

S(AVE) O(UR) S(ANITY): AN EVALUATION OF STUDENTS' EXPERIENCES
WITH MENTAL HEALTH RESOURCES AND SUPPORT ON THE
TEXAS STATE UNIVERSITY CAMPUS

by

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DEDICATION

I dedicate this thesis to the students at Texas State University who participated in this study. You are all amazing individuals. I sincerely appreciate your willingness to discuss such personal aspects of your lives and use your stories as a means to help advance research in mental health and illness among college students.

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LIST OF ABBREVIATIONS

Abbreviation	Description
SHC-	Student Health Center
ODS-	Office of Disability Services
CC-	Counseling Center
TX-	Texas
CDC-	Center for Disease Control
ADHD-	Attention Deficit Hyperactivity Disorder
ADD-	Attention Deficit Disorder
OCD-	Obsessive Compulsive Disorder
IRB-	Institutional Review Board
LBJ/ LBJSC-	Lyndon Baines Johnson Student Center
LGBTQ-	Lesbian, Gay, Bisexual, Transgender, and Queer

ABSTRACT

Mental health is a significant issue on college campuses across the United States. Recent episodes of violence on college campuses combined with a high rate of mental illness and suicide among young adults has led to concerns that students' mental health needs are not being met. While much of the existing literature examines this issue from a quantitative perspective, the research described in this paper relied on a qualitative approach to assess university students' experiences with campus resources and support for their mental illnesses. Semi-structured interviews were conducted with 23 students attending Texas State University in San Marcos, TX. Many of these students had accessed mental health resources provided by Texas State University, including the Student Health Center, the Counseling Center, and the Office of Disability Services, and reported positive experiences. Negative experiences, however, were also common and included a lack of information about available resources, which in turn affected access, dealing with an overburdened system, problems with the functioning of the resources, and a lack of social support. Based on these findings, suggestions are offered to improve students' experiences with resources and the campus community at large.

I. INTRODUCTION

Mental health is an integral part of everyone's life despite whether or not it is openly acknowledged. Mental illness, in my opinion, is a fascinating aspect of the human experience because of its many facets, levels of severity, and its correlation to physical health. Despite the fact that anyone can develop a mental illness, most of us don't want to admit our mental vulnerability, due in large part, to the stigma that surrounds mental illness. There is a fine line between going through a period of "the blues" and depression or feeling nervous and having anxiety. It is often difficult to determine when we cross the line between the emotions that we can manage on our own and a condition needing professional help. This is further complicated by social pressure, as described by Michel Foucault, which makes us feel ashamed and that there is something wrong with us when we can't keep up with the demands of life and manage all of our own thoughts and emotions without outside help.

As a nation, we often vilify mental illness in response to major tragedies such as suicide or mass shootings. This functions to propagate stigma against the mentally ill and prevents constructive dialogue about health care and compassion towards people with mental illnesses. We should strive to address mental health and illness outside of these tragedies and listen to the narratives of those who quietly suffer everyday while dealing with mental illnesses. Perhaps by improving access to resources and breaking down stigma, we could encourage people experiencing mental distress to unabashedly speak up about their mental conditions and seek help and thereby possibly even prevent future tragedies.

I have known a number of people with serious mental health issues throughout my life. A close friend of mine, for instance, had a severe eating disorder growing up that greatly impacted her life. I didn't even know she had a mental health issue until she told me about it since she had received treatment and found ways to successfully manage her illness. She was very eloquent when she described her life and mindset at the time and the way her distress manifested as an eating disorder. Her narrative made me empathize with her and I recall thinking, "wow, I've felt like that," or "I can see why you would display those behaviors, given how hard adolescence can be." In other words, I could see aspects of myself in her narrative and understand how easy it might be to slide into mental illness. Mental illness, after all, isn't some fully enclosed condition that someone has to cross a barrier to get to; mental health, like physical health, lies on a spectrum. A cold compared to cancer, for example, represents different levels of illness severity on the physical health spectrum. The same goes for mental health. Mild mental stress compared to a more severe condition, like schizophrenia, represent different points on the mental health spectrum, neither of which are considered ideal mental health. Like physical health, some mental health conditions may require professional treatment while others do not.

Like my friend who benefitted from treatment, I have also observed others access and benefit from mental health care. I worked at a drug and alcohol rehabilitation center for teenage girls for a year before beginning graduate school. During this time I had the opportunity to witness the dramatic connection between addiction and mental health and see patients transform with the help of support and resources. I also experienced the juxtaposition of seeing these amazing transformations of patients while also witnessing

friends in my personal life continually struggle with mental health issues and addiction but refuse to seek professional help due to stigma. While people should have the right to choose to seek treatment or not, shame and stigma should not be a preventing factor, especially since mental illness can significantly influence an individual's life. Among college students, for example, 86 percent of students with mental illnesses withdraw from college before graduating as opposed to 37 percent of the general student population (Salzer et al. 2008). However, when proper accommodations are offered, students with disabilities are equally successful in college as other students (Salzer et al. 2008). In order to provide students with the best chance at being successful, treatment and accommodations should be readily available to help students when needed.

The goal of this research was to evaluate students' experiences with mental health resources and support on the Texas State University campus and see if students' needs were being met. The students interviewed for this research came from very diverse backgrounds which illustrated that there are no "cookie-cutter" students, especially when it comes to students dealing with mental health issues, and therefore there cannot be a "one-size-fits-all" approach to mental health resources. Furthermore, it is important to remember that the participants in this research were real students who dealt with challenges but also had aspirations and career plans. They were members of the university community, not just some statistic. They were all generous and brave enough to volunteer their time and talk to me about very personal aspects of their lives. In order to respect them as individuals while protecting their identity, all participants were given a pseudonym that they had the opportunity to pick.

Many previous studies covered topics related to mental health among American college students quantitatively; however, very few studies exist on this topic within the discipline of Anthropology using qualitative research methods. The goal of this study was to help fill that gap in literature and aid in the improvement of mental health resource access. Therefore, I have chosen to present this research in an article style rather than the traditional thesis format in order to make the information more accessible and facilitate its publication in a professional journal. I also plan to apply this research in two ways: by making a presentation of the results and suggestions for improvements to resource administration and staff at Texas State University and through the creation of a resource table that can be added to the Texas State University website. The following two chapters represent these individual aspects of this research. Chapter two is the report of my research that I plan to publish and chapter three is the applied aspect of this research. This research can benefit students and mental health resources at Texas State University, as well as resources provided at other institutions that may have similar circumstances.

II. S(AVE) O(UR) S(ANITY): AN EVALUATION OF STUDENTS' EXPERIENCES WITH MENTAL HEALTH RESOURCES AND SUPPORT ON THE TEXAS STATE UNIVERSITY CAMPUS

INTRODUCTION

Concern over mental health and illness among college students is growing, given the high rate of mental illness and suicide in this age group, fears that students' mental health needs are not being met, and recent episodes of violence on college campuses (Anderson-Fye and Floersch 2011, Salzer et al. 2008, Yorgason et al. 2008, Monahan et al. 2011, Jones 2011, Suicide.org 2015, Hefner and Eisenberg 2009). At the same time, greater demand is being placed on the mental health services provided on university campuses across the United States as more students seek help for psychological problems (Anderson-Fye and Floersch 2011, Snodgrass and Sanchez-Navarro 2013).

Because the college transition and college life in general are sensitive times in the lives of many young adults (Anderson-Fye and Floersch 2011), it is important to examine students' experiences with mental health resources and support on college campuses to ensure they have access to the resources they need to be healthy and successful. The existing literature, however, tends to examine these issues quantitatively, by relying on surveys to assess responses to topics such as students' experiences and access to resources (Anderson-Fye and Floersch 2011, Salzer 2012, Hefner and Eisenberg 2009, Becker et al. 2002, Salzer et al. 2008, Yorgason et al. 2008, Masuda et al. 2012). To add a qualitative perspective to the literature, this study explores the experiences of students dealing with mental health issues and their interactions with campus resources and support on the Texas State University campus located in San Marcos, TX.

BACKGROUND

Mental Health

According to the CDC (2013a), a mentally healthy individual is able to appropriately deal with everyday stress, is productive, contributes to the community, finds joy in living and is able to realize his or her potential. Mental illness, on the other hand, is defined as “collectively all diagnosable mental disorders or health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress and/or impaired functioning” (CDC 2013a). Mental illness can range from mild to severe and includes conditions such as depression, anxiety, ADHD, schizophrenia, bipolar disorder, and various mood disorders.

Mental illness is a significant source of disease burden globally, contributing the largest economic drain when compared to other common non-communicable diseases like cardiovascular disease and diabetes (Bloom et al. 2011). It has a significant impact on individuals’ health, families and communities, national economies and even human rights issues since people with mental illness are often subjected to discrimination (WHO 2014, Hemmens et al. 2002, Corrigan et al. 2004). Mental disorders cause substantial damage in term of years of life lost to disability and premature death (NIMHb 2013, WHO 2004). Depression alone is one of the leading causes of disability in the world today with around 400 million people suffering from it (WHO 2014, Bloom et al. 2011). Bipolar disorder and schizophrenia are also common mental disorders that affect about 60 million and 21 million people worldwide, respectively.

The United States is no exception. Approximately 25 percent of U.S. adults are diagnosable for one or more mental disorders and close to six percent of U.S. adults have

a severe and debilitating mental illness such as major depression or schizophrenia (NIMHa 2013). In the United States, suicide is the 10th leading cause of death with more than 36,000 casualties each year (NIMHb 2013). Financially, the burden associated with mental disorders is also tremendous with an estimated \$300 billion of direct and indirect costs occurring annually in the U.S. alone (NIMHb 2013). This makes mental illness the third most costly medical condition in America behind heart conditions and traumatic injury. Over the next 20 years, mental health conditions are projected to cost \$16.1 trillion globally with serious impacts to quality of life and productivity (Bloom et al. 2011). Unfortunately, health care systems in the U.S. and around the world have not responded sufficiently to the needs of the mentally ill (WHO 2014). As a result, about 35 to 50 percent of people with mental disorders in high-income countries do not receive treatment and even more people in other areas of the world.

Mental Health among College Students

The rate of mental illness is higher among college-age adults than for the population in general. A recent study showed that 40 percent of U.S. college students met the requirements for having a mental illness as described by the *Diagnostic and Statistical Manual of Mental Disorders* (Anderson-Fye and Floersch 2011). Common issues among college students include substance abuse, depression, anxiety, eating disorders and suicidal thoughts (Yorgason et al. 2008). In fact, suicide is the second leading cause of death among college students, second only to vehicle accidents (Jones 2011, Suicide.org 2015). Nationally, 8.1 percent of college students surveyed admitted to seriously considering suicide within the last 12 months, while 1.3 percent actually attempted suicide (ACHA-NCHA II 2014). That means, if holding with the national

average for a university the size of Texas State, with a student body of 36,000 students, 468 students would have attempted suicide and 2916 students would have seriously considered it.

College is an extremely stressful and impressionable time for young adults. The age range of 18 to 25 is typically filled with significant life changes associated with leaving home and transitioning from childhood to adulthood (Anderson-Fye and Floersch 2011). In addition to the stress of homework, deadlines, and choosing a career path, the transition into college is characterized by a decrease in supervision, homesickness, missing friends, feelings of isolation, disputes with peers and roommates, peer pressure, and a lack of sleep (Hefner and Eisenberg 2009, ACHA-NCHA II 2014, Anderson-Fye and Floersch 2011). The sudden loss of support and feelings of isolation that result are strongly correlated with psychological distress (Hefner and Eisenberg 2009, Scheper-Hughes 1979). These problems are fairly widespread with 59.2 percent of nationally surveyed college students feeling very lonely, 32.6 percent feeling so depressed that it was difficult to function, and 37.4 percent feeling overwhelming anger (ACHA-NCHA II 2014).

Dramatic changes in the brain also occur during this difficult transition time. Neural plasticity associated with age, along with hormones from puberty, impact psychopathological development that contributes to the high risk of mental disorders characteristic of the college age group (Anderson-Fye and Floersch 2011). Disorders such as depression often worsen during this time, while disorders like anorexia and schizophrenia may develop. Late adolescence is believed to be a time when the brain becomes capable of self-monitoring without the support provided by parents and

community. During this transition, however, college takes the place of parental and community support (Anderson-Fye and Floersch 2011, Becker et al. 2002).

Importantly, many people in the young adult age group are formulating their career plans (Becker et al. 2002). At the time when young adults are making plans for the future, the onset of mental illness often disrupts these plans and sets individuals on a path of underachievement and educational and career distress (Becker et al. 2002) resulting in the low college completion rates, high unemployment rates, and increased dependence on public assistance that are often seen among the mentally ill population (Salzer 2012). Thus, college students need adequate support during this time to be successful (Salzer et al. 2008).

Stigma

Providing adequate support for college students, however, is complicated by many factors including stigma. In U.S. culture, mental illness is often equated with danger (Corrigan 2004). Highly publicized incidences such as the shootings at Pima Community College in 2011 and Virginia Tech in 2007 have served to further propagate this belief (Monahan et al. 2011). Stigma, caused by fear and lack of knowledge, results in the creation of stereotypes and prejudices that cause discrimination against people who suffer from mental illnesses (Peitl et al. 2011, Corrigan 2004) and function to prevent people with mental health issues from seeking help and developing strong support networks.

Additionally, people with mental illnesses are often stigmatized more than people with other health conditions and those with psychotic disorders are even further scorned

(Corrigan 2004). Although 57 percent of adults in the U.S. believe that people with mental illnesses are treated with care and sympathy, only 25 percent of those with symptoms of mental health issues believe this to be true (CDC 2013b). This shows that stigma is not only alive and well but the majority of the population is not even aware of the gap between general perceptions of mental illness and the treatment actually experienced by those suffering from these conditions.

The lack of knowledge and understanding in conjunction with stigma can lead to serious issues in regards to the acceptance of people with mental health disorders and their access to or willingness to access mental health resources (Peitl et al. 2011). Some college students with mental illnesses, for example, go to great lengths to prevent being seen accessing mental health resources in order to avoid stigma (Anderson-Fye and Floersch 2011). This is not surprising given that some colleges reportedly dismiss students due to psychiatric symptoms (Becker et al. 2002). The stigmatization of students with mental illnesses can propagate these students' feelings of social isolation that can further exacerbate their mental health issues (Peitl et al. 2011).

The Anthropology of Mental Illness

Bio-power, as conceptualized by Michel Foucault, is a way of understanding how control is exerted over the human body. Society establishes boundaries of what is acceptable behavior based on the ideology of the group (Foucault 1995, 1990). Cultural practices are therefore based on this ideology and correspondingly, expectations for behavior and consequences for deviations from established norms vary between social groups (Foucault 1995, Scheper-Hughes 1979). Since the United States is a capitalist

society, norms of behavior are generally based on productivity; in other words, an individual's value lies in their usefulness to society.

To keep the capitalist machine running, society invests in life to ensure a healthy, obedient, strong, and renewable workforce (Foucault 1990, Nadesan 2008). With this investment comes the expectation for specific actions and mindsets on the part of the individual including a sense of personal responsibility, being a docile and reliable worker and member of society, and taking care of one's health (Foucault 1995, Perron et al 2010, Nadesan 2008). Adults, for example, are generally expected to have jobs and pay for health insurance, and then use that health insurance to visit doctors every year for physicals and if they get sick to maintain their health. In addition, they are expected to live healthy lifestyles including accepting vaccinations for themselves and their families, wearing seatbelts, and avoiding risky behaviors like unsafe sex and dangerous activities. According to Foucault, all these behavioral expectations are meant to ensure good health for maximum productivity.

There are continuously acting control mechanisms that function to instill and reinforce society's ideology from childhood (Nadesan 2008, Rhodes 1991). These involve overt forces such as laws, polices, and institutions as well as covert forces including portrayals of normal and abnormal behavior through the media and social networks, including neighbors and peers who form a web of influence that exerts social pressure on individuals to conform. Since ideology is instilled at young ages, through actions like children receiving attendance awards in school to encourage good habits, it becomes ingrained to the point that people may actually feel a sense of discomfort when they violate this ideology. If someone calls in sick from work too often, for instance,

he/she could encounter overt forces like receiving a formal reprimand as well as covert forces like disdain from coworkers who had to increase their workloads to meet demands while the person was gone. This results in self-regulation through feelings of guilt and shame for the person calling in sick that may make them reluctant to continue the behavior.

It is expected that people in the U.S. will engage in self-reflection and modification as needed (Perron et al. 2010). For those failing to meet expected levels of normality and productivity, it is minimally expected that they will take the necessary steps to facilitate conformity, including getting help so that they can behave in normal and productive ways. When someone can't meet even this expectation, despite the reasons behind it, they are often blamed for their inadequacy. If someone suffers from a mental illness like severe depression, for example, it will likely affect that person's work performance and productivity and therefore their usefulness will decrease. This will result in pressure on them to perform better. In order to perform better, the person may need to seek mental health treatment. However, in order to seek mental health treatment, a person must admit that they have a mental health condition and therefore subject themselves to the stigma surrounding mental illness.

Mental illness has been stigmatized throughout history because it violates ideology and acceptable normality (Foucault 1995). Since U.S. culture values productivity, people exhibiting conditions and behaviors that compromise usefulness are seen as less valuable and therefore burdensome to society. This results in marginalization and reduction to the status of a second class citizen (Perron et al. 2010).

The stigmatization of those who fall outside the acceptable normality margins says a lot about people and their need to be included (Foucault 1995). People see themselves in madness, as Foucault (1995) describes it, and it is feared because it is part of us but is opposite to our ideology. By marginalizing and condemning the people who deviate, it reinforces the sense of normality and inclusion for those who follow the norms of society. For instance, if someone has a bad day, shows up to work late, feels sad all day and is not as productive, they may feel some pressure to perform better but the social repercussions for them will be very different and less severe compared to those experienced by someone who is chronically depressed, can't get out of bed for days on end, and can't control their emotions at work. Although the first person in this scenario displayed some abnormal behaviors, he/she can be considered normal with a safe position still held in society as long as the behavior doesn't continue and he/she resumes normal productivity. On the other hand, the second person's behavior greatly compromises his/her usefulness and will therefore result in marginalization. If a third person is added to the scenario who exhibits extremely unacceptable behaviors such as the inability to hold a job, talking to one's self, agitation and aggression, he/she will be fall beyond the margins both in usefulness and potential danger and make the first two people appear closer to normality by comparison.

By condemning extreme behavior, slight deviations become more forgivable. In this way, the level of stigma often corresponds to the severity of symptoms. When someone falls beyond the acceptable limit of normality, social support is often withdrawn. Since mental illness is closely linked to social isolation, further withdraw of social support functions to exacerbate the original issue that caused the non-conformity

and sends the individual on a downward spiral of social failure (Scheper-Hughes 1979, Hefner and Eisenberg 2009). Furthermore, since the behavior of people with mental illnesses does not comply with society's norms, they are often seen as unpredictable and irrational which makes their docility questionable in terms of reliability as workers and safety, as there is often an associated fear that these people will be dangerous to themselves or others (Perron et al. 2010, Rhodes 1991). People with mental illnesses, therefore, are often pressured or forced to receive treatment through the medical system that is portrayed as a helpful necessity but actually functions to control them and remove their burden from society (Rhodes 1991). Those that deviate too far are often sent to institutions such as mental health facilities or jails. Today, in fact, prisons are the largest institutions treating/handling the mentally ill in the U.S. (Aufderheide 2014, Rhodes 1991).

The media, including news sources like newspapers and television, propagates the stigma against the mentally ill by only reporting on stories that portray them as violent, dangerous, and unpredictable leading to the assumption that all people with mental illnesses must be like this (Corrigan et al. 2004). The media's frequent link of violent acts with mental illnesses serves to promote fear even though mentally ill individuals are more likely to be the victims of violent acts such as assault, rape, and domestic violence, rather than the perpetrators (Perron et al. 2010). However, since people with mental illnesses are marginalized, their reports to the police are less likely to be taken seriously.

Considering the level of stigma and assumptions that are associated with the mentally ill, with at best being considered useless and lazy and at worst dangerous and violent, it is no surprise that people suffering from mental health issues are often reluctant

to admit it (Corrigan 2004). Stigma against people with mental illnesses is a significant issue because it greatly impacts help seeking behaviors and therefore interferes with regaining one's place in society (Anderson-Fye and Floersch 2011, Masuda et al. 2012). Steps should be taken in society to combat this stigma in order to provide people with mental illnesses a chance to regain their rights as citizens and get the help and support they need. Considering the large number of college students with mental health issues (Anderson-Fye and Floersch 2011), universities also need to make a concerted effort to limit stigma on their campuses and ensure their students have a strong support network and adequate resources to meet their needs to set them on a path of success in life.

METHODS

This study was conducted with students enrolled at Texas State University in San Marcos, Texas. In 2014, there were 36,790 students enrolled on this campus (TSU 2015) and a population of 54,076 people in the city of San Marcos (CSM 2015). Texas State University is a multicultural university with 42% of its students identifying as ethnic minorities (TSU 2015). It is also ranked as a military friendly college. In other words, Texas State University has a variety of students coming from very diverse backgrounds. Additionally, as of 2010, 19.8 percent of students at Texas State University reported being diagnosed or treated for a mental health related issue, including substance abuse or addiction (ACHA-NCHA II 2010).

In terms of available mental health resources on campus, students at Texas State can seek services from the Student Health Center, the Office of Disability Services, and the Counseling Center [Table 1]. Due to Texas State University's comprehensive mental health programming, it was accredited by the International Association of Counseling

Services (IACS-1 2015) and was awarded the Jed Campus Seal from the Jed Foundation, a leading nonprofit organization that addresses mental health and suicide in the college environment (Jed 2015).

The Counseling Center provides a variety of services including individual, group, and couples counseling, workshops, consultations for concerned others, online resources, and referrals to additional resources (TSU-CC 2015). Like other college counseling centers in the U.S. (Anderson-Fye and Floersch 2011) the counseling center at Texas State University is struggling to deal with the high demand of students (Tompkins 2013). At one counselor for every 3,400 students, the students per counselor ratio at the Texas State Counseling Center is over twice what is recommended by the International Association of Counseling Services (Tompkins 2013, IACS-2 2015). At this point, a lack of funding and space prevents a better student to counselor ratio from being possible (Tompkins 2013). Demand for services at the Counseling Center, however, is increasing due to the number of students seeking assistance as well as student referrals by faculty and family. There is also an increase in the number of students with severe or crisis oriented issues (Snodgrass and Sanchez-Navarro 2013).

The Student Health Center on campus also attends to students dealing with mental health issues in addition to providing primary care and women's services (TSU-SHC 2015). At the time this research was conducted, there was one psychiatrist on staff to assist students without insurance who had a high financial need and a referral from the Counseling Center or a physician at the Student Health Center. The Associate Director at the Student Health Center, Karen Gordon-Sosby, related that this policy has recently changed to also allow students with insurance to be seen with a referral (email, June 8,

2015). According to Julie Eckert, the assistant director for Health Promotion Services, the Texas State University Student Health Center had over 4,300 visits throughout the year that were related to mental health issues including drug and alcohol dependence (personal conversation, February 2, 2013). The Director of the Student Health Center, Dr. Emilio Carranco, also reported that visits related to mental health issues constitute about fifteen percent of all the visits with medical providers at the Student Health Center (email, February 26, 2013).

Students with approved disabilities, including mental disorders, such as ADD, depression, or anxiety disorder may seek accommodations through the Office of Disability Services (TSU-ODS 2015). One commonly used accommodation for students with psychological disabilities is authorization to use Academic Testing for Students with Disabilities which provides a reduced distraction environment for test taking. In order to receive these accommodations, a student must provide documentation of an approved disability. Previously, the Office of Disability Services did not provide disability screenings, leaving students to get documentation from a certified professional off-campus. Recently, free screenings for students who suspect that they have ADHD or a learning disability has been added for the sole purpose of receiving accommodations as described by Gerardo Altamirano, a Student Development Specialist at the Office of Disability Services (email, June 5, 2015).

According to summary data from the Texas State University Counseling Center, the most commonly treated mental illnesses on the Texas State University campus were anxiety, stress, and depression (Snodgrass and Sanchez-Navarro 2013). Therefore, recruitment focused on students who had experienced these types of mental disorders.

Semi-structured interviews ranging from about 40 to 120 minutes were conducted with students who volunteered and self-identified as dealing with these issues. To be included in this research, a participant had to be over 18, a current student at Texas State University, have experienced some sort of mental disorder, and gave consent to participate.

Interviews with students covered topics such as their experiences with mental health care on-campus and in general, dealing with their mental disorders, and dealing with mental disorders as students. Students were recruited through flyers posted in various buildings on campus and through announcements made in various classes across campus. Participants were given a choice of interview location of either the interviewer's office or a location of their choice. Interviews were audio-recorded and later transcribed verbatim and analyzed according to content analysis. This study was approved by the Texas State University IRB.

RESULTS

Twenty-three participants, of varying ethnicities and sexual orientations, were interviewed for this study [Table 2]. Although not all participants had a definitive diagnosis, some of the mental illnesses they experienced included: borderline personality disorder, mixed personality disorder, anxiety, depression, obsessive compulsive disorder, attention deficit disorder, and eating disorders. Some participants had dealt with these mental health issues since they were children, but others began experiencing symptoms later, in either their teenage years or after beginning college. While some of the participants had learned to manage their conditions, many grew up in unhealthy environments that did not foster healthy coping mechanisms. Alcohol and drug use, self-

harm, suicidal ideation and attempted suicide were common experiences for many of the participants either before or during college. Consequently, a number of them had been hospitalized or arrested at some point in their lives, leaving them with high medical bills and/or the inability to get decent employment and health insurance. Although all of the participants experienced mental illness as college students, their experiences varied profoundly.

While attempting to cope with their illnesses, many participants explored the mental health resources provided on the Texas State University campus. These primarily included the Student Health Center (SHC), the Counseling Center (CC), and the Office of Disability Services (ODS). Participants shared a range of positive and negative experiences with these resources. Complaints generally were related to the students' lack of knowledge of resources, dealing with an overburdened system, problems with the functioning of the resources, and a lack of social support. However, most participants who were able to access these resources found them to be very helpful.

Positive Student Experiences with Campus Resources

The SHC was frequently described as a comfortable environment with great services and staff. Participants often felt their providers cared about them, were knowledgeable, and provided open communication. Shelly, a 20-year-old sophomore with clinical depression, for example, stated “they're really flexible too [at the student health center]. Like if I have a question, [the doctor was] like ‘you can just email me. I don't want you to have to come in and pay the \$20 if it's just a quick question.’” In addition, the primary care doctors at the SHC also helped some participants address their mental health needs and referred them to the CC and the psychiatrist on campus when

necessary. Michael, a 27-year-old senior, who had been struggling to overcome borderline personality disorder, bi-polar disorder, anxiety, ADHD and drug addiction, said “seeing [the psychiatrist] as well has been a huge help because she got me on Lamictal and it has helped. I feel a lot better. I don't wake up feeling awful anymore. I feel stable, normal. Not down, not up, just normal.”

Some participants also used resources provided by the ODS. This often included referral to the Academic Testing Center for Students that allowed students to take their tests at the testing center instead of in the classroom. Max, a 24 year old junior suffering from anxiety and depression, expressed his experience with the resources provided by the ODS thus:

So I finally decided to sign up for [accommodations with ODS] and so basically I get that special testing thing and then also I get the special groups registration which means I get to register for classes before everyone else which is a big help because with my anxiety it's nice to not have a class like at 8 in the morning or like 6 at night or something. When I had a good schedule where I can get good sleep, when my classes aren't super cramped together, that's a big help. That was probably one of the biggest advantages for me personally.

A number of other participants expressed interest in the services provided by the ODS and thought they would help them be more successful in school.

Finally, participants' positive experiences with the CC, the primary resource for students with mental health issues on the Texas State University campus, included being seen quickly, finding appointments that fit their schedules, feeling comfortable and establishing a strong connection with their counselors, experiencing an improvement in their mental health, and feeling welcome. Group therapy and individual therapy, for example, were both described as very helpful. More importantly, participants described

learning skills to help cope with their mental health issues beyond their counseling sessions. Take for example the account provided by Sarita, a 20-year-old junior dealing with severe depression and social anxiety, as she described the dramatic impact that receiving counseling from the CC has had on her:

It's been a year since I've received help. I've been doing so much better.... I'm better at coping with my anxiety and my depression.... I know my triggers. I know what to do when I'm feeling anxious and ever since I got in therapy, I stopped self-harm. And basically when I have bad days, I think I'm better in control of what my thoughts are like.... When I first went in the counseling center, I thought life was hopeless. I thought I just needed to be dead and that therapy wasn't going to help me. That it's just useless and I'm just there to see what would happen and now I look forward to therapy because it's a good outlet for me. It's a good way to see myself from another point of view for someone else to tell me what I'm feeling and what I'm thinking and how I should turn this around and think better about that, so I've come a long way since therapy.

Participants also expressed that they felt they could trust their counselors and that the counselors truly cared about them and provided emotional support.

In addition to the assistance provided by campus resources, some participants felt supported by the broader university community including faculty and staff, programs, clubs, other students, their department, and resident advisors. Positive experiences through these avenues helped create a sense of community and gave some of the participants the feeling of belonging they wanted. One notable example was provided by Audrey, a 22-year-old senior from the theatre department, who dealt with depression, anxiety and insomnia:

Definitely with my professors... they took an interest and they... [were] like 'you need to get some help. We get help and we make the time to get help.'... So, definitely they drove me... I guess just the idea that they could see it and it concerned them really.... It was comforting I guess because, you know, when you get to

college you're basically alone. You move out of your parents' house. You're living with a stranger in a dorm room, that's probably like two sizes smaller than your actual room. You don't know anybody and you're still kind of figuring out how to be an adult. And so to see that, a stranger who you kind of look up to, who is like your role model to being who you want to be, actually noticing and showing concern is relieving. It's a great relief.

Audrey also described the variety of support options that her department offered such as socials, workshops and a student-led mentoring program and what a big difference these have made to her.

Negative Student Experiences with Campus Resources: Lack of Knowledge

Not all participants, however, had a positive experience with campus resources. A majority of the participants had no idea what resources were available to them, how these resources functioned, or how to access them. When asked about a particular resource, participants often responded, as Julia, a 32-year-old junior and army veteran who described herself as depressed and anxious, did when asked if she had heard of the Non-Tradition Student Organization, “No, I didn't know anything about that. You know that's the challenge. How can you go seek out something you don't know exists?” In this regard, there was a lack of advertising and readily available information that prevented students from accessing available resources. Additionally, the location of many resources prevented easy visibility for students walking around campus. So unless a student already knew the resource existed, they were not likely to come across it.

Beyond knowing about the existence of a campus resource, participants often noted that details about specific resources were difficult to find as well. Michael for example, who knew where the counseling center was because someone told him, expressed his frustration in regards to looking for resource information thus:

Well even going to the counseling center, I could not find a phone number, a website, anything for them because if you go to the Texas State website and just type in counseling, all you're going to find is just academic advising. You're not going to find the counseling center. If you don't type in 'center' after that, nothing. You won't get anything. And that, I guess that's probably something you would like to know. That was frustrating. I wasn't able to call them, email them, nothing. I literally had to go to LBJ and walk up to the fifth floor and be like 'hey, I'm here. I need to make an appointment. I cannot find ya'lls website.' They're like 'well it's just the counseling center.' I'm like 'no, you can't find it. If you type in just counseling, you don't find jack.' They're like 'why didn't you type in counseling center?' I'm like 'cause I didn't think about that! I'm distressed here. Don't you realize that? Damn it!' So that was really frustrating, really, really frustrating.

This lack of available information was pervasive and ranged from everything like details on clubs and on campus resources to what community resources were available to students.

Many participants also expressed apprehension about trying a club or resource because they didn't know what to expect. These students noted that they would be more willing to try a resource if they knew exactly how it functioned and what to expect in terms of group sizes and what would be expected of them. Participants often had preconceived ideas and misconceptions about resources involving the resource's ability to help them, how long they could access a resource, the cost, and if a resource even existed. The way the CC was portrayed on its own website, for example, led some participants to believe that the CC services didn't apply to them since their problems were more long-term, while others like Shelly, who had used the CC many times, explained the situation like this:

They say like 'oh you only have like 6 counseling sessions' or something like that. That's what they tell people.... But like it's really they don't ever charge you while you're a student. Like as long as you need to go you can go.... That's not something that

they enforce at all... I could see a lot of students that don't have a mental illness or different crazy stuff come up in their life only needing about six sessions. You know when it's just like a crisis for a period of time, which is what it is for a lot of people but some people need to go more regularly and they're very supportive of that.

Additionally, many participants feared what would happen if they sought help from a campus resource. Specific fears mentioned by participants included: seeking care at the CC would be linked to their academics and/or put on their medical records, that they would be put on medication, or that someone would see them using the services. In the case of Sierra, a 19-year-old freshman with anxiety and depression, she elected not to receive treatment on campus after an initial consultation with the CC because she was under the impression that the counseling center was required to tell her parents about the treatment. Assuming those were the rules, she didn't ask any questions. These fears and misconceptions ultimately prevented Sierra and students like her from using available campus resources.

Negative Student Experiences with Campus Resources: An Overburdened System

For students who knew about campus resources and felt comfortable enough to access them, they encountered another level of challenges particularly in regards to scheduling appointments and dealing with internal policies. Participants repeatedly noted that resources were so overburdened that it was often difficult for participants to get an initial consultation and subsequent appointments with the same counselor on a consistent basis, as Shelly described her experience trying to get her initial appointment with the CC:

The first time when I was trying to get into the counseling center, I know they have changed the process since then but getting the first appointment was really difficult because what you had to do,

well... I'll explain both processes. You have to call and you have to make a same day appointment, the first time. Your first time is a same day appointment. And so you call and you have to call like at 8 am. And I'd call, I called like 3 days in a row at 8 am and they were already full with appointments by the time I called. So it took me like one or two weeks I think to actually get an appointment, my first appointment. They changed it now so that you still do the same call but they keep track if you called another day so... you're a priority. But... it's still a kind of inconvenient process, I think... I could see people giving up on trying to get a first appointment because it's kind of difficult. I don't know how many of those they have available but it was hard to get one.

When participants actively sought help, it was often motivated by a moment of desperation. Thus, they wanted to talk to someone immediately, not call back every day for a few days, come in, fill out a survey and meet with someone to assign them to a counselor, and then make an appointment with that counselor for a later date. This difficult process led to stress and frustration for many participants.

The challenge of getting appointments extended beyond individual counseling, however. Participants also experienced scheduling difficulties with the psychiatrist on campus and group therapy sessions, especially art therapy, which was seen as a less intimidating way to try out therapy as Jenny, a 20-year-old sophomore with depression, OCD, and anxiety described:

I got an email for group counseling and within the same day I called to join, it was an art one, it's like...doing art to help you. And I thought it'd be so cool. I love art but you know I'm not an art student so I never get to do it and they were full! And it was so sad but, so she recommended a couple other ones. There's one for alcoholic parents. My mom was an alcoholic when I was younger I don't know, I just thought that might be more kind of depressing than uplifting than anything and it wasn't really something I really struggle with to this day. So, I just sort of, that died.

Many students reported feeling frustrated and discouraged when they encountered situations like this.

Participants also described struggling with CC policies that were put in place to cope with the high demand, including a limit on the total number of sessions, a strict cancelation policy, and limited session frequency, as Alex, a 20-year-old junior with depression and anxiety described:

A couple weeks ago I had a really, really bad breakdown. You know to where it manifests itself totally, your whole body, mind, and everything. And so, whenever that happens, it's like you want to see someone but you can't because they have those policies you know, like you can only go so often.

The limited number of sessions caused some participants to feel pressured by the system to stop going to the CC and the cancelation policy was often seen as intimidating or absurd as Michael explained:

It's really hard, like the counseling center for example, they have a no-show rule. If you no-show more than twice for your appointment with the counseling center you can't see them again at all that semester and I think if you do it again after that you won't be able to see them the whole time you are here at Texas State. I'm like 'ya'll realize you're dealing with people that have psychological and emotional problems right? Sometimes it's just hard to get out of bed.' They're like 'well we really see a lot of people.' And I'm just like "gugh" (*sound of exasperation*). Cause I did, I missed an appointment with them... because I was just in bed all day just 'cause I felt awful.

Overall, the stress of dealing with this overburdened system did not provide the best opportunity for participants to obtain a healthy mental state and resulted in many of them giving up seeking care.

Negative Student Experiences with Campus Resources: Issues with Services Offered

Participants also identified a number of other issues with campus resources that interfered with resource access. The location of the CC, for instance, which doesn't allow for convenient parking, was noted to induce anxiety in some participants as they

walked through crowds of people at the Student Center to get to their appointments. Participants also complained about the quality of services, the costs, and the lack of available options in regards to emergency services, resources for students dealing with long term and serious issues, and opportunities for seeking help other than counseling, as this was not always an acceptable option for some individuals. Although workshops existed, some participants felt the information presented was unhelpful and covered concepts they already knew like the importance of sleep and eating well.

Participants indicated that the quality of services at the various resources was lacking in some regards. The front desk staff at the CC, for example, was described as needing better training to be more caring, understanding, and able to walk people through the steps of accessing services and finding forms, as explained by Alex regarding her first experience in the CC:

At that time, I was very frustrated because the lady who is... at the front desk there, one of them, there's always two there, but the one who tends to be at the front desk the most, she does not seem very nice or welcoming or anything ever and she was the one who was telling me 'I'm sorry but you have to fill out these forms and come back and da, da, da' and the fact that she couldn't read me when I was like, I was not doing good. And that was very frustrating for me and I try to see the other check-in lady every time I go because that one, every time I see her, she's just, it just doesn't feel right. Like I feel like she kind of pities everyone who goes in there and that doesn't feel good. You know she's kind of looking down. But you know I don't know her but that's just my experience with her. It feels like she doesn't actually know what it's like, you know, to have any kind of issue like that. Of course everyone has issues like that, but you know what I mean.

Participants often felt they needed more support from services to help them better understand what was going on with them, the treatment options available, how to handle referrals, and what to do in the future.

The costs associated with services were also a frequent complaint. Participants felt the appointments and prescriptions at the SHC were too expensive along with the price of student health insurance since payment for the plan was due all at once. Furthermore, in some circumstances, associated costs prevented resource access entirely. Receiving accommodations through ODS, for example, was difficult due to the high costs of obtaining documentation of an acceptable condition that is required before one can apply for services, as Brenna, a 28-year-old senior dealing with dyslexia, a perceptual delay, ADHD, anxiety and depression described:

I tried to use [the disability services] this semester cause I finally was like, I'm going to take care of myself. I'm going back to school and I'll actually use these... tools that they have and I went in and I would have to get retested and they stopped testing at the school. They only refer out for you to get tested and so it was just too expensive and I didn't have insurance at the time and it would have been like hundreds of dollars and so I decided that I would just do my best.

With no alternatives provided for obtaining documentation, students like Brenna were left to struggle through school without accommodations. Although the ODS now offers free screenings for ADHD and learning disabilities, it is not advertised as an option on their website.

Negative Student Experiences with Campus Resources: Lack of Social Support

Participants also frequently reported feeling unsupported by the broader university community. The transition into college was characterized by a restructuring of social support networks as students left their family, friends and community. The transition was even more difficult for veterans that simultaneously had to adjust to civilian life. The university community became students' new support network; however, the system is not set-up to foster mental health for those who may already

struggle with mental illness. All participants expressed feelings of isolation and a lack of adequate support during their college experience, especially transfer students.

Texas State University was repeatedly described as overwhelming with insufficient support to comfortably transition into college life. Participants were often so confused during the transition that they were unable to articulate questions and therefore unable to seek out the help that they needed. All orientations were described as lacking information about campus resources while transfer and graduate student orientations also lacked elements to promote integration into the campus community, as Cheyanne, a 27-year-old graduate student who struggled with anxiety, stress, and depression described her experience transferring to Texas State as an undergraduate student:

Transfers get the short end of the stick for everything. They're the last to pick their dorms. They're the last to register for classes. I mean they are low low low on the totem pole. Which makes it hard to come to a new institution a year in and not know the fight song or where Derrick Hall is and still be you know, part of the community. Takes a little bit of work.

Furthermore, classes are often not structured to promote connections between students to help build community, with students frequently sitting in classrooms not speaking to each other.

This contributed to participants struggling to find friends and emotional support after coming to college which resulted in feelings of isolation that put them at risk for further mental health issues. The matter was exasperated by some participants not identifying with the party culture that characterized many college campuses and difficulty getting involved in clubs and activities after freshman year. Furthermore, not all the

clubs and organizations provided environments for nurturing friendship and mental health as Sarita described:

I used to attend [the LGBTQ] organization and that ended up being a pretty unsafe place for me because the people in there, they made me feel like... I didn't fit in enough there so I felt unwelcome and that's supposed to be a place where queer students are supposed to feel accepted and are supposed to feel loved and that was not the experience I had with students there. There were a couple of students there that bullied me and there is one in particular that was a really big bully to me to the point where they told me to go kill myself. So if there's something that I want to change it's definitely how [that club] is run and how the queer services on campus is run because there are pretty much people that are unsafe in that organization.

There was a feeling among many of the participants that they were on their own with no one on campus to turn to for support. In addition, stigma toward mental illness made them feel demeaned and like they couldn't openly talk about their condition. For this reason, many participants expressed the desire to connect to other people with similar experiences to whom they could relate. This led some participants to unsuccessfully search for mental health related clubs.

In addition to the struggle of fitting into the campus community, participants experienced a lack of support from the administrative side of campus as well. This is evidenced by the dearth of policies in class syllabi regarding mental illness and absences, the lack of continued mental health conversations (aside from those in response to tragedies) to break down stigma and encourage understanding and acceptance among peers and faculty, and the feeling of disregard when dealing with resources that don't treat students like individuals. There was a perceived separation between students and administration, as Ashley, a 19-year-old sophomore with severe depression, who was

highly involved with campus organizations but experienced a major breakdown her freshman year described:

Well, personally I think the school kind of has an issue with the way that it approaches mental health.... I don't think that the administration that would be like... dean of students like a lot of you know the provosts, those people are completely out of touch with the student body and I don't think that that helps a student's mental health at all. Like the way that I sometimes see this school, is there is the really involved students, there's Greeks, and then there's those student that are only here to study, have no personal link with this school and I feel like those are the students that the administration should be trying to reach out to. Because if they have no connection to this school but they spend all their time here, you know I can't even imagine what kind of mental state that they have whenever they're here.... And I don't know what resources should be created for those students but it's an issues. Like it's obviously an issue.... Just holistically the administration's relationship with the students and I don't mean like teachers. I mean like the administrator of this school, like the president, her cabinet, board of regents, like those people. Those people need to realize that Texas State is just not some like university in a cloud of universities.... We are Texas State University, these students are trusting the school and in return it owes those students some kind of a relationship so they don't go... through the same [kind of breakdown] that I had to go through in May.

Ashley's statement matched the views of many participants that felt they had no connection to Texas State University or that it took years to fit in. When support and understanding was needed, participants often felt disregarded, as Kim explained:

I guess I would say that I kind of like went through, not through registrar but I mean I kind of tried to talk through some of them because [my condition] got really bad at one point to where I dropped all of my classes and so I kind of tried to communicate as much with the school as possible about what I was trying to do. Honestly, I wanted the refund because everything was so horrible and I barely, I think it was within a month or, there was like a couple of days after there was no refund given and I'm just like, I have all of this, I haven't gone to class within the past two weeks.... I'm going through all this. Is there any way that I mean, or if not to get the refund for them to have a mutual conversation with the professors about taking an incomplete so then I didn't have to pay again however much money. I think it was like 4,000

or something for those classes. And I'm like, obviously there's a lot of stuff happening. I already have financial burdens and then I have all this stuff happening. I'm falling apart as a person, I don't know. It was kind of trying to find a collaboration but, it all fell apart. I got over it.... No refund... but it was still frustrating.

Experiences like these added to participants' stress and ultimately made them feel unimportant and unvalued as a citizen in the university community.

Ultimately, participants expressed feeling ostracized from the campus community. This likely came from an inability to make close friends on campus, a lack of engagement and support through their program of study, a lack of involvement with campus activities to facilitate a sense of community, limited support structures for students with mental illness, and a general feeling of insignificance and marginalization with the campus at large.

DISCUSSION

College life would be difficult for anyone with its many trials including lack of sleep, living in a cramped dorm or apartment with strangers, exposure to new and possibly uncomfortable situations, the loss of friends and family, lack of time, poverty, and adjustments in family dynamics that may have resulted in the loss of financial support and health insurance. These challenges are amplified for those suffering from mental health issues, including most of the participants in this study. These students often struggled to deal with debilitating symptoms like overwhelming sadness and anxiety that led to problems such as the inability to concentrate or get out of bed, difficulty remembering and staying motivated, apathy, discouragement, and intense physical and emotional pain while also trying to fulfill their responsibilities as students. As a result, many participants felt their grades and overall college experience suffered.

In addition, social suffering and mental illness overlap in the sense that if a person is already suffering as a result of a difficult situation, such as experiencing a major life change, this will put them at greater risk of developing a mental illness like depression, which, in turn, will put them at greater risk for further social suffering through stigmatization (Kleinman 2012). Reflecting Foucault's concept of bio-power, many participants described feeling pressure, to conform and be more "normal" and productive. Participants often felt they were perceived as lazy or failures when their conditions affected their productivity, a condition also noted in the wider literature (Nadesan 2008, Scheper-Hughes 1979, Perron et al. 2010, Foucault 1995).

Students dealing with mental health issues often felt the need to seek some form of assistance on-campus which primarily included the Student Health Center, the Counseling Center and the Office of Disability Services. Most of the participants who successfully accessed resources through the SHC and the CC found them to be very helpful and experienced significant improvements to their mental health. The ODS provided some participants accommodations that helped them cope with their mental health issues as students. Furthermore, some participants felt supported and incorporated into the campus community which provided an environment that promoted improvements to their mental health. On the other hand, a large number of participants encountered obstacles in the form of a lack of knowledge, an overburdened system, and problems with the services that interfered with using the resources. All of the participants also expressed feeling a lack of support at some point during their college experiences that led to confusion and isolation. Based on this research, I can offer suggestions on how Texas State University can improve students' experiences with resources and the campus

community. These suggestions may also benefit other universities with similar circumstances.

Improve Knowledge

Many of these students were interested in seeking help for their mental health conditions but could not take the steps necessary since they did not know what resources were available or how to access them, as was the case of Julia who described the challenge of seeking out a resources that she knew nothing about or Michael who knew a resources existed but didn't know the official name so he struggled to find information about it. To address this issue, advertising for all campus mental health resources and additional supportive resources, such as the Bobcat Bond program (a mentorship program on-campus) and the Non-Traditional Student Organization (an organization designed for students with life experiences that separate them from traditional students such as having children, being a military veteran or an older returning student) must be dramatically improved. This should include advertising through a variety of media including: emails sent periodically to the entire student body, posters and/or banners hung in the student center and around campus, flyers placed in dorm mailboxes, clear links on the university homepage, updates and reminders about resources on university Facebook pages and Twitter accounts, and anything else that will get students' attention. In addition, the search engine used on the university website needs improvement so resource information can be easily found even if a student does not know the name of the resource. Creating a new search tool that allows students to type in what they need help with may be an option.

Furthermore, information should be consolidated and clearly laid out with detailed descriptions about resources, organizations, and clubs so students know how to find a resource, what to expect, and what will be expected of them in order to decrease their anxiety, intimidation and apprehension about attending an event or using a resource. Special attention needs to be paid to ensure the information presented on resource websites is clear and accurate with all the options for care presented.

Previous studies show that not knowing about available resources was one of the main barriers to accessing services (Anderson-Fye and Floersch 2011, Salzer et al. 2008, Yorgason et al. 2008). This was consistent with participants' responses in this study. Furthermore, since students are concerned about being seen, confidentiality, and the effect of seeking care on their academic records, accurate information must be abundant enough to counteract these misconceptions and fears that exist. Therefore, improving advertising and providing detailed explanations about resources should greatly reduce these barriers.

Disperse Burden

Once the resources are known to the students, they must also be accessible. Bourgois and Schonberg (2009) describe missed windows of opportunities when people desperately need help for their conditions and help is unavailable due to underfunding. When a person is distressed enough to seek mental health resources, as in the case of Alex who had a breakdown but couldn't be seen due to limits on counseling session frequency, help should be available. Jenny's experience is a perfect example of a missed window of opportunity when she couldn't get into art group therapy because it was full and ended up giving up the idea of trying group therapy altogether. Unfortunately, aside

from increasing funding to hire additional counselors and psychiatrists, there are limited steps that can be taken to ease the burden on an overwhelmed system.

Improvements, however, can be made to disperse the demand over various services or decrease the need for certain services by increasing community support. By improving services that help a number of students at once, like workshops and group therapy, the demand for individual counseling sessions may decrease. Adding additional sessions of popular group therapy options, like art therapy, might be particularly effective. In addition, creating new sessions may have a similar impact. Participants in this study, for example, expressed interest in workshops on self-therapy, learning to identify triggers and healthy coping mechanisms, relationship advice, how to deal with stress and anxiety (beyond the advice of get good sleep and exercise), and using art, music and dance as forms of therapy. Expanding workshops to address these and other topics may help students learn the skills they need to better deal with stress, which in turn may help decrease their need for individual therapy sessions.

Scheduling could also be adjusted for group therapy and workshops in order to avoid scheduling conflicts with classes. Making the therapy and workshop schedule available to students before class registration, for example, may help students interested in these services avoid scheduling conflicts.

Finally, considering the strict cancelation policies that currently exist, many participants expressed that it would be helpful to receive email and text message reminders for appointments, workshops, and group therapy sessions. This would likely

benefit resource administrators and staff as well since they would have less administrative burden due to fewer no-shows.

Improvements to Resources

Improvements to the services themselves should also be made. Some participants felt that the services available at the counseling center did not apply to them since their mental health conditions were not directly related to school stress or they had dealt with the condition for a long time. Expanding options to deal with long term and chronic conditions is the ideal scenario. However, given realistic limitations, the way the services at the CC are portrayed could be altered so students wouldn't make assumptions that may not be true about resources not applying to them. Additional changes that would benefit students include adding drop-in sessions that don't require attending an initial consultation, implementing training to ensure front desk staff is more understanding and helpful, following up with students who are referred to off-campus resources, and making sure students understand their treatment options. As the cost of resources was a frequent concern among participants, efforts also must be made to inform students about free and low cost options for care and financial assistance that may be available.

Suggestions for Social Support on Campus

The transition into college and adulthood is a very difficult time which is exacerbated by the loss and restructuring of support networks (Anderson-Fye and Floersch 2011, Hefner and Eisenberg 2009). Feelings of isolation that may accompany this transition can result in serious psychological distress that can lead to problems such as difficulties in classes and mental health issues (Hefner and Eisenberg 2009, Scheper-Hughes 1979).

To combat these problems, college students need to feel well supported. The community structure of colleges takes the place of the previous support systems for students and becomes the scaffolding to help them to build their lives and futures (Anderson-Fye and Floersch 2011, Becker et al. 2002). Therefore, focus should be placed on nurturing students' connections to their campus communities in order to promote strong and supportive environments. Texas State University already has a wide variety of clubs, organizations, resources, and sporting events that provide a good foundation for the campus community. However, participants' narratives indicate that a few gaps exist that are allowing some students to feel a lack of support and connection to the university at large, as was the case with Cheyanne who described feeling unimportant as a transfer student and the difficulties associated with integrating into the campus community. One main issue is that students don't know about these support options. One possible change to help these students is to improve orientations to cover what resources are available and how to find information about them, where these resources are located on campus, and how to integrate into the campus community through sporting events and other activities. This is especially important for transfer and graduate students who often feel out of place and may miss out on opportunities and resources targeted towards incoming freshmen.

Since many participants did not know about the clubs and activities or found it hard to get involved with them after freshman year, clubs and activities need to be well advertised and promoted throughout the school year. Oversight over existing clubs should also be improved to ensure an inclusive and friendly environment for everyone and prevent bullying like that experienced by Sarita. Since students with mental health issues often struggle to relate to other students, one very important step that the university

can take is to create a social club for students dealing with mental health issues that doesn't requiring sharing one's problems but instead allows connection to others with similar experiences and promotes friendship through activities.

The university administration can also take steps to improve the campus environment for students with mental illnesses by helping to break down stigma. With twenty-five percent of adults and around forty percent of college students experiencing mental health issues, it shouldn't be viewed as something shameful and abnormal (Anderson-Fye and Floersch 2011, NIMHa 2013, ACHA-NCHA II 2014). Stigma and the lack of knowledge that peers and faculty may have about mental illness results in prejudice and harsh judgement toward people suffering from mental health issues (Peitl et al. 2011, Corrigan 2004). This can propagate feelings of marginalization for those with mental illnesses. Stigma not only affects a student's willingness to access resources (Anderson-Fye and Floersch 2011) but also their confidence and willingness to approach professors for help.

Due to shame and low self-esteem, many participants felt uncomfortable talking to professors and feared that they would not be taken seriously. Participants expressed that they would feel more comfortable approaching a professor if mental health issues were addressed in class syllabi. Although syllabi already contain a disability statement, one study indicated that just over half of the students and faculty surveyed knew mental illnesses were included under the Americans with Disabilities Act (Becker et al. 2002). One possible option to help this situation is to add a sentence to the disability statement included on syllabi that explicitly mentions policies about mental illnesses.

Furthermore, conversations and educational events that increase awareness about mental health and illness need to be continuously encouraged in order to normalize the existence of mental illness and break down the stigma. The Common Experience program, a program designed to engage the campus and community in an intellectual discussion focused on a single topic that changes every year, is one such opportunity on the Texas State University campus. During the 2013-2014 school year, the theme for the Common Experience was Minds Matter: Exploring Mental Health and Wellness. The series of events that took place in relation to this Common Experience provided an important start to conversations about mental illness on the Texas State campus, but similar conversations must continue in the future. If the social club for students dealing with mental health issues is created, it and other interested clubs could potentially help sponsor some of these events. Finally, the university administration should encourage faculty, students, and staff to come together to find solutions and ways to increase support and connections for all students that fits their unique campus cultures.

CONCLUSION

The results of this study can benefit the Student Health Center, the Counseling Center, the Disability Center, and help inform administrative decisions at Texas State University as well as other institutions. This study provided insights into the interactions between students and the mental health care system as well as with the broader campus community. In addition to this study supporting the knowledge that services like the Counseling Center were overburdened like so many other university counseling centers in the U.S. (Anderson-Fye and Floersch 2011), it also provided valuable insight into the additional barriers to seeking services, like the lack of knowledge, and the gaps in social

support with which students with mental illnesses are dealing. The positive experiences described by some participants indicate that successfully accessing services and finding a supportive community environment fosters better mental health outcomes. However, while isolation has been repeatedly shown to lead to mental distress (Hefner and Eisenberg 2009, Scheper-Hughes 1979), more research is needed to confirm the direct relationship of involvement and support with mental health.

Table 1. Primary Mental Health Resources on the Texas State University Campus.

Resource	Services	How to access resource	Limitations	Additional Information	Associated Costs
Counseling Center	Individual Counseling	<ul style="list-style-type: none"> • Call or visit the Counseling Center to set up one of four consultation options <ol style="list-style-type: none"> 1. Emergency 2. Urgent 3. Initial (to set up further treatment) 4. One-time** • Initial consultations are same-day appointments, if no appointments remain, the student will be asked to call again another day • Initial consultations are 30 minute appointments 	<ul style="list-style-type: none"> • Designed to focus on short-term objectives • Limited number of sessions (determined by counselor and student on a case by case basis) • Limited scope of practice that may require referral • Must be a currently enrolled Texas State University student • Resources only available while classes are in session • Appointments not canceled at least 2 hours in advance will be considered no-show. More than 2 no-shows in the same semester will result in denial of further appointments for the rest of the semester. 	<ul style="list-style-type: none"> • A readjustment Therapist from the Austin Vet Center is available one day per week to serve combat veterans • When new client capacity is reached for the semester, end-of-semester sessions are offered instead of initial consultations (one-time hour long sessions) • Appointment availability is based on demand with about 2 weeks generally being between appointments • Confidential records will be kept (no record of counseling is made on academic transcripts) • Information is confidential and will not be released without written permission from the student, except when required or allowed by law • Assigned counselors may be doctoral or master's graduate-level trainees (Students can request not to see a trainee) 	<ul style="list-style-type: none"> • Free to students

Table 1. Continued.

Resource	Services	How to access resource	Limitations	Additional Information	Associated Costs
Counseling Center	Group Counseling	<ul style="list-style-type: none"> • Call the Counseling Center to be added to the group list • A group leader will contact student to schedule a pre-group consultation 	<ul style="list-style-type: none"> • Must be a currently enrolled Texas State University student • Resources only available while classes are in session 	<ul style="list-style-type: none"> • Weekly group meetings with one or more counselor • Confidentiality is respected • Group offerings vary each semester and are updated a few weeks before the semester begins • Separate confidential records are kept for each individual. Individuals can only access their own file. 	<ul style="list-style-type: none"> • Free to students
Counseling Center	Couples Counseling	<ul style="list-style-type: none"> • Call or visit the Counseling Center to set up an appointment 	<ul style="list-style-type: none"> • Both individuals must be a currently enrolled Texas State University student • Resources only available while classes are in session • Couples counseling is a available on a limited basis 	<ul style="list-style-type: none"> • Separate confidential records are kept for each individual 	<ul style="list-style-type: none"> • Free to students
Counseling Center	Crisis Response	<ul style="list-style-type: none"> • Follow same procedure as individual counseling 	<ul style="list-style-type: none"> • Must be a currently enrolled Texas State University student • If a student is not currently enrolled, the CC will help them connect to other services. 	<ul style="list-style-type: none"> • Designed to assist an individual who has experienced a traumatic event • Students in a crisis can be seen during and between sessions • Counselors are available to perform outreach to the campus community following a traumatic event 	<ul style="list-style-type: none"> • Free

Table 1. Continued.

Resource	Services	How to access resource	Limitations	Additional Information	Associated Costs
Counseling Center	Referrals to community services and SHC	<ul style="list-style-type: none"> • Call or visit the Counseling Center 	<ul style="list-style-type: none"> • Resources only available while classes are in session • Available to all Texas State University students, even if not currently enrolled 	<ul style="list-style-type: none"> • Referral specialist can assist students in learning about resources available in the community, provide recommendations on which resource may be most beneficial, and help student make initial contact • Follow-up provided as needed • Offers referrals to the SHC psychiatrists or physicians for medication evaluation 	<ul style="list-style-type: none"> • Free to students
Counseling Center	How to DEAL (Develop Effective Approaches for Life) Workshops	<ul style="list-style-type: none"> • Registration is required • Register online through the Counseling Center website 	<ul style="list-style-type: none"> • Must be a currently enrolled Texas State University student • Resources only available while classes are in session 	<ul style="list-style-type: none"> • Presentations of various topics are given by Counseling Center Professional Staff and doctoral level trainees • Workshops are 50 minutes long and offered throughout semester 	<ul style="list-style-type: none"> • Free to Students
Counseling Center	Transforming Stress workshop**	<ul style="list-style-type: none"> • Watch the online emWave Tutorial • Call the Counseling Center for an “emWave appointment” to use the software after watching the tutorial 	<ul style="list-style-type: none"> • Must be a currently enrolled Texas State University student to attend appointment • Appointments only available while classes are in session • Online tutorial can be watched by anyone 	<ul style="list-style-type: none"> • Teaches how to use the emWave biofeedback software program to reduce the negative effects of stress • “emWave appointments” do not involve a counselor, rather the student is given access to a room with a computer and emWave software available 	<ul style="list-style-type: none"> • Free to students
Counseling Center	Online Resources	<ul style="list-style-type: none"> • Go to the Counseling Center website and view the various options 	<ul style="list-style-type: none"> • Some programs require a student ID and password to use 	<ul style="list-style-type: none"> • Resource information and training programs are available including suicide prevention information, crisis hotline numbers, training to help a friend in distress, information for families and staff, and links to self-help resources and online mental health screenings 	<ul style="list-style-type: none"> • Free

Table 1. Continued.

Resource	Services	How to access resource	Limitations	Additional Information	Associated Costs
Counseling Center	Consultation for Concerned Others	<ul style="list-style-type: none"> • View online resources and information • Call the Counseling Center 	<ul style="list-style-type: none"> • Provided to faculty , staff, students, and families of students 	<ul style="list-style-type: none"> • Consultations are designed to help those concerned about mood or behavior of a student • Federal and state law prohibits acknowledging if student is a client of the CC or discussing his/her case in any way 	<ul style="list-style-type: none"> • Free
Office of Disability Services	Services for students with a variety of disabilities including mental health issues	<ul style="list-style-type: none"> • Fill out the Confidential Student Information Form online • Submit disability documentation with the form or send it to ODS • ODS will notify student to set up an appointment with an ODS specialist after accommodations have been determined • The student can call or visit ODS to schedule an appointment with an ODS specialist • Students suspecting that they have a learning disability or ADHD can call or come in to schedule a consultation with the case manager 	<ul style="list-style-type: none"> • Must provide documentation of an approved disability to receive accommodations • ODS can provide referrals for documentation but the student is responsible for costs • Documentation for a psychological disability may be required every year • Must be a currently enrolled Texas State University student • Any student regardless of financial status is eligible for a free ADHD/ learning disability screening based on the findings of the assessment team * (**) <p>(Previously ODS would help students find professionals in the community who offered testing)</p>	<ul style="list-style-type: none"> • Website provides online self-advocacy resources • Support services include but not limited to: approval for accommodations for academic exams and quizzes; assistance accessing adaptive computer equipment; alternative text; disability management counseling; information and referral to on-campus and off-campus resources; liaison and advocacy between students, faculty and staff; volunteer note takers; referral for tutoring; special group registration of classes • Registration with ODS will not show-up on academic records • List of on and off-campus resources are provided on the ODS website • If student suspects they have ADHD or a Learning Disability, ODS provides free screeners for sole purpose of receiving accommodations. ODS does not provide diagnosis nor treatment.*(**) 	<ul style="list-style-type: none"> • Student is responsible for the costs of obtaining documentation • Services are free to qualified students

Table 1. Continued.

Resource	Services	How to access resource	Limitations	Additional Information	Associated Costs
Academic Testing for Students with Disabilities	Administration of academic tests and testing accommodations	<ul style="list-style-type: none"> Students must use the online system to request to take an academic test at least 48 hours before test is scheduled to begin (not including weekends) 	<ul style="list-style-type: none"> Must be registered with ODS and be approved for testing accommodations Tests are only administered while classes are in session at specific times of the day. 	Testing accommodations may include: Reduced distraction environment, extended test time, large print, use of computer with grammar and spellcheck, reader, scribe, use of adaptive technologies	<ul style="list-style-type: none"> Free to students

Table 1. Continued.					
Resource	Services	How to access resource	Limitations	Additional Information	Associated Costs
Student Health Center	Primary, women's and psychiatric healthcare services	<ul style="list-style-type: none"> • Call to schedule a same day or future appointment. • Appointments can be made up to 2 weeks in advance • Students seeking care for ADHD must provide acceptable documentation of previous diagnosis and medical records and be approved for an appointment. 	<ul style="list-style-type: none"> • SHC providers do not write excuses but documentation of visits is provided. • All students are eligible to see the psychiatrist * (**) (Previously limited psychiatric services were available for students without health insurance who had a high financial need.) • To see the psychiatrist, students must be referred by staff from the CC or SHC • Currently enrolled Texas State University students can receive care during and between academic sessions • Students not currently enrolled can use services one semester past their last semester of enrollment. • SHC can help already diagnosed students with ADHD manage condition while in college but cannot perform neuropsychological testing to provide new ADHD diagnoses • Students with ADHD and a complicated co-existing mental health disorder will be referred to a psychiatrist for ADHD management. 	<ul style="list-style-type: none"> • Medical, laboratory, digital radiography and pharmacy services are available on-site. • Health insurance coverage is not required to receive care. • Student health insurance is available. • Free on-site parking is available for patients (SHC validates parking tickets) • Parents may receive explanation of benefits forms from insurance companies when students use parents' insurance plans, privacy options can be discussed with the Cashier department prior to care • Students can call a 24 hour Ask-A-Nurse Advice Line for medical concerns outside normal business hours • A list of urgent care facilities and crisis hotlines are provided on the SHC website • Physicians at the SHC will treat students with mental health concerns. 	<ul style="list-style-type: none"> • Patients are required to pay at the time of service- costs depends on treatment, prescriptions and insurance plan coverage • Students without insurance or have out of network coverage will be offered discounted prices.
<p>Services not found on the resources' websites are indicated with (*). New resources that have been added since the academic year this research was conducted (2013-2014) are indicated with (**)</p> <p>(TSU-CC 2015, TSU-ODS 2015, TSU-SHC 2015, TSU-ATSD 2015, resource emails June 3-8, 2015)</p>					

Table 2. Participant Demographics.	
	Percentage of participants
Age Ranges (years)	
18-24	73.9
25-36	26.1
Gender	
Female	69.6
Male	21.7
Gender Queer/Agendered	8.7
Year in School	
Freshman/1 st year	13.0
Sophomore/2 nd year	17.4
Junior/3 rd year	26.1
Senior/4 th + year	34.8
Graduate	8.7
Employed	69.6
Visited SHC	65.2
Visited SHC for mental health	26.1
Visited CC	52.2

III. APPLIED COMPONENT

In order to make the most of participants' narratives and help improve mental health resources and support at Texas State University, this research has an applied component. Considering that many of the participants did not know what resources were available to them, struggled to find information about resources, and/or had misconceptions about resources, the resource table included as Appendix A will be submitted for addition to the Texas State University website. Special care was taken to ensure the table addressed the common resource misconceptions that participants described and clearly and accurately presented the resources available as of June 2015 when this research concluded.

Additionally, the results of this research and suggestions for possible improvements to resources and support on campus will be presented to members of the administration and staff at Texas State University. The presentation will focus on the main aspects of the participants' experiences with campus resources and support including their positive experiences, their lack of knowledge about resources, dealing with an overburdened mental health care system, some of their complaints about the resources, the gaps in social support, and suggestions for improvement. The presentation slides are included as Appendix B.

APPENDIX SECTION

A. RESOURCE TABLE51

B. PRESENTATION60

APPENDIX A: RESOURCE TABLE

Primary Mental Health Resources on the Texas State University Campus (Disclaimer: Individual resource policies are subject to change. Please directly contact resource staff for the most up to date information.)					
Resource	Services	How to access resource	Limitations	Additional Information	Associated Costs
<p>Counseling Center</p> <p>http://www.counseling.txstate.edu/</p>	Individual Counseling	<ul style="list-style-type: none"> • Call (512-245-2208) or visit the Counseling Center (5-4.1 LBJ Student Center) to set up one of four consultation options 5. Emergency 6. Urgent 7. Initial (to set up further treatment) 8. One-time • Initial consultations are same-day appointments, if no appointments remain, the student will be asked to call again another day • Initial consultations are 30 minute appointments • Information can be found at http://www.counseling.txstate.edu/services/counsel/appointment.html 	<ul style="list-style-type: none"> • Designed to focus on short-term objectives • Limited number of sessions (determined by counselor and student on a case by case basis) • Limited scope of practice that may require referral • Must be a currently enrolled Texas State University student • Resources only available while classes are in session • Appointments not canceled at least 2 hours in advance will be considered no-show. More than 2 no-shows in the same semester will result in denial of further appointments for the rest of the semester. 	<ul style="list-style-type: none"> • A readjustment Therapist from the Austin Vet Center is available one day per week to serve combat veterans • When new client capacity is reached for the semester, end-of-semester sessions are offered instead of initial consultations (one-time hour long sessions) • Appointment availability is based on demand with about 2 weeks generally being between appointments • Confidential records will be kept (no record of counseling is made on academic transcripts) • Information is confidential and will not be released without written permission from the student, except when required or allowed by law • Assigned counselors may be doctoral or master’s graduate-level trainees (Students can request not to see a trainee) 	<ul style="list-style-type: none"> • Free to students

	Group Counseling	<ul style="list-style-type: none"> • Call the Counseling Center (512-245-2208) to be added to the group list • A group leader will contact student to schedule a pre-group consultation • Information about group counseling can be found at http://www.counseling.txstate.edu/services/counsel/group-counsel.html 	<ul style="list-style-type: none"> • Must be a currently enrolled Texas State University student • Resources only available while classes are in session 	<ul style="list-style-type: none"> • Weekly group meetings with one or more counselor • Confidentiality is respected • Group offerings vary each semester and are updated a few weeks before the semester begins • Separate confidential records are kept for each individual. Individuals can only access their own file. 	<ul style="list-style-type: none"> • Free to students
	Couples Counseling	<ul style="list-style-type: none"> • Call (512-245-2208) or visit the Counseling Center (5-4.1 LBJ Student Center) to set up an appointment 	<ul style="list-style-type: none"> • Both individuals must be a currently enrolled Texas State University student • Resources only available while classes are in session • Couples counseling is available on a limited basis 	<ul style="list-style-type: none"> • Separate confidential records are kept for each individual 	<ul style="list-style-type: none"> • Free to students
	Crisis Response	<ul style="list-style-type: none"> • Follow same procedure as individual counseling 	<ul style="list-style-type: none"> • Must be a currently enrolled Texas State University student • If a student is not currently enrolled, the CC will help them connect to other services. 	<ul style="list-style-type: none"> • Designed to assist an individual who has experienced a traumatic event • Students in a crisis can be seen during and between sessions • Counselors are available to perform outreach to the campus community following a traumatic event 	<ul style="list-style-type: none"> • Free

	Referrals to community services and SHC	<ul style="list-style-type: none"> • Call (512-245-2208) or visit the Counseling Center (5-4.1 LBJ Student Center) 	<ul style="list-style-type: none"> • Resources only available while classes are in session • Available to all Texas State University students, even if not currently enrolled 	<ul style="list-style-type: none"> • Referral specialist can assist students in learning about resources available in the community, provide recommendations on which resource may be most beneficial, and help student make initial contact • Follow-up provided as needed • Offers referrals to the SHC psychiatrists or physicians for medication evaluation 	<ul style="list-style-type: none"> • Free to students
	How to DEAL (Develop Effective Approaches for Life) Workshops	<ul style="list-style-type: none"> • Registration is required • Register online through the Counseling Center website http://www.counseling.txstate.edu/outreach/DEAL • Workshops are held in LBJ Student Center Room 3-3.1 	<ul style="list-style-type: none"> • Must be a currently enrolled Texas State University student • Resources only available while classes are in session 	<ul style="list-style-type: none"> • Presentations of various topics are given by Counseling Center Professional Staff and doctoral level trainees • Workshops are 50 minutes long and are offered throughout the semester 	<ul style="list-style-type: none"> • Free to Students
	Transforming Stress workshop	<ul style="list-style-type: none"> • For information visit http://www.counseling.txstate.edu/outreach/Transforming-Stress and watch the online emWave Tutorial • Call the Counseling Center (512-245-2208) for an “emWave appointment” to use the software after watching the tutorial 	<ul style="list-style-type: none"> • Must be a currently enrolled Texas State University student to attend appointment • Appointments only available while classes are in session • Online tutorial can be watched by anyone 	<ul style="list-style-type: none"> • Teaches how to use the emWave biofeedback software program to reduce the negative effects of stress • “emWave appointments” do not involve a counselor, rather the student is given access to a room with a computer and emWave software available 	<ul style="list-style-type: none"> • Free to students
	Online Resources	<ul style="list-style-type: none"> • Go to the Counseling Center website and view the various options 	<ul style="list-style-type: none"> • Some programs require a student ID and password to use 	<ul style="list-style-type: none"> • Resource information and training programs are available including suicide 	<ul style="list-style-type: none"> • Free

		<ul style="list-style-type: none"> • http://www.counseling.txstate.edu/ • Self help: http://www.counseling.txstate.edu/resources.html • Suicide Prevention and helping a friend in distress: http://www.counseling.txstate.edu/outreach/qpr.html • Information for families, faculty and staff: http://www.counseling.txstate.edu/parfacstaf.html 		prevention information, crisis hotline numbers, training to help a friend in distress, information for families and staff, and links to self-help resources and online mental health screenings	
	Consultation for Concerned Others	<ul style="list-style-type: none"> • View online resources and information http://www.counseling.txstate.edu/services/con-for-concerned.html • Call the Counseling Center (512-245-2208) 	<ul style="list-style-type: none"> • Provided to faculty , staff, students, and families of students 	<ul style="list-style-type: none"> • Consultations are designed to help those who are concerned about the mood or behavior of a student • Federal and state law prohibits acknowledging if the student in question is a client of the CC or discussing his or her case in any way 	<ul style="list-style-type: none"> • Free
Office of Disability Services http://www.ods.txstate.edu/	Services for students with a variety of disabilities including mental health issues	<ul style="list-style-type: none"> • Visit http://www.ods.txstate.edu/future-student-resources/how-to-register-with-ODS.html • Fill out the Confidential Student Information Form online • Submit disability documentation by uploading with the form or send it to ODS via mail (601 University Drive, LBJSC Suite 5-5.1, San Marcos, TX 78666), email (ods@txstate.edu), or fax 	<ul style="list-style-type: none"> • Must provide documentation of an approved disability to receive accommodations • ODS can provide referrals for documentation but the student is responsible for costs • Documentation for a psychological disability may be required every year • Must be a currently enrolled Texas State 	<ul style="list-style-type: none"> • ODS website provides online self-advocacy resources such as tips and videos http://www.ods.txstate.edu/about/self-advocacy.html • Support services include but are not limited to: approval for accommodations for academic exams and quizzes; assistance in accessing adaptive computer equipment; alternative text; disability 	<ul style="list-style-type: none"> • Student is responsible for the costs of obtaining documentation • Services are free to qualified students

		<p>(512-245-3452)</p> <ul style="list-style-type: none"> • ODS will notify student to set up an appointment with an ODS specialist after accommodations have been determined • The student can call (512-245-3451) or visit ODS (LBJSC Suite 5-5.1) to schedule an appointment with an ODS specialist • Students suspecting that they have a learning disability or ADHD can call or come in to schedule a consultation with the case manager* 	<p>University student</p> <ul style="list-style-type: none"> • Any student regardless of financial status is eligible for a free ADHD/ learning disability screening based on the findings of the assessment team * • For more information about documentation visit http://www.ods.txstate.edu/current-student-resources/disability-documentation.html 	<p>management counseling; information and referral to on-campus and off-campus resources; liaison and advocacy between students, faculty and staff; volunteer note takers; referral for tutoring, special group registration of classes</p> <p>http://www.ods.txstate.edu/current-student-resources/ODS-Services.html</p> <ul style="list-style-type: none"> • Registration with ODS will not show-up on academic records • A list of on and off-campus resources are provided on the ODS website http://www.ods.txstate.edu/campus-resources.html • If a student suspects they have ADHD or a Learning Disability, ODS provides free screeners for the sole purpose of receiving accommodations. ODS does not provide diagnosis nor treatment.* 	
<p>Academic Testing for Students with Disabilities</p> <p>http://www.txstate.edu/trec/atstd.html</p>	<p>Administration of academic tests and testing accommodations</p>	<ul style="list-style-type: none"> • Students must use the online system to request to take an academic test at least 48 hours before test is scheduled to begin (not including weekends) • For more information visit http://www.txstate.edu/trec/at 	<ul style="list-style-type: none"> • Must be registered with ODS and be approved for testing accommodations • Tests are only administered while classes are in session at specific times of the day. 	<p>Testing accommodations may include:</p> <ul style="list-style-type: none"> • Reduced distraction environment, extended test time, large print, use of computer with grammar and spellcheck, reader, scribe, use of adaptive 	<ul style="list-style-type: none"> • Free to students

		sd/attd.html		technologies http://www.txstate.edu/trec/attd/layoutandServices.html	
<p>Student Health Center</p> <p>http://www.healthcenter.txstate.edu/</p>	<p>Primary, women's and psychiatric healthcare services</p>	<ul style="list-style-type: none"> • Call (512-245-2161) to schedule a same day or future appointment. • For more information visit http://www.healthcenter.txstate.edu/APPTS/how-to-make-.html • Appointments can be made up to 2 weeks in advance • Students seeking care for ADHD must provide acceptable documentation of previous diagnosis and medical records and be approved for an appointment. For more information visit http://www.healthcenter.txstate.edu/SERVICES/mental-health/ADHD-.html 	<ul style="list-style-type: none"> • SHC providers do not write class excuses but documentation of visits is provided. • All students with or without insurance are eligible to see the psychiatrist * • To see the psychiatrist, students must be referred by staff from the CC or SHC • Currently enrolled Texas State University students can receive care during and between academic sessions • Students not currently enrolled can use services one semester past their last semester of enrollment. • SHC can help already diagnosed students with ADHD manage condition while in college but cannot perform neuropsychological testing to provide new ADHD diagnoses • Students with ADHD and a complicated co-existing mental health disorder will be referred to a 	<ul style="list-style-type: none"> • For information about services visit http://www.healthcenter.txstate.edu/SERVICES.html • Medical, laboratory, digital radiography and pharmacy services are available on-site. • Health insurance coverage is not required to receive care. • Student health insurance is available. http://www.healthcenter.txstate.edu/INSURANCE.html • Free on-site parking is available for patients (SHC validates parking tickets) • Parents may receive explanation of benefits forms from insurance companies when students use parents' insurance plans, privacy options can be discussed with the Cashier department prior to care • Students can call a 24 hour Ask-A-Nurse Advice Line for medical concerns outside normal business hours (512-245-2161, 	<ul style="list-style-type: none"> • Patients are required to pay at the time of service- costs depends on treatment, prescriptions and insurance plan coverage • Students without insurance or have out of network coverage will be offered discounted prices.

			psychiatrist for ADHD management.	Option 2, then Option 5) http://www.healthcenter.txstate.edu/AFTER-HOURS/resources.html <ul style="list-style-type: none"> • A list of urgent care facilities and crisis hotlines are provided on the SHC website • Physicians at the SHC will treat students with mental health concerns. 	
Services not found on the resources' websites are indicated with (*).					

Supportive On-Campus Resources

(Disclaimer: This is not intended to be a comprehensive list of available on-campus resources at Texas State University but is meant to inform about some available options. Individual resource policies are subject to change. Please directly contact resource staff for the most up to date information.)

Resource	Services	How to Access Resource
Bobcat Bond Program http://www.studentsuccess.txstate.edu/programs/Bobcat-Bond.html	<ul style="list-style-type: none"> • Mentorship program intended for second year students and beyond to learn from faculty, staff, and student mentors. • Helps with the adjusting to campus life by providing a friend/mentor • Can help with goal setting, getting involved, hearing about resources, meeting new people, attending events, etc. • Students can apply to be a mentor or mentee 	<ul style="list-style-type: none"> • Fill out the application online at http://www.studentsuccess.txstate.edu/programs/Bobcat-Bond/Application/Bobcat-Bond-Application.html • For more information visit http://www.studentsuccess.txstate.edu/programs/Bobcat-Bond.html • Call: 512-245-5500 • Email: bobcatbond@txstate.edu
Non-Traditional Student Organization (NTSO) http://www.lbjsc.txstate.edu/ntso/	<ul style="list-style-type: none"> • Fosters a community that supports students with life experiences including but not limited to: A delay in postsecondary education immediately after high school graduation, Returning student/transfer student, Currently or formerly married/domestic partnership, Parent or guardian, Have children or other dependents, Military veteran, Work full time • Provides services such as lounge space, 	<ul style="list-style-type: none"> • Fill out the membership application online at http://www.lbjsc.txstate.edu/ntso/forms/membership.html • Members are required to pay dues • For more information visit http://www.lbjsc.txstate.edu/ntso/ • Call: 512-245-4923 • Email: ntso@txstate.edu • Visit the NTSO lounge on the 4th floor of the LBJ Student Center, Suite 4-3.1

	<p>networking and socializing opportunities, and informal tutoring</p> <ul style="list-style-type: none"> • For a complete list of member services see http://www.lbjsc.txstate.edu/ntso/services.html 	
<p>Office of Veterans Affairs http://www.va.txstate.edu/</p>	<ul style="list-style-type: none"> • Assists veterans by answering questions concerning veteran educational benefit, certifying enrollments for the Department of Veteran Affairs, and monitoring veterans' degree plans and academic progress • Website provides information about timelines, benefits, resources, news and events, FAQ, and self-service • Resource link provides a list of on and off campus resources such as mentoring, health and wellness services, forms, and scholarships. For a complete list of resources see http://www.va.txstate.edu/resources.html 	<ul style="list-style-type: none"> • For more information visit http://www.va.txstate.edu/ • Call: 512-245-2641 • Email: veteransaffairs@txstate.edu • Visit: J.C. Kellam Building Room 105 • To apply for the Veterans Guiding Veterans mentorship program fill out an application at http://www.sdi.txstate.edu/Support-and-Empowerment/Veteran-Resources/Veterans-Alliance-of-Texas-State/Veterans-Guiding-Veterans.html
<p>PACE Mentoring and Academic Coaching (MAC) http://pace.txstate.edu/mac/</p> <p>For other Personalized Academic and Career Exploration (PACE) services visit http://pace.txstate.edu/</p>	<ul style="list-style-type: none"> • Connects first-year students to faculty, staff, peer mentors, and graduate students to help with the academic and social transition into the college campus community • Students can participate in mentoring and academic coaching • A student's academic history, US 1100 class, and financial aid eligibility will be used to help determine the appropriate program 	<ul style="list-style-type: none"> • To request a mentor fill out the form at http://pace.txstate.edu/mac/requestmentor.html • To request an academic coach fill out the form at http://pace.txstate.edu/mac/requestcoach.html • For more information about MAC visit http://pace.txstate.edu/mac/about.html • Call: 512-245-7223
<p>Student Affairs: SDI-Office of Diversity and Inclusion http://www.sdi.txstate.edu/</p>	<ul style="list-style-type: none"> • Provides academic, cultural and personal support for underrepresented students to assist with degree completion and leadership • For a list of support and empowerment groups and resources dealing with Culture, LGBTQI, Social Justice and Community Service, Spiritual Development, Male Students, Underrepresented Students, Veterans, Collaborative Programs, and Students of Color visit http://www.sdi.txstate.edu/Support-and-Empowerment/Veteran-Resources/Veterans-Alliance-of-Texas-State/Veterans-Guiding-Veterans.html 	<ul style="list-style-type: none"> • Call: 512-245-2278 • Email: osdi@txstate.edu • Visit LBJ Student Center, Suite 5-2.1

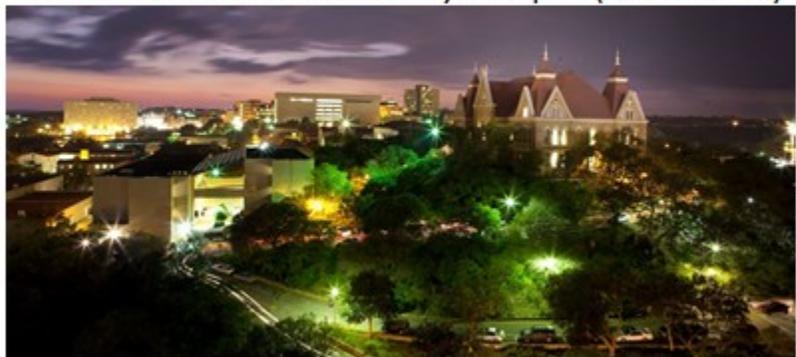
	<p>Empowerment.html</p> <ul style="list-style-type: none"> • For information about international programs and organizations visit http://www.sdi.txstate.edu/Cultural-and-International-Programs/Internationalization-Programs.html 	
<p>TRIO/Student Support Services</p> <p>http://www.sdi.txstate.edu/sss/</p>	<ul style="list-style-type: none"> • Assists first-generation students, low-income students, and students with disabilities with completion of postsecondary education through academic (tutoring, study skills, workshops, coaching) and other support services (short-term decision making, long term planning, connection to resources) • Services are free • For a list of services visit http://www.sdi.txstate.edu/sss/Membership-Benefits.html 	<ul style="list-style-type: none"> • Call: 512-245-2275 • Email: sssoffice@txstate.edu • Visit Sterry 127 • For eligibility and application information visit http://www.sdi.txstate.edu/sss/Apply.html
<p>LBJ Student Center</p> <p>http://www.lbjsc.txstate.edu/</p>	<ul style="list-style-type: none"> • Provides services and ways to get involved on campus • Website provides layout and floorplan with amenities listed for each floor of LBJSC. Provides information about recreation and relaxation lounges, student bookstore, dining and marketplaces, available conference rooms, organizations, and services. • Information Desk services: mail services, faxing, locker rental, lost & found, copies, campus maps, information about LBJSC • Student Involvement services: information and links to student organizations and programs • Student Association for Campus Activities: provides the primary source for free entertainment on campus and programs to encourage fellowship and camaraderie among students 	<ul style="list-style-type: none"> • Information desk: 2nd floor of LBJSC, Call 512-245-8686 http://www.lbjsc.txstate.edu/services/info-desk.html • Student Involvement: LBJSC 4-2.1, Call 512-245-3219 http://getinvolved.lbjsc.txstate.edu/ • Student Association for Campus Activities LBJSC 4-4.1, Call 512-245-8263, Email saca@txstate.edu http://www.lbjsc.txstate.edu/involvement/saca

APPENDIX B: PRESENTATION



S(ave) O(ur) S(anity):

An Evaluation of Students' Experiences
with Mental Health Resources and Support
on the Texas State University Campus (2013-2014)



(TSU 2014)

Marilee Ratliff Ponangi
Graduate Student
Department of Anthropology

Mental Illness is an Important Issue for Universities

- Violence on college campuses
- College transition and college life are sensitive times for young adults
 - High rate of mental illness and suicide
 - Large demand for college mental health services
- Fears that student's need are not being met

The Burden of Mental Illness among College Students

- 40% of U.S. college students have a mental illness
- 8.1 % consider suicide
- 1.3 percent have attempted suicide (2nd leading cause of death)
- For Texas State, this translates to 478 students attempting suicide and 2980 considering suicide

Mental Health among College Students

- Brain changes put young adults at higher risk of mental disorders
- College is a difficult transition
- Mentally ill population often has:
 - Low college completion rates
 - High unemployment rates
 - Increased dependence on public assistance

Methods

- Recruitment focused on students with the three most commonly treated mental disorders
- Semi-structured interviews with students
 - Interview topics included:
 - Students' experiences with mental health care on-campus and in general
 - How students dealt with mental disorders generally
 - How students dealt with mental disorders as students

Results

- 23 participants
- Diverse sample
- Diagnoses included:
 - Borderline personality disorder
 - Mixed personality disorder
 - Anxiety
 - Depression
 - Obsessive compulsive disorder
 - Attention deficit disorder
 - Eating disorders

	Percentage of participants
Age Ranges (years)	
18-24	73.9
25-36	26.1
Gender	
Female	69.6
Male	21.7
Gender Queer/Agendered	8.7
Year in School	
Freshman/1 st year	13.0
Sophomore/2 nd year	17.4
Junior/3 rd year	26.1
Senior/4 th year	34.8
Graduate	8.7
Employed	69.6
Visited SHC	69.6
Visited SHC for mental health	26.1
Visited CC	52.2

Positive Experiences with SHC

- Comfortable
- Great services and staff
- Participants felt providers :
 - Cared about them
 - Were knowledgeable
 - Provided open communication
- Psychiatrist was a huge help

Positive Experiences with ODS

- Participants greatly benefitted from
 - Special group registration
 - Referral to Academic Testing Center for Students
- Other participants were interested in trying services

Positive Experiences with CC

- Seen quickly
- Found appointments that fit their schedules
- Felt welcome and comfortable
- Established strong connection with counselors
- Experienced improvement in their mental health
- Learned coping skills

Sarita-

“It’s been a year since I’ve received help, I’ve been doing so much better.... I’m better at coping with my anxiety and my depression.... I know my triggers. I know what to do when I’m feeling anxious and ever since I got in therapy, I stopped self-harm. And basically when I have bad days, I think I’m better in control of what my thoughts are like.... When I first went in the Counseling Center, I thought life was hopeless. I thought I just needed to be dead and that therapy wasn’t going to help me. That it’s just useless and I’m just there to see what would happen and now I look forward to therapy because it’s a good outlet for me. It’s a good way to see myself from another point of view for someone else to tell me what I’m feeling and what I’m thinking and how I should turn this around and think better about that, so I’ve come a long way since therapy.”

Positive Experiences with Campus Support

- Support provided by faculty and staff, programs, clubs, other students, their department, and resident advisors
- Helped create community and feelings of belonging

Audrey-

“Definitely with my professors... they took an interest and they... [were] like you need to get some help. We get help and we make the time to get help... So, definitely they drove me... I guess just the idea that they could see it and it concerned them really... It was comforting I guess because, you know, when you get to college you're basically alone. You move out of your parents' house. You're living with a stranger in a dorm room, that's probably like two sizes smaller than your actual room. You don't know anybody and you're still kind of figuring out how to be an adult. And so to see that, a stranger who you kind of look up to, who is like your role model to being who you want to be, actually noticing and showing concern is relieving. It's a great relief.”

Negative Experiences: Lack of Knowledge

- Information was difficult to find
- Participants didn't know:
 - What resources were available to them
 - How resources functioned
 - How to access resources
- Participant felt apprehensive about trying resources
- Many misconceptions about resources existed

Negative Experiences: An Overburdened System

- Students found it difficult to get:
 - Initial consultations at Counseling Center
 - Consistent appointments
 - Appointments with the psychiatrist on campus
 - Into popular group therapy sessions
- Participants felt pressured and intimidated by certain Counseling Center policies

Negative Experiences: Issues with Services Offered

Participants complained about:

- Quality of services
- Costs
- Lack of options

Negative Experiences: Lack of Social Support

- Orientations
 - Lacked information about campus resources
 - Transfer and graduate orientations lacked community building
- Classes
 - Lacked mental health policies
 - Failed to promote connections
- Clubs
 - Difficult to get into (especially after freshman year)
 - Bullying by club members
 - Lack of mental health-related clubs

Suggestion 1: Improve Knowledge

- Advertising through variety of media
- Better search engine results
- Consolidate resource information
- Detailed descriptions

Suggestion 2: Disperse Burden

- Increase availability of popular group therapy sessions
- Expand topics of workshops
- Improve scheduling
 - Avoid conflicts with classes
 - Make therapy and workshop schedule available before class registration
- Add email and text message reminders for appointments

Suggestion 3: Improve Resources

- Change the way resources are portrayed to avoid confusion
- Add drop-in sessions
- Implement training to ensure staff is more understanding and helpful
- Expand options to deal with long term and chronic conditions
- Educate students about their treatment options, including free and low cost options for care and financial assistance that may be available
- Follow up with students referred to off-campus resources

Suggestion 4: Improve Social Support

- Improve orientations
- Advertise clubs and activities
- Increase oversight of clubs
- Create a social club for students dealing with mental health issues
- Promote mental health conversations to break down stigma
- Add mental health policies to disability statement on class syllabi

Thank you!



(TSU 2014)

Any questions?

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