has created for him/herself (Snyder, Feldman, Taylor, Schroeder, & Adams, 2000). Snyder (1994) contends



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that hope is not merely a feeling, but a cognitive construct in which emotions are subsequent to the pursuit of goals, and in order for hope to exist, an individual must perceive that he or she has the ability to take the necessary action steps in order to actualize goals. As such, universities are in a unique position to provide innovative and creative programming to students with mental health concerns in a variety of contexts, thus creating an environment that facilitates hopefulness.

### **Reintegration into the Community**

This recovery principle maintains the idea that with a lessening or absence of symptoms, comes the opportunity to engage in activities that once may not have been possible due to the disorder (SAMHSA, 2005). Building relationships and social networks within the community, as well as developing meaningful activities and establishing a (renewed) sense of purpose, can greatly enhance the recovery process and improve an individual's overall sense of well-being and self-efficacy (SAMHSA, 2011). Certain psychiatric illnesses may be the culprit for preventing someone from obtaining employment, becoming financially stable, or contributing to society in some way, which in turn, can actually exacerbate symptoms, such as in the case of severe depression. Inability to work can lead to decreased self-esteem, loss of purpose, and lack of motivation (Werner-Leonard, 2006). The literature on individuals with serious mental illness returning to work after remittance of symptoms (or in the presence of symptoms that have been managed) overwhelmingly suggests positive outcomes for this population (Boardman, Grove, Perkins, & Shepherd, 2003; Pachoud, Plagnol, & Leplege, 2010). With regards to substance use, research has shown that using a community reinforcement approach (i.e., developing alternative activities, acquiring job skills, etc.) is effective in helping individuals increase coping skills and manage high-risk situations (CASA Columbia, 2014). Identity is often linked to a person's communal role (i.e., employee, volunteer, neighbor). As such, this principle suggests that the

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recovery process is linked to an individual actively participating and reengaging in their community role(s). This provides the individual an opportunity to build mastery and a sense of accomplishment, which ultimately can lead to further progress and sustained mental health.

For college students, this principle is essential, as a sense of belonging in one's community was found to be directly correlated to decreased stress and improved resilience among this population (Wolf-Wendel, Ward, & Kinzie, 2009). In regards to mental health concerns, when university students face challenges that prevent them from involvement in school activities, there is a greater potential for students to completely disengage in academic life and leave school all together (NAMI, 2012). Chickering's (1993) Theory of Psychosocial Development in College Students brings to light the importance of core competencies, which develop throughout a student's college experience. He argues that participation in clubs, school organizations, and establishment of peer groups provides a framework from which the individual obtains "feedback about how he or she fits into the peer environment. Through this interaction, the person develops a sense of control or competency" (Bliming, 2010, p. 139). It should also be noted that community engagement appears to be a strong predictor of both student success and retention (Kuh, 2009; Wolf-Wendel et al., 2009). Moreover, by interacting with others, a person who is recovering from a mental health condition will learn that he or she can be an active member of the community, even if symptoms remain present. This empowers an individual to continue to pursue meaningful relationships and establish a sense of purpose. As college students choose a particular field to earn their degree in (such as a major or minor), this sense of identity and rebuilding their life in academic and social networks becomes especially important.

Although there are numerous opportunities to establish roles within the larger campus community, barriers that students with mental health issues encounter often prevent them from

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reengagement, thereby causing further isolation. As such, it is imperative that universities cultivate an environment that allows students in recovery to create meaningful lives while taking into consideration limitations imposed by mental health challenges. Research has indicated that both a lack of knowledge about services and insufficient wraparound support (i.e., including both academic and personal functioning) from universities strongly contribute to student dropout rates (Gruttadara & Crudo, 2012). The following will provide an overview of current programming that may encourage student reintegration into their college communities.

**Psychoeducation.** A recent survey conducted by NAMI indicated that more than 45% of college students who were no longer attending school due to mental health related reasons, had not received accommodations (Gruttadara & Crudo, 2012). While every campus has its own office of disability services (ODS), many students do not have access to information on how to advocate for themselves or effectively utilize these services. In addition to universities promoting their ODS on campus, user-friendly websites are another avenue that may greatly facilitate the dissemination of information about what students can expect, and ways in which they can get accommodations. For example, the Disabilities, Opportunities, Internetworking, and Technology (DO-IT) center, based out of the University of Washington, offers college students information about mental illness, functional limitations resulting from psychiatric disabilities, and classroom, examination, and assignment accommodations that schools typically provide (University of Washington, 2015). Moreover, the website has an extensive video library that entails presentations and stories about a variety of topics related to disabilities and educational pursuits (University of Washington, 2015). These videos provide easily accessible and relatable information about how students with mental health conditions navigated the demands of college by effectively utilizing campus resources. The University of Massachusetts created a tip sheet for

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college students so that they are better equipped at knowing what to ask for with regards to accommodations from their universities, as well as describing specific strategies for acquiring disability services (Costa, 2011). In 2008, The Judge David L. Bazelon Center for Mental Health, a mental health advocacy organization, published a comprehensive guide for college students that not only includes academic accommodations, but also provides students with their legal rights and steps to take if they incur negative repercussions due to mental health concerns (e.g., discipline, involuntary leave of absence, etc.) as well as resources found both on and off campus (Leadership21 Committee, 2008).

**Re-engagement programs.** The re-engagement program at Metropolitan State University of Denver proactively reaches out to students who are either contemplating a university withdrawal, as well as those returning from a leave of absence, in order to assist them with a timely re-entry plan (Metropolitan State University of Denver, n.d.). The program helps to facilitate communication between students and university departments, answer questions regarding academic standing, financial obligations, and accommodations, and assist students as they transition back to school. Similarly, the Niteo Program, located at Boston University though is available to any college student, is a nonresidential program, designed to assist individuals with serious mental health conditions reenter the university system (Boston University Center for Psychiatric Rehabilitation, n.d.). Students enroll in one semester of individualized mental health coaching and attend classes two days per week. College coaches help students return to school by focusing on cognitive remediation, teaching mindfulness skills, stress management, encouraging social connections, and promoting overall wellness. Subsequently, follow-up services are provide for an additional semester in order to ensure successful school reintegration and facilitate coordination of on-campus services.

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**Collegiate recovery programs (CRPs).** In the mid-1980s, a handful of universities recognized the need to increase support for students in recovery from substance use, and as a result, created CRPs (Laudet, Harris, Kimball, Winters, & Moberg, 2014). Collegiate recovery programs, which in general offer drug- and alcohol-free housing, onsite recovery support meetings (e.g., AA), and residential counseling (Laudet et al., 2014), are currently gaining momentum and being incorporated into more universities. “The goal of CRP is to allow recovering students to extend their participation in continuing care program without having to postpone or surrender achieving their educational goals” (Laudet et al., p. 90). In particular, the collegiate recovery community (CRC) at Texas Tech University provides students recovering from addiction with a safe environment, promoting overall wellness, and sustained sobriety (Texas Tech University, 2007). Students involved with CRC attend 12-step meetings regularly, receive individualized academic advising, connect with campus and local organizations, and maintain a code of principles such as integrity, respect, and responsibility. Those enrolled in the program must also attend a one-hour weekly seminar class focused on skill-building and relapse prevention strategies, and complete community service requirements. Rutgers University, one of the founding schools to implement a CRP, also offers students in recovery from alcohol and/or drug dependence the option of living in on-campus residence hall where there are no signs indicating the special housing unit in order to protect students’ anonymity (Rutgers University, n.d.a). Though CRPs are primarily intended for students in recovery from substance, Rutgers University has an Autism Spectrum College Support Program (CSP) which offers individualized support for students who are on the Autism Spectrum, and works collaboratively with the school’s disability services, academic deans, learning centers, counseling center, and residence

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life (Rutgers University, n.d.b). The CSP assists students in navigating the campus, commuting on campus transportation, managing life skills and balancing academic obligations.

**Program effectiveness.** While it is known that student engagement promotes overall well-being, research on program evaluation for fostering reintegration into communities has been scant. With regards to psychoeducation of supportive academic services offered on campus and re-engagement programs at universities, the author was unable to identify specific literature to support the efficacy of these strategies. Future studies may wish to include evaluations of these efforts. That said, the limited outcome data on recovery programs appears to be promising. Evaluation of the University of Texas' Center for Students in Recovery (CSR) indicated that the vast majority of students enrolled in CSR have adopted positive recovery habits, and 83% of surveyed students reported that they have been able to remain addiction-free since joining CSR (Kay, Grahovac, Holleran Steiker, & Maison, 2012). Additional outcome data found that students who are enrolled in a CRP tend to have higher grade-point averages and increased rates of graduation, as compared to the general student body (Laudet et al., 2014). At present, 13 universities are participating in a national evaluation of CRP efficacy, which will hopefully yield positive results.

**Recommendations.** The following provide recommendations that may be beneficial in supporting students as they reintegrate into their communities. It is clear that students with mental health issues will require more than academic support, and universities should utilize a holistic perspective in consideration of adapting or developing new programs.

***Collegiate recovery programs for mental health.*** The Autism CSP at Rutgers University serves as a good prototype in adapting the CRP model for disorders other than substance dependence. Continuing on this trajectory, students who are struggling with psychological

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conditions would likely benefit from a similar comprehensive support system. College students experiencing depression, anxiety or bipolar disorder, for instance, could begin to reintegrate into their universities despite the presence or severity of symptoms. Students' levels of self-efficacy will likely increase as they are able to participate in school activities and attend classes at their own pace. Moreover, CRPs for mental health conditions would allow students to thrive, rather than setting them up for failure with a full course-load and no additional support upon school reentry.

***Financial support.*** Further, review of qualitative data from the same 2012 NAMI study also highlighted that many students who received a low grade point average (GPA) or changed to part-time student status due to mental health conditions, lost their financial aid and/or scholarships (Gruttadara & Crudo, 2012). Therefore, encouraging college students with psychiatric conditions to become active members and reengage in their community seems almost paradoxical if their challenges are compounded by financial stressors. Providing financial support that is not contingent upon academic achievement would allow students with mental health conditions to remain in school and resume meaningful activities. College Resource Network, a user-generated blog provides college planning tools and resources such as scholarship opportunities, specifically for students with mental health conditions ([www.collegeresourcenetwork.com](http://www.collegeresourcenetwork.com)). In particular, the Baer Reintegration Scholarship is designed to offer financial assistance to eligible students who have a diagnosis of bipolar disorder, schizophrenia or schizoaffective disorder and are currently involved in rehabilitative or reintegration efforts (The Center for Reintegration, 2015). Scholarship funds are sent directly to the school to offset educational costs including tuition, books, and laboratory supplies. Although a handful of other websites (e.g., [bestcolleges.com](http://bestcolleges.com)) also provide a list of scholarships available

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to college students with mental health issues, the sources of funding are extremely limited and usually do not exceed an award of \$3,000. While specific recommendations regarding ways to manage the financial burden for students with mental health conditions are not given here, universities should be cognizant of the issue and attempt find ways to assist these students if possible.

The President's New Freedom Commission of 2003 suggests that there will come a time when everyone diagnosed with a mental illness will recover, and be able to rebuild a life in the community. The 1990 American with Disabilities Act and the 1973 Rehabilitation Act provide students with disabilities equal opportunities and access to services in higher education (Judge David L. Bazelon Center for Mental Health, 2014). While the implication was to create accommodations for students so that they may participate in all aspects of college life, it is up to each university to implement policies that facilitate coordination and collaboration of the administration, faculty, students and student services in order to be effective (Hernandez, 2006).

### **Recovery Exists on a Continuum**

One of the most salient aspects of the recovery principles is the idea that recovery is a nonlinear process. In other words, the process of recovery includes periods of symptom exacerbation, relapse, or other setbacks. The now widely-accepted notion that recovery is possible came to fruition after a series of promising studies conducted in the 1980s and '90s which revealed surprising rates of recovery for individuals who have chronic mental illness (Jablensky et al., 1992). Since then, several methodological and longitudinal design studies were conducted demonstrating a substantial number of people diagnosed with schizophrenia also confirmed high rates of recovery (Carpenter & Kirkpatrick, 1988; Hess, Lacasse, Harmon, Williams, & Vierling-Claassen, 2014). However, it is also known that some people who face



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mental health challenges will exhibit periods of both symptom remission and reemergence of symptoms throughout their life. Three decades of research have shown that 25% of individuals with serious mental illness (SMI) experienced a full recovery, thereby demonstrating no symptoms; another 25% exhibited a steady decline of functioning over time; and approximately half of the SMI population fell somewhere along that spectrum from partial to almost full recovery, suggesting that symptom levels for this group generally improved over time (Davidson & Roe, 2007).

The transition into college is challenging in and of itself, and is particularly so for students with serious mental illness. Data has shown that young adults are less likely to seek traditional mental health services, and even when they do, many programs are not equipped to provide the extensive support that these individuals need in order to be successful and thrive in the face of psychiatric conditions (Pottick, Bilder, Vander Stoep, Warner, & Alvarez, 2007). Since college campuses serve as the hub for both social and academic endeavors, higher educational institutes have the potential to be an ideal setting for fostering improved functioning, while concurrently respecting the recovery process. Although not everybody experiences relapse, the principles recognize that the recovery process is highly individualized and that people can learn beneficial lessons from these setbacks (Drake, Wallach, & McGovern, 2005). Thus, recovery is not a rigid, step-by-step process, but is based on continual growth and learning. While there is not current literature to support specific programming that is reflective of this principle, research indicates that providing opportunities for continued growth, such as wellness programs, and early intervention strategies to mitigate full relapse potential, could be beneficial for college students managing mental health symptoms.

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**Wellness programs.** Student health and counseling services at the University of California, Davis (UCD), contends that wellness is “an active process of becoming aware and making choices toward a healthy and fulfilling life,” (University of California, Davis, n.d., para. 1). Psychoeducation about the eight facets of wellness (i.e., emotional, environmental, financial, intellectual, occupational, physical, social, and spiritual) are outlined for students, providing salient information about the reasons each wellness factor is important, ways to attain each wellness factor, and resources and programming that facilitate each wellness factor. For example, under the “emotional wellness” tab found on the website, students can learn the definition and benefits of emotional wellness. Brief strategies, such as staying positive, employing gratitude, and practicing mindfulness are suggested. Multiple on-campus resources, such as The Mind Spa, an allocated area in the student counseling and wellness center that has massaging recliners, biofeedback, and light therapy, are provided.

Though not as extensive as UCD’s wellness program, at the University of Massachusetts, Amherst (UMass) students are able to utilize services offered by the Center for Health Promotion (CHP), which include an online brief alcohol screening, participation in a peer sexuality education troupe, and can become involved with outreach efforts (University of Massachusetts, Amherst, 2015). What is particularly unique about the wellness initiative at UMass is their requirement for incoming students, both first-year and transfer, to complete an online prevention course from MyStudentBody (MSB) focusing on alcohol use, illicit and prescription drug use, and sexual violence. MSB is considered to be a comprehensive, evidence-based program that provides students with the tools to facilitate healthy behaviors that will help them successfully navigate university life, including management of social and academic achievement pressures. In fact, students who score below 80% by a designated due date will have a hold placed on their

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academic record, thereby preventing registration for the subsequent semester. The ability to recognize and identify the presence of symptoms provides students with the opportunity to take action before problems become insurmountable. Research indicates that early detection and prevention programs are particularly effective for students experiencing depression (Reyes-Rodriguez, Rivera-Medina, Camara-Fuentes, Suarez-Torres, & Bernal, 2012). Wellness programs can provide the skill-development and support for college students facing mental health challenges.

**Program effectiveness.** While there is sufficient evidence to suggest that wellness programs provide numerous benefits, researchers have primarily focused their attention on outcomes of employees in the workforce (Zeakes, 1998). However, common elements of college wellness programs, which tend to incorporate both mind and body activities intended to promote overall wellbeing, suggest that these initiatives are effective for college students. Specifically, many wellness programs on college campuses emphasize the utilization of meditation and mindfulness-based approaches, as they have been shown to decrease symptoms of anxiety and depression, and reduce binge-drinking behaviors (Danitz & Orsillo, 2014; Gallego, Aguilar-Parra, Cangas, Langer, & Mañas, 2014; Mermelstein & Garske, 2014). Moreover, the theoretical underpinnings of wellness indicate that students should be encouraged to discover their own strengths and interests in an effort to create meaningful lives. Because the meaning of wellbeing is different for everyone, a holistic and person-centered approach is warranted. For example, a student facing mental health struggles may find stress relief through more non-traditional or creative outlets. Notably, a recent study demonstrated the positive effects on mood when students participated in a recreational music making session (Mungas & Silverman, 2014). Promoting the idea that recovery is on a continuum is suggestive that individuals may continue

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to pursue endeavors that support their overall wellbeing, even in the presence of psychological symptoms.

**Recommendations.** Similar to the concept that recovery from addiction or a mental health disorder occurs in stages, so does development of the self. Thus, applying the principle of recovery existing on a continuum to a college population seems appropriate, due to the fact that identity formation and psychological growth are both are part of a larger process, rather than a defined state (Vogel-Scibilla et al., 2009). It has been argued that in order for young adults to become independent and establish a sense of cohesive identity, they must “begin to integrate their successes and failures” in order to “develop a self-image” (Bliming, 2010, p. 142). Due to the theoretical nature of this principle, no formal recommendations are provided. With that said, continued development and program evaluation of college wellness centers will hopefully promote increased acceptance of a nonlinear process of recovery from mental illness, thereby providing hope for students that recovery is possible. Further, it should be noted that stigma reduction efforts and peer support programs could support or incorporate this principle.

Upon review of the recovery literature, Jacobson and Curtis (2000) found that recovery does not necessarily translate to a cure, but is a state of being and becoming. This concept directly relates to the notion that development, like recovery, is a fluid process, one that remains impressionable and sensitive, and should be taken into consideration when working with the young adult population. By underscoring the idea that recovery from a psychological condition means both externalizing the disorder from the self and allowing for challenges to arise without a total disruption to progress or improvements, emphasis of a non-linear approach would be appear to be helpful for college students.

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### Chapter 4: Discussion and Application

#### Summary of Findings

In the previous chapter, the author discussed the main tenants of five recovery principles and described a variety of campus-specific, in-vivo, web-based, and national/general programs for college with mental health issues (see Appendix B). While research highlighting the efficacy of these types of programs was varied (i.e., many studies conducted on stigma reduction versus vague references to supporting recovery on a continuum strategies), the author attempted to highlight evidence-based practices reflective of each recovery principle. Recommendations for new and adapted programming were suggested, based on the literature as well as identified gaps in existing programming efforts. The results from the findings indicated that many universities, national agencies (e.g., NAMI), and web-based efforts (e.g., ULifeline) to promote stigma reduction, peer support, and hope are currently in place for college students with mental health issues, and there is subsequent research to support the efficacy of these programs. With that said, the principles of recovery on a continuum and reintegration into the community proved to be rather amorphous. While the literature on these principles clearly identifies the benefits and importance of nonlinear recovery and reengagement, the author was unable to find specific methods to implement these principles. Therefore, discussing program effectiveness proved to be difficult and heavily subject to interpretation. Based upon the literature, current programming efforts, and effectiveness data, it appears that psychoeducation and contact-based methods/experiential sharing reach across all principles and have the greatest impact on college students with mental health issues.

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### **Limitations**

Several limitations have been identified of this critical analysis of the literature. First, despite extensive efforts to provide a diverse and comprehensive body of research on current college programming, the researcher was limited by the methodology. More specifically, access to mental health services offered at every college and university was not possible due to realistic time constraints and a lack of consolidated information database. As such, the researcher sought to include programs from both public and private universities, and from all regions of the country in order to be as inclusive and representative as possible. However, although recommendations made by the author were developed with the intention to be original, it is possible that such programs already exist.

Further, due to the nature of the recovery principles themselves, the programs presented as being reflective of the principles, are relatively subjective. The recovery principles are inherently intertwined with one another, making it challenging to determine how one principle exists without the other (e.g., stigma reduction facilitates hope; peer support facilitates stigma reduction, etc.). Additionally, data confirming program effectiveness was highly disproportionate across the principles – research on efficacy of stigma reduction efforts has been significant, while evaluation of programs designed to explicitly promote recovery as a nonlinear process is virtually nonexistent. Moreover, there appears to be a lack of a universally accepted definition of college student well-being and overall psychological health, making it difficult to accurately evaluate and compare program efficacy. Lastly, the researcher was responsible for delineating five of the 10 recovery principles; for the purposes of clinical implications, universities would best be served to incorporate the findings presented in both this dissertation project and in Michelle Jackson's for a more comprehensive resource development plan. It is the hope for this

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project to function as a unitary construct from which schools can implement programming for college students with mental health issues utilizing and integrating all 10 recovery principles.

### **Clinical Implications**

The findings of this analysis suggest that utilizing a recovery oriented framework from which to address mental health issues on college campuses could yield numerous benefits for this population. While it is clear that many universities currently implement programming that is reflective of the recovery principles, perhaps inadvertently, schools should continue to make efforts toward providing holistic care for students, and strive to incorporate all facets of recovery. Doing so, with clear intention and purpose, will send students the message that their university takes mental health seriously, and as an institution, believes that recovery is possible. The significant rise of mental health concerns amongst college students has made it evident that college counseling centers cannot carry the weight of this growing problem without support from the university-at-large. In general, higher educational establishments appear to have responded to the need for additional support by expanding services and resources (e.g., peer mentors, counselors in residence halls), as well as promoting inter-departmental collaboration (McAlpine, Marshall, & Doran, 2001). This is certainly a positive trend, and moving in the right direction of outsourcing responsibility to the campus community in providing comprehensive care for college students with mental health issues.

Clinical implications from review of the literature indicate there may be potential advantages to the creation of a national database comprised of current college programming and efforts that are reflective, and organized by the designated SAMSHA recovery principles. A good prototype to follow would be the National Dropout Prevention Center/Network's (NDPC/N) model programs database, which provides research-based programs and information

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that is available for elementary through high schools to review and adapt (National Dropout Prevention Center/Network [NDPC/N] Model Programs, 2015). Programs from specific schools are listed and include contact information, strength of evidence of effectiveness, target settings (e.g., rural, urban, etc.), and emphasis (e.g., prevention, recovery, etc.). Another template that would be useful in the development of a database is the Jed Foundation's (n.d.) *Balancing safety and support on campus: A guide for campus teams*. This comprehensive guide provides information, resources, interventions, tools, common pitfalls, and examples from existing college campus teams in management of mental health strategies. The proposed college network database would allow universities to gain a better understanding of the theoretical underpinnings of a recovery oriented approach and learn how other schools implement programs reflective of the recovery model. The hope is that colleges may be able to more readily identify areas of growth with regards to mental health initiatives, and integrate programs that have already been established as efficacious.

### **Further Research**

As previously discussed, the area of recovery-oriented principles and practices as a framework from which to address mental health concerns is gaining momentum. Nevertheless, gaps in the literature warrant further investigation. The recovery principles are intended to provide a holistic approach to recovery and include both concrete and theoretical objectives, which inevitably has led to uneven development of program evaluation. For example, stigma reduction and peer support efforts have been widely implemented and researched, while the principle of recovery on a continuum is relatively abstract, with virtually no specific designated programming. Future development models could include more clearly defined efforts for the principles of recovery on a continuum and reintegration into the community. Continued



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investigation, implementation, and evaluation of how each of the recovery principles may be applied practically would likely benefit universities in the execution of such programming.

Additional research endeavors might include an overall evaluation of program effectiveness from the lens of a recovery approach, rather than looking at specific programming or interventions (SAMHSA, 2009).

This dissertation project is intended to serve as a springboard for the advancement of empirical research on college mental health. The findings presented lay the groundwork for qualitative and quantitative research studies investigating efficacy of programming that is reflective of the recovery principles. Should a university be interested in explicitly utilizing the recovery framework to create, develop, or continue programming, outcome data regarding the efficacy of such programs could become a prototype for other campus efforts. Furthermore, it is suggested that due to the breadth of mental health issues, analyzing program effectiveness for one particular disorder (e.g., depression, schizophrenia) could elicit clearer results, thereby informing future research. Lastly, research conducted on early intervention and prevention strategies from a recovery perspective could inspire innovative methods to identify and target at-risk students before mental health issues become problematic (Ryan, Schochet, & Stallman, 2010).

### **Conclusion.**

In sum, this review and analysis of the literature provides the evidence that using recovery principles as a lens from which to generate initiatives for students with mental health issues is a prudent endeavor for universities. With that said, this dissertation project was developed as an outsider looking *in* with regards to identifying current campus resources.

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While the research findings could be helpful for counseling centers and universities-at-large in their development efforts, it is most important for students to have the awareness and access to such programs. Moreover, evaluation of ways in which college students come to discover these programs could ultimately shape outreach efforts and program development. Exploration of current programming, which was organized by each governing recovery principle, uncovered that in fact, all of the principles are dependent upon one another and cannot really be disentangled. For example, individuals who share their personal experiences with mental health challenges demonstrated to be efficacious in reducing stigma, promoting peer support, and increasing hope. As such, schools should take a multi-pronged approach in tackling mental health issues on campus, provided that they have the resources to do so. Every college campus is unique in its ability to develop programming, and application of these efforts will be dependent upon various factors such as university size, campus culture, student body demographics, and campus structure. Further research in this area will hopefully encourage universities to critically examine efficacy of their current programs and make improvements accordingly. Emphasis on a holistic recovery approach requires cooperation and coordination of the school's entire ecosystem in order to adopt and implement policies that reflect the belief that recovery is possible. While it appears that overall, universities have made great strides in supporting students with mental health issues, it will be important to continue this dialogue, with the goal of promoting wide-sweeping changes and a systemic attitudinal shift for this population.

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APPENDIX A

Recovery-Oriented Resources for College Mental Health

## COLLEGE MENTAL HEALTH RECOVERY

Resource	Category	Purpose	Website	Principles
		<b>PEER SUPPORT</b>		
Bacchus Network	Peer education	A peer education program that provides students and professional staff with tools, resources, and skills in order to implement evidence-based mental health programs on campus. Provides students and staff with materials to organize and lead mental health campaigns on campus.	<a href="http://www.naspa.org/constituent-groups/groups/bacchus-initiatives">http://www.naspa.org/constituent-groups/groups/bacchus-initiatives</a>	Peer Stigma
Barnard College E-Mentors	Peer mentoring	Incoming students with disabilities are matched with current students with disabilities for informal/online networking and peer support. Program is conducted through Office of Disabilities.	<a href="http://barnard.edu/disabilityservices/students/peer-support">http://barnard.edu/disabilityservices/students/peer-support</a>	Peer Stigma Hope Community Continuum
Harvard University Peer Counselors	Peer counseling	Students participate in 1 of 5 undergraduate peer counseling groups addressing the following: sexuality; disordered eating; sexually transmitted infections; rape, abuse, and intimate violence; and general concerns. Peer counseling program offers students support through anonymous, confidential hotlines (each group has its own) and drop-in counseling services.	<a href="http://static.fas.harvard.edu/registrar/ugrad_handbook/current/chapter8/peer.html">http://static.fas.harvard.edu/registrar/ugrad_handbook/current/chapter8/peer.html</a>	Peer Stigma Hope Continuum
NAMI on campus	Peer education	Student-led club that addresses mental health	<a href="http://www.nami.org/namioncampus">http://www.nami.org/namioncampus</a>	Peer Stigma

COLLEGE MENTAL HEALTH RECOVERY

		needs of college students by educating the campus community, supporting and connecting students, advocacy, and raising mental health awareness.	s	Hope
Question, Persuade, Refer (QPR)	Peer gatekeeping	QPR is an emergency mental health gatekeeper training intervention that teaches non-professionals (e.g., students, faculty) to recognize and respond positively to someone exhibiting suicide warning signs and behaviors. The training is delivered in a standardized multimedia format in-vivo or online.	<a href="http://www.sprc.org/bpr/section-III/question-persuade-refer-qpr-gatekeeper-training-suicide-prevention">http://www.sprc.org/bpr/section-III/question-persuade-refer-qpr-gatekeeper-training-suicide-prevention</a>	Peer Hope
University of California, Davis (UCSD) Wellness Peer Educators	Peer education	Wellness Peer Educator Program is designed to educate students about mental health and wellness, reduce stigma, and spread awareness of on-campus counseling services. Peer educators participate in basic counseling skills, group facilitation, crisis management and ethics, and learn how to construct and implement outreach and workshop presentations. Peer educators host events throughout the year including National Depression Screening Day, Spring Quarter "Stress Free Zone."	<a href="http://caps.ucsd.edu/peer.html">http://caps.ucsd.edu/peer.html</a>	Peer Stigma Hope Continuum
University of	Peer education	Peer educators are involved in 1 of 4 on-	<a href="http://www.health.umd.edu/peeredu">http://www.health.umd.edu/peeredu</a>	Peer Stigma

## COLLEGE MENTAL HEALTH RECOVERY

Maryland, College Park Peer Educators		campus peer education groups addressing the following: sexual violence issues; substance use; wellness; and sexual health. Peer educators give 50-minute interactive workshops that are available to classrooms, student organizations, Greek organizations, residence halls, and academic and other campus departments. Students interested in mental health advocacy are encouraged to apply to become peer mentors.	cation	Hope
University of Michigan Peer Mentor Program	Peer mentoring	Mentorship program matches small groups of first-year students with 1 upper-level peer mentor and 1 faculty/staff member. Specifically, program is well-developed, including manual that provides information about training, activities, group organization, peer core meetings, communication support, goal management, and additional resources.	<a href="http://www.onsp.umich.edu/sites/default/files/PM%20Manual%2020215.pdf%20color%20p21.pdf">http://www.onsp.umich.edu/sites/default/files/PM%20Manual%2020215.pdf%20color%20p21.pdf</a>	Peer Stigma Hope
UNLV Helping Young People Experience Recovery (HYPER)	Peer-led support group	Peer-led support group, based on the 12-step and harm-reduction model for UNLV students in any stage of recovery. The group is designed to create a supportive environment where students in recovery from addictive disorders can continue long-term	<a href="https://www.unlv.edu/srwc/groups/hyper">https://www.unlv.edu/srwc/groups/hyper</a>	Peer Stigma Hope Community Continuum

## COLLEGE MENTAL HEALTH RECOVERY

		recovery, interact socially, excel academically, and serve UNLV community.		
University of Southern California Trojans Care for Trojans (TC4T)	Peer gatekeeping	Website provides support resources and appropriate referrals for students facing personal difficulties. Along with educational videos, the site features a list of campus and community resources and an anonymous request form if a student is concerned about another student's well-being.	<a href="http://sait.usc.edu/ca/tc4t/">http://sait.usc.edu/ca/tc4t/</a>	Peer Stigma Hope
Wake Forest University Peer Mentor Program (PMP)	Peer mentoring	Wake Forest University PMP provides peer mentors with in-depth training manual including: objectives of the program; guidelines; effective mentoring strategies; and standard forms.	<a href="http://www.wfu.edu/multicultural/pdf/Mentor%20Training%20Manual.pdf">http://www.wfu.edu/multicultural/pdf/Mentor%20Training%20Manual.pdf</a>	Peer Stigma Hope
		<b>STIGMA REDUCTION</b>		
Active Minds	Psychoeducation Contact-based	Student-led organization to reduce stigma, increasing awareness about suicide, support behavioral health research by college students, and assist students in managing stress levels on campus. Demonstration efforts include "Stomp Out Stigma" and "Send Silence Packing." Speakers Bureau is a program designed to raise awareness through experiential sharing from individuals with mental health	<a href="http://www.active-minds.org/">http://www.active-minds.org/</a>	Stigma Peer Hope



## COLLEGE MENTAL HEALTH RECOVERY

		challenges.		
NAMI In Our Own Voice (NAMI)	Psychoeducation Contact-based	First-hand account presentations of what it's like to live with a mental illness. Presenters speak for 90 minutes, followed by question-and-answer from audience members. Presentations are designed to provide psychoeducation, reduce stigma, and instill hope that mental illness does not preclude individuals from living a full life.	<a href="http://www.nami.org/Find-Support/NAMI-Programs/NAMI-In-Our-Own-Voice">http://www.nami.org/Find-Support/NAMI-Programs/NAMI-In-Our-Own-Voice</a>	Stigma Hope Continuum
Half of Us/Jed Foundation	Psychoeducation Contact-based	Website aimed to raise awareness about the prevalence of mental health issues and connect students to appropriate resources for help. Online videos of celebrities' personal accounts with mental health struggles are available.	<a href="http://www.halfofus.com/">http://www.halfofus.com/</a>	Stigma Hope
Raising Mental Health Awareness (NAMI)	Psychoeducation	Toolkit created by NAMI to support presentations about mental health to students on college campuses in order to educate students on mental health, promote awareness and facilitate discussion, and inform students about resources available. Toolkit includes presentation guide, slides, fact sheets, resource and outreach templates.	<a href="http://www2.nami.org/Template.cfm?Section=Check_Out_Resources&amp;Template=/ContentManagement/ContentDisplay.cfm&amp;ContentID=155129">http://www2.nami.org/Template.cfm?Section=Check_Out_Resources&amp;Template=/ContentManagement/ContentDisplay.cfm&amp;ContentID=155129</a>	Stigma Hope
StigmaBusters (NAMI)	Protest Psychoeducation	Student-led group dedicated to the elimination of	<a href="https://www2.nami.org/template.cfm?section=about">https://www2.nami.org/template.cfm?section=about</a>	Stigma Peer Hope

## COLLEGE MENTAL HEALTH RECOVERY

		ignorance, prejudice and discrimination against people with mental illnesses in order to positively change public attitudes by utilizing protest strategies.	_stigmabusters	
Stomp Out Stigma (Active Minds)	Protest Psychoeducation	Student-led group intended to raise awareness and reduce stigma around mental illness. University chapters organize various events (e.g., In 2014, Northwestern University students walked through campus chanting, “stomp out stigma,” and held signs with statistics about mental health).	<a href="http://www.active-minds.org/our-programming/awareness-campaigns">http://www.active-minds.org/our-programming/awareness-campaigns</a>	Stigma Peer Hope Continuum
		HOPE		
Baylor University Counseling Center website	Psychoeducation	Baylor Counseling Center website provides information using non-psychiatric jargon (e.g., sleep deprivation, perfectionism, etc.), coping strategies, common myths, basic cognitive reframing tools, tips, and psychoeducation geared towards normalizing symptoms. The website also has free downloads such as positive affirmations that students can print.	<a href="http://www.baylor.edu/counseling_center/">http://www.baylor.edu/counseling_center/</a>	Hope Stigma Community Continuum
Carleton College Mental Health Awareness Collective (MHAC)	Experiential sharing	Student facilitated group (MHAC) hosts events such as, “Break the Silence: Join the Conversation about Mental Health,” where students are invited to	<a href="https://apps.carleton.edu/student/orgs/mhac/events/?event_id=1093192&amp;date=2015-02-17">https://apps.carleton.edu/student/orgs/mhac/events/?event_id=1093192&amp;date=2015-02-17</a>	Hope Stigma Peer Continuum

## COLLEGE MENTAL HEALTH RECOVERY

		share personal mental health stories.		
Columbia University Mental Health Awareness Week	Psychoeducation	Dedicated week on campus intended to help provide hope to students with mental health issues so they know they are not alone, and remove mental illness stigma through psychoeducation. Each day of the week there are different workshops and panels on topics such as sexual orientation and mental health; culture; wellness tips; and mental health movie screening.	<a href="http://cusebs.org/?p=468">http://cusebs.org/?p=468</a>	Hope Peer Stigma Community Continuum
Harvard Speaks Up	Experiential sharing Psychoeducation	A website dedicated to hosting videos recorded by members of the Harvard University community talking about struggling with mental health issues. The website is run by Student Mental Health Liaisons.	<a href="http://www.harvardspeaksup.com">http://www.harvardspeaksup.com</a>	Hope Peer Stigma Community Continuum
Mindcheck	Experiential sharing Psychoeducation	Website designed to help youth and young adults better understand their emotions and quickly connect to mental health resources and support. Support includes education, self-care tools, website links, and assistance in connecting to local professional resources.	<a href="http://mindcheck.ca">http://mindcheck.ca</a>	Hope Peer Stigma Continuum
National Depression Screening Day (NDS)	Psychoeducation	Held annually on the Thursday of the first full week in October, NDS is dedicated to raising awareness and screening	<a href="https://mentalhealthscreening.org/programs/initiatives">https://mentalhealthscreening.org/programs/initiatives</a>	Hope Stigma Continuum

## COLLEGE MENTAL HEALTH RECOVERY

		students for depression and related mood and anxiety disorders. It is the nation's oldest voluntary, community-based screening program that gives access to validated screening questionnaires and provides referral information. Various universities across the country participate.		
Ohio State University (OSU) Counseling and Consultation Service (CCS) website	Psychoeducation	OSU Counseling and Consultation Service website provides students with psychoeducation about various psychiatric disorders, relevant resources, therapy groups offered through CCS, information regarding how to contact CCS to schedule an appointment, emergency services, link to an anonymous online mental health screening, and tips to improve psychological functioning and wellness.	<a href="http://www.ccs.ohio-state.edu/">http://www.ccs.ohio-state.edu/</a>	Hope Stigma Continuum
Penn State "Look Beyond the Mirror Week"	Psychoeducation	Week dedicated to increasing students' knowledge about a variety of topics related to disordered eating behaviors. Topics covered during the week include: signs and symptoms of eating disorders; body image issues; and resources for students. Activities during the week include	<a href="http://www.pct.edu/collegehealth/eatingDisorderAwarenessWeek.htm">http://www.pct.edu/collegehealth/eatingDisorderAwarenessWeek.htm</a>	Hope Stigma Peer Community Continuum

## COLLEGE MENTAL HEALTH RECOVERY

		educational and creative events such as a soccer game played in old prom attire.		
University of Maryland "Mental Health and Me"	Experiential sharing	Students share their personal mental health journeys and cover topics such as navigating college with mental health needs, disclosing mental health information, and experiences with friends and family. Panelists discuss their work with mental health advocacy and lead discussion.	<a href="https://www.studentaffairs.umd.edu/events/mental-health-and-me">https://www.studentaffairs.umd.edu/events/mental-health-and-me</a>	Hope Stigma Peer
University of North Carolina, Greensboro 2015 Behavioral Health Faith Summit	Faith & spirituality	Summit was held in April 2015 to address integration of mental health and faith-based initiatives. Various workshops were held throughout the day and also included topics on stigma reduction.	<a href="http://communityengagement.uncg.edu/attend-2015-behavioral-health-faith-summit/">http://communityengagement.uncg.edu/attend-2015-behavioral-health-faith-summit/</a>	Hope Stigma Continuum
University of Southern California Faith and Mental Health	Faith & spirituality	Panel discussion with leaders from spiritual and mental health communities discuss ways to bring together faith and mental health awareness.	<a href="https://webapp.usc.edu/web/eo4/event/detail/906685?calendar_id=32">https://webapp.usc.edu/web/eo4/event/detail/906685?calendar_id=32</a>	Hope Stigma Continuum
Wesleyan University "Making Sense of Mental Health: An Exploration of the Physical & Spiritual Sides of Addiction & Depression"	Faith & spirituality	Panel discussion with leaders from spiritual and mental health communities discuss implications for the integration of faith-based and mental health practices for college students.	<a href="http://veritas.org/talks/making-sense-mental-health-exploration-physical-and-spiritual-sides-addiction-and-depression/?view=locations&amp;location=3359">http://veritas.org/talks/making-sense-mental-health-exploration-physical-and-spiritual-sides-addiction-and-depression/?view=locations&amp;location=3359</a>	Hope Stigma Community Continuum

## COLLEGE MENTAL HEALTH RECOVERY

Winona State University “Mental Health Monologues”	Experiential sharing	Monologues were written and performed by students and faculty surrounding mental health issues. Performance was held in April 2015, and was intended to reduce stigma and increase hope for students. Admission to the event was free-will donation with all profits going towards mental health promotion and awareness within the WSU community.	<a href="http://winonastate-news.com/7028/mental-health-monologues/">http://winonastate-news.com/7028/mental-health-monologues/</a>	Hope Stigma Peer
		REINTEGRATION INTO COMMUNITY		
Boston University Niteo Program	Re-engagement program	Nonresidential program (for all students, not limited to BU) designed to assist students with serious mental health conditions reenter the university system. Students enroll in 1 semester of individualized mental health coaching and attend classes 2 days/week. Follow-up services are provided for an additional semester to ensure successful school reintegration and facilitate coordination of on-campus services.	<a href="http://cpr.bu.edu/living-well/services/niteo-program">http://cpr.bu.edu/living-well/services/niteo-program</a>	Community Continuum Hope
Center for Reintegration	Financial support	Online resource dedicated to assisting those with mental illness in their efforts to return to a meaningful life. The website also features scholarships, offering financial support to	<a href="http://www.reintegration.com/">http://www.reintegration.com/</a>	Community Continuum Hope

## COLLEGE MENTAL HEALTH RECOVERY

		eligible students who have a diagnosis of bipolar disorder, schizophrenia or schizoaffective disorder and are currently involved in rehabilitative or reintegration efforts.		
College Resource Network	Financial support	Online resource that provides students and parents with best college resources and information including planning tools and hand-picked scholarship opportunities.	<a href="http://www.collegeresourcenetwork.com/">http://www.collegeresourcenetwork.com/</a>	Community Hope
Disabilities, Opportunities, Internetworking, and Technology (DO-IT)	Psychoeducation	Website dedicated to empowering people with disabilities through technology and psychoeducation. Online resource promotes awareness and accessibility in the classroom and workplace. Electronic and print resources, videos, and presentations are available online.	<a href="http://www.washington.edu/doit/psychiatric-impairments">http://www.washington.edu/doit/psychiatric-impairments</a>	Community Hope Stigma Continuum
“Campus Mental Health Know Your Rights” (Judge David L. Bazelon Center for Mental Health)	Psychoeducation	Guide for college students to provide information regarding legal rights when seeking mental health services. It also explains what students can expect in their interactions with mental health service providers and what obligations may be required.	<a href="http://www.bazelon.org/Portals/0/pdf/YourMind-YourRights.pdf">http://www.bazelon.org/Portals/0/pdf/YourMind-YourRights.pdf</a>	Community Hope Continuum
Metropolitan State University	Re-engagement program	Proactively reaches out to students who are contemplating a	<a href="https://www.msu-denver.edu/sas/collegecompletionpr">https://www.msu-denver.edu/sas/collegecompletionpr</a>	Community Stigma Hope

## COLLEGE MENTAL HEALTH RECOVERY

of Denver Re- engagement Program		university withdrawal and those returning from a leave of absence, in order to assist them with a “timely re-entry plan.” The program helps to facilitate communication between students and university departments, answer questions regarding academic standing, financial obligations, and accommodations, and assist students as they transition back to school.	ogram/re- engagement/	Continuum
Rutgers University Autism Spectrum – Collegiate Support Program (CSP)	Collegiate recovery program	CSP offers individualized support for students who are on the Autism Spectrum. Program offers special housing and assistance with identification of goals, trained peer mentors, optional social events, parent workshops, and navigating college life on campus.	<a href="http://rhscaps.rutgers.edu/services/autism-spectrum-college-support-program">http://rhscaps.rutgers.edu/services/autism-spectrum-college-support-program</a>	Community Peer Stigma Hope Continuum
Texas Tech University Collegiate Recovery Community (CRC)	Collegiate recovery program	CRC offers holistic approach to continuing care for students recovering from substance abuse. Program includes 12-step meetings, facilitates student involvement in community, and academic advising.	<a href="http://www.depts.ttu.edu/hs/csa/collegiate_recovery.php">http://www.depts.ttu.edu/hs/csa/collegiate_recovery.php</a>	Community Peer Stigma Hope Continuum
University of Massachusetts Tip Sheet	Psychoeducation	Online resource providing easy to follow tools for students who are managing mental health issues. The tip sheet includes	<a href="http://labs.umassmed.edu/transitionsRTC/Resources/publications/TipSheet2.pdf">http://labs.umassmed.edu/transitionsRTC/Resources/publications/TipSheet2.pdf</a>	Community Hope Continuum



## COLLEGE MENTAL HEALTH RECOVERY

		information on what accommodations students can ask for including modifications for class attendance, exams, assignments, and course load.		
		RECOVERY ON A CONTINUUM		
UC Davis Wellness Center	Wellness program	Comprehensive wellness center providing students with services such as acupuncture, substance abuse intervention, massage therapy, nutrition services, physical therapy, and other mental health services. The website for the wellness center also includes psychoeducation about mental illness and resources for students.	<a href="https://shcs.ucdavis.edu/about/shwc.html">https://shcs.ucdavis.edu/about/shwc.html</a>	Continuum Stigma Hope Community
University of Massachusetts, Amherst Center for Health Promotion (CHP)	Wellness program	CHP includes an online brief alcohol screening, participation in a peer sexuality education troupe, and can become involved with outreach efforts. UMass requires incoming students to complete an online prevention course from MyStudentBody (MSB) focusing on alcohol use, illicit and prescription drug use, and sexual violence.	<a href="http://www.umass.edu/uhs/health/">http://www.umass.edu/uhs/health/</a>	Continuum Stigma Hope Community

\*KEY: Stigma Reduction = Stigma; Peer Support = Peer; Hope = Hope; Recovery on a Continuum = Continuum; Reintegration into Community = Community

COLLEGE MENTAL HEALTH RECOVERY

APPENDIX B

Program Finding Summary Table

## COLLEGE MENTAL HEALTH RECOVERY

The primary takeaways from review of the literature on college culture, prevalence of mental health issues, five recovery principles identified by SAMSHA, and exploration of current efforts on campus, are briefly as follows:

<b>Principle</b>	<b>Stigma Reduction</b>	<b>Peer Support</b>	<b>Hope</b>	<b>Reintegration</b>	<b>Continuum</b>
<b>Programs/ Efforts</b>	Psychoeducation Protest Contact-based	Peer mentors Peer educators Peer-led support groups Peer counselors Peer gatekeepers	Psychoeducation Share experiences Faith and spirituality	Psychoeducation CRPs Reengagement programs	Wellness programs
<b>Evidence of Efficacy</b>	Strong support for efficacy of contact-based methods.	Strong support for efficacy of peer mentors and educators.	Strong support for efficacy of psychoeducation, shared experiences, and faith. Hope is usually secondary gain (e.g., stigma reduction promotes hope)	Support for efficacy of CRPs with regards to substance abuse.	Strong support of efficacy for components of wellness programs. Lack of research outcome on whole wellness efforts.

COLLEGE MENTAL HEALTH RECOVERY

APPENDIX C

GPS IRB Exemption Notice

# PEPPERDINE UNIVERSITY

## Graduate & Professional Schools Institutional Review Board

October 17, 2014

Protocol #: N1014D02

Project Title: Addressing Mental Health Needs on College Campuses: Utilizing Recovering Principles that Encourage Hope, Community Inclusion, Recover on a Continuum, Peer Support and Stigma Reduction.

Dear Ms. Bank,

Thank you for submitting the Non-Human Subjects Verification Form and supporting documents for your above referenced project. As required by the Code of Federal Regulations for the Protect for Human Subjects (Title 45 Part 46) any activity that is research and involves human subjects requires review by the Graduate and Professional Schools IRB (GPS-IRB).

After review of the Non-Human Subjects Verification Form and supporting documents, GPS IRB has determined that your proposed research activity does not involve human subjects. Human subject is defined as a living individual about whom an investigator (whether professional or student) conducting research obtains (1) data through intervention or interaction with the individual, or (2) identifiable private information. (45 CFR 46102(f))

As you are not obtaining either data through intervention or interaction with living individuals, or identifiable private information, then the research activity does not involve human subjects, therefore GPS IRB review and approval is not required of your above reference research.

We wish you success on your non-human subject research.

Sincerely,



Dr. Thema Bryant-Davis  
Chair, Graduate and Professional Schools IRB  
Pepperdine University  
cc: Dr. Lee Kats, Vice Provost for Research and Strategic Initiatives  
Mr. Brett Leech, Compliance Attorney  
Dr. Dennis Lowe, Faculty Chair