10-14-2020

Faculty Perceptions Of Students With Mental Health Concerns At A Four-Year Institution: A Qualitative Cross-Departmental Analysis

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FACULTY PERCEPTIONS OF STUDENTS WITH MENTAL HEALTH CONCERNS AT A FOUR-YEAR INSTITUTION: A QUALITATIVE CROSS-DEPARTMENTAL ANALYSIS

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198 Pages

Literature on perceptions of students with disabilities has been studied over the years and in a variety of ways but has yet to qualitatively address students with mental health concerns, particularly from a perspective that analyzes perceptions across academic departments. This is problematic, given that students with disabilities are pursuing a postsecondary education at increasing rates, with simultaneous increases in students seeking mental health support (Burwell, 2018; Roy, 2018). In turn, the purpose of this cross-departmental case study is to fill this gap in the literature by exploring the perceptions that faculty had of students with mental health concerns at a mid-size four-year public institution of higher education in the midwestern United States. Fourteen faculty members of varying rank, type, and experience were interviewed across 11 different academic departments. Using disability theory as the theoretical lens, the data collected helped fill a much needed gap in the perceptions literature by working to understand the perceptions that faculty have of students with mental health concerns. Engaging in a thematic analysis, this study revealed three key themes (a) integration of mental health in the classroom/job duties, (b), faculty concerns for managing the line of care, and (c) opinions of training. Together, these themes reveal that faculty perceptions vary across academic disciplines, containing a mix of both positive and negative perceptions, but are generally positive in nature.

Based on the findings, implications for practice and recommendations for future research are presented to further the discussion on perceptions of students with disabilities in higher education.

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CONCERNS AT A FOUR-YEAR INSTITUTION: A QUALITATIVE

CROSS-DEPARTMENTAL ANALYSIS

ZACH MCDOWELL

A Dissertation Submitted in Partial
Fulfillment of the Requirements
for the Degree of

DOCTOR OF PHILOSOPHY

Department of Educational Administration and Foundations

ILLINOIS STATE UNIVERSITY

2020

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DEDICATION

This efforts of this study and my doctoral journey is dedicated to my father, who taught me perseverance, grit, and to smile through the struggle. Love and miss you.

ACKNOWLEDGMENTS

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CHAPTER I: INTRODUCTION TO THE STUDY

As a child growing up with a father with Parkinson's disease, I quickly learned other's perceptions of my father's disability varied given the situation and due to an array of different variables. For instance, because my father's disability was primarily physical (e.g., visible shaking, use of a walker, frequent falls to the ground, difficulty talking and standing), people's interaction with my father would reveal that they saw his physical disability as a "catch-all". That is, they would assume that the physical nature of his disability rendered him as disabled in other ways, such as cognitively impaired. For example, I witnessed, on several occasions, people come up to my dad speaking loudly (as if his physical disability somehow limited his hearing) or even in a child-like tone. Though these interactions were typically from individuals that did not know my father, what they revealed was that people engage with individuals with disabilities with preconceived perceptions of what disability is and means to that individual – making assumptions about the degree to which those with disabilities identify with having a disability, how their disability impacts them daily, or how their other (possibly more dominant) identities interact with their disability (Evans, Broido, Brown, & Wilke, 2017; Dolmage, 2017; Piepzna-Samarasinha, 2018). It was not until much later in life that I realized that the interactions and perceptions that I witnessed as a child with my father were actually founded and supported by research. As Dolmage (2017) states, "People with physical disabilities are assumed to be cognitively disabled, representations of physical disability often rely on reinforcement from suggestions of mental or physical deficit, something we might call "disability drift" (p. 9). Moreover, disability identity is a spectrum, something that Siebers (2011) termed as "embodiment", suggesting that individuals with disabilities have varying degrees with which they identify or embody their disability (i.e., some believe that disabilities are ingrained in their

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identity while others believe their identity is something that is very separate). Therefore, the perceptions that people had of my father, become problematic as they work to instantly categorize, limit, stigmatize, and "other" my father's entire being.

Now working in higher education in disability services and having grown up an indigenous outsider the world of disability, I have become keenly aware and interested in the ways in which faculty, staff, and others on campus interact with– in ways that are both positive and negative. Faculty, in particular, are the focus of this study, as they are the individuals interacting with students with disabilities on campus as they are responsible for managing the course and any applicable accommodations a student may receive. Moreover, due to the dramatic rise in the need to support students with mental health concerns on campus, as well as the lack of research related to perceptions of this particular group of students, further consideration is required to investigate how students with mental health concerns are perceived by faculty on a college campus (American College Health Association; Burwell, 2018; Roy, 2018). Thus, with my unique experience with disability as the inspiration and root of this study, the following scholarship works to investigate the perceptions that faculty have of students with mental health concerns.

Background and Contextualization

It is estimated that nearly 1 in 4 Americans, approximately 61 million people, reported having a disability, with that number continuing to grow (Okoro, Hollis, Cyrus, and Griffin-Blake, 2016). As the number of individuals with disabilities continues to increase, so does their enrollment at postsecondary institutions. According to the most recent data from the National Center for Education Statistics (NCES) in 2015-2016, 19.4% of undergraduate students and 11.9% of graduate students reported having a disability, up from 11.1% and 5.4%, respectively

(U.S. Department of Education, 2016; U.S. Department of Education, 2019). Moreover, among students with disabilities at postsecondary institutions, mental health concerns have seen the largest and most rapid increase. Citing the Healthy Minds Study (HMS), an annual web-based survey study by the University of Michigan examining mental health, Lipson, Lattie, and Eisenberg (2018) found that 37% of roughly the 62,000 college students who were studied, indicated that they had a previous mental health diagnosis. A 2018 American College Health Association survey found similar results, indicating that 42% of survey participants indicated they experienced feeling depressed in the past year (American College Health Association). This data should come as no surprise, as approximately 13.6% of all individuals with mental illness in the United States consider their diagnosis a disability, making mental illness the leading cause of disability in the United States (Lewis & Huynh, 2017; U.S. Burden of Disease Collaborators).

In an effort to clarify the population that this study concerns, it is important to include a definition of what constitutes a mental health concern. Foremost, it is important to note that mental health concerns are termed in a variety of ways. That is, common language includes, but is not limited to, mental health disorder, mental illness, mental health concern(s), mental impairment, and mental health concern. Utilizing the term mental illness, according to the Mayo Clinic, a mental illness "...refers to a wide range of mental health conditions – disorders that affect your mood, thinking and behavior. Examples of mental illness include depression, anxiety disorders, schizophrenia, eating disorders and addictive behaviors" (Mayo Clinic Staff, 2019, para. 1). In the spirit of inclusion and clarity, this study will utilize the term mental health concern as the population of students regarding mental health that faculty knowingly work with That is, the definition of mental illness provided by the Mayo Clinic will be encompassed and recognized by the term mental health concern.

It is important to note that mental health concern varies from a mental health disability in that a mental health disability is characterized by ongoing signs and symptoms that cause frequent stress and limit a major life activity (Mayo Clinic Staff, 2019, para. 2). Alternatively, an individual with a mental health concern may be exhibiting signs and symptoms, but those signs and symptoms may not be causing frequent and repeated stress that limit a major life activity (Mayo Clinic Staff, 2019, para. 2). Additionally, it must be stated again that all individuals vary on the spectrum of identity for which they may identify with their mental health. That is, someone may consider themselves to have a mental health concern, but not a mental health disability, have a mental health disability, but not a mental health concern, and so on. This recognition again echoes what Siebers (2011), the founder of disability theory, has posited that the degree to which an individual embodies their disability will vary among the disability community.

The variety of ways in which mental health is referred to serves as evidence of the growing awareness regarding mental health, in that as more individuals seek support for their mental health, a more developed understanding occurs which spawn a diverse collection of terms and definitions that characterize this population. This awareness aligns with the increases in college students reporting mental health concerns, which, over the years, has positioned higher education and mental health as acquainted terms. In fact, many are referring to higher education as experiencing a "mental health crisis" (Burwell, 2018; Roy, 2018). In turn, this increased need to support students with mental health concerns has become a growing concern among higher education faculty and staff (Hornstein, 2017). Moreover, these students are protected under federal civil rights legislation including the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act (ADA), and the Americans with

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Disabilities Act Amendments Act (ADAAA). These laws provide greater access to higher education by mandating that institutions provide reasonable accommodations in an effort to support these students' achievement and bring it up to a more equitable level compared to general students' achievement.

Even with accommodations, however, students with disabilities are still experiencing issues when it comes to persistence and retention. For instance, roughly 3% of students follow through and receive accommodations while in college, a number far less than the 11% of all students with disabilities in college (Dolmage, 2017). More students with disabilities are enrolling in institutions of higher education, however, 65% are unable to complete their degrees within six years. Of the general US population who are 25 and older, 31% possess a bachelor's degree or higher whereas only 13% of American citizens with disabilities who are 25 and older possess a bachelor's degree or higher (Dolmage, 2017). That is, despite record numbers of students with disabilities attending college, these students are still not persisting to degree completion. To address and understand the why behind this inequity, researchers in disability studies have looked at the perceptions campus stakeholders, particularly faculty, have of students with disabilities. The research on faculty perceptions follow two primary lines of scholarship - faculty attitudes and faculty willingness to accommodate.

Faculty attitudes. The literature on faculty attitudes varies widely in terms of the specific attitudes that faculty hold of individuals with disabilities, the ways in which those attitudes are measured, and the type of disability that a student has. Minner and Prater (1984), in their seminal study, studied faculty expectations of students with disabilities and found that faculty tend to hold negative academic expectations and are pessimistic about teaching these students. Conversely, Houck, Asselin, Troutman, and Arrington, (1992) found that faculty

generally hold a positive attitude towards individuals with learning disabilities, positing that faculty believed it was fair to students without disabilities to provide accommodations for students with disabilities. What these studies reveal is that there are multiple variables and factors that influence faculty attitudes towards students with disabilities. That is, the given context of a situation can influence the interaction between the student and the faculty. This point is driven home in Yssel, Pak, and Beilke's (2016) study which interviewed students, soliciting their thoughts about how they felt their disability was perceived by faculty. In their study, Yssel et al. found that some students felt that some faculty went overboard in helping them because they had a disability. In turn, this caused a negative perception of the faculty member by the student with a disability, even though the faculty member had a positive intention. A critical analysis of this over-helping situation, from an ableist perspective, illustrates the power dynamics (e.g., over-helping = pity) in play that many students with disabilities can encounter when talking with faculty about their disability (Siebers, 2011).

Other research regarding faculty attitudes towards students with disabilities focuses on faculty attitudes based on disability type (Fossey, Bigby, Chaffey, Mealings, Williams, Serry, T & Ennals, 2017; Sayle, 2016; Sniatecki, Perry, and Snell's, 2015; Sweener, Kundert, & May, 2002). Within these studies, the findings suggest that faculty tend to have the most positive attitudes towards disabilities that are visible rather than invisible, leaving a rough terrain for those whose disability is not readily apparent. In answering the question as to why this disposition towards invisible disabilities exists, these studies cited that faculty seem to have a general lack of knowledge regarding students with disabilities and how to effectively work with them. Dolmage (2017) would add to this, suggesting that the disposition reveals a deeper, more ableist characterization that encompasses all of higher education, suggesting that college is no

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place for those that are weak-minded or unwell. As Dolmage states, "This begins with the idea that the university is the space for society's most able, physically, mentally, and otherwise – not a place to admit to any weakness or challenge" (p. 96). Regardless, as Murray, Wren, and Keys (2008) found, lack of training could lead to negative perceptions by faculty, by not being prepared to work with a particular student, faculty may feel overwhelmed or even feel as if working with that student is a burden. These findings are particularly problematic, given the overall rise in students being diagnosed with mental health concerns and seeking mental health related services at colleges and universities (Burwell, 2018; Mayo Clinic Staff, 2019).

Faculty willingness to accommodate. Faculty perceptions of students with disabilities can also be measured by looking at faculty's willingness to accommodate. Findings in these studies reveal that faculty willingness to accommodate is typically accommodation specific, and directly tied to whether or not the faculty member perceives the accommodation to be a threat to the academic integrity of the course. For instance, both Nelson, Dodd, and Smith (1990) and Vogel, Leyser, Wyland, and Brulle (1999) found that faculty appeared to be more willing to accommodate students for basic accommodations for their exams (e.g., extended exam time) versus accommodations such as "providing students assignments in advance", as the latter accommodation was a threat to the academic integrity of the course. Lombardi and Murray (2011) echoed these findings, but added that faculty who were female, nontenured, or had prior disability-related training were also more likely to have a positive attitude towards accommodating students with disabilities. It is important to note that, while faculty willingness to accommodate is one measure of inference when it comes to how faculty perceive students with disabilities, faculty can still hold a negative perception of students even if they have a high willingness to accommodate. For instance, Wrage (2017) found that many faculty cited

frustration when having to work with students with certain disabilities and having students with those certain disabilities in consecutive classes, despite an overall willingness to accommodate. This frustration in accommodating students may not necessarily mean that faculty actually have negative perceptions of students with disabilities, but instead may demonstrate a lack of knowledge and experience regarding these students and their accommodations – a claim that many studies support (Baker, Boland, & Nowik, 2012; Vickers, 2010; Zhang, Landmark, Reber, Hsu, Kwok, Benz, 2010). Moreover, the frustrations in Wrage's study reveal the greater ableist attitudes of higher education in that accommodating students (emphasizing students with disabilities as an afterthought to the way in which the world was built) becomes burdensome rather than supportive.

Taking into account the scholarship regarding faculty perceptions of students with disabilities, it is clear that faculty perceptions can be measured in a variety of ways. Knowing this, perceptions, for the purposes of this study, will include the attitudes that faculty have of students with disabilities, their overall willingness to accommodate, and their general experience and perception with this population. Thus, the purpose will be to study the general experience that faculty have of students with mental health concerns, and their disposition towards those students.

Statement of the Problem

Per NCES data, the number of students with disabilities enrolling at postsecondary institutions is steadily on the rise (U.S. Department of Education, 2016; U.S. Department of Education, 2019). As enrollment increases, so does the concern faculty have in accommodating, working with, and supporting these students (Hornstein, 2017). Part of this concern stems from that fact that faculty often have a lack of training and awareness regarding students with

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disabilities (Baker et al., 2012; Vickers, 2010; Zhang et al., 2010). Therefore, these interactions faculty have with students with disabilities can manifest into potential negative attitudes or bias towards those students, which in turn, can have an impact on the success of those students (Antony & Shore, 2015; Murray et al., 2008). This is problematic, as faculty are the primary individuals in which students with disabilities bring their concerns, be it in terms of the content of the class, with their accommodations or the general management of the varying aspects of their identity as a person with a disability.

Though faculty perceptions have been studied, over the years, in a variety of ways, little research has been done regarding students with mental health concerns, particularly from a qualitative perspective that analyzes perceptions across academic departments. As more students with disabilities attend postsecondary institutions, it is important to understand the perceptions that faculty have regarding these students, particularly across academic departments. This is important because, though some qualitative studies have considered variance in perceptions across academic departments, they have done so regarding specific disability types, of which students with mental health concerns was not included (Houck et al., 1992; Yssel et al., 2016). This is problematic, given that students with disabilities are pursuing a postsecondary education at increasing rates, with simultaneous increases in students seeking mental health support (Burwell, 2018; Roy, 2018). Thus, a lack of understanding exists concerning students with mental health concerns. In turn, this study seeks to address this lack of understanding by investigating the perceptions that faculty have regarding students with mental health concerns.

Purpose of the Study

The purpose of this qualitative study was to explore the perceptions that faculty, in varying academic departments, have of students with mental health concerns. Given the increase

in students with disabilities pursuing a post-secondary education, and the rise in students identifying as having a mental health concern, it is vital to better understand the perceptions that faculty have of students with mental health concerns. The information gathered in this study is an effort to bring insight into the experiences that students with mental health concerns have at a public four-year institution. It is my hope that this information will help better the policies, practices, services, programs, and overall climate towards students with disabilities on campus. Using disability theory as the theoretical lens through which this study will be viewed, this study will add to the existing literature on faculty perceptions by providing much needed qualitative insight and comparisons of perceptions across academic departments. Furthermore, faculty perceptions research greatly lacks in the area of mental health, for which this study's purpose is also emphasized. Additionally, this study was timely, as mental health has become a highly relevant issue within higher education. Finally, this study, by bringing in the faculty voice, gives other faculty a platform to share their first-hand experiences with other faculty regarding their perceptions of students with mental health concerns.

Overview of Theoretical Lens

In an effort to better understand faculty perceptions of students with disabilities, disability theory was utilized as the theoretical lens for this study. A brief overview will be provided here, with a more detailed description of the theory in the following chapter. Disability theory was chosen as the theoretical lens for several reasons. First, disability theory posits that disability is socially constructed (Siebers, 2011). That is, disability is created within the context of the social environment through social interactions. These interactions build and construct disability within the context in which that interaction is taking place, allowing disability to change based on the context of the social environment in which it is placed. This fits nicely into

the purposes of this study, as defining disability as a social construction gives this study freedom in interpreting the varying experiences of disability that faculty may have with students with disabilities. In this way, placing disability as a social construction gives faculty the freedom to interpret disability differently based on the interaction, even if they are interacting with a person with the exact same disability. This point illustrates the second reason why disability theory was chosen as the theoretical lens for this study in that it embraces an intersectional approach to disability. As a number of scholars (Anton & Shore, 2015; Dolmage, 2017; Kerschbaum et al., 2017; Myers, Lindburg, and Nied, 2013) have suggested, disability and other identities for which a person possesses share a unique relationship that influences how their disability (and other identities) is perceived. Ultimately, this intersectionality influences how that person with a disability navigates the world. Within disability theory, intersectionality is accounted for through what Siebers (2011) calls "complex embodiment" (p.22). That is, embodiment of a disability frames disability as a spectrum, of which those who have a disability can choose to identify in varying ways along that spectrum, with their other interacting and intersecting identities influencing that level of embodiment.

A final reason why disability theory was chosen as this study's theoretical framework was because it challenges what society views as the typical representation of the body. That is, disability theory recognizes that even though all bodies in society are socially constructed, they are not all valued by society in the same way. In this way, disability theory works to explain how society's varying attitudes and beliefs towards one body or another can influence the way in which a given body is perceived. In turn, disability theory explains how these attitudes and beliefs can create a context that discriminates against people with disabilities. For the purposes of this study, disability theory is useful as it views disability as a product of our social

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interactions, meaning that disability is created during and through the interactions that students have with faculty members, and is influenced by how the faculty perceives that student's disability.

Research Questions

In an effort to add to the existing body of research and further the conversation on faculty perceptions of students with disabilities, the purpose of this study was to explore the perceptions that faculty at a midsize four-year public institution have regarding students with mental health concerns. The following research questions guided this cross-case study:

1. What are the perceptions that faculty have regarding students with mental health concerns?

2. What experiences have faculty had with students with mental health concerns?

Overview of Methodology

As previously outlined and evidenced by the theoretical lens, this study takes on a social constructivist worldview. As Creswell and Poth (2017) states "Social constructivists believe that individuals seek understanding of the world in which they live and work. Individuals develop subjective meanings of their experiences – meaning directed toward certain objects or things" (p. 37). Because of this worldview, a qualitative methodology is most relevant, as qualitative research is founded on the idea that meaning is socially constructed as individuals interact in the world (Merriam, 2002). That is, the nature of qualitative research views the world as highly subjective and difficult to measure in any specific or generalizable way. The interactions that individuals have, and the meaning that they derive from those interactions, inform how they see and navigate the world (Merriam, 2002). The purpose of this study is to understand the perceptions that faculty have of students with mental health concerns. When students with

disabilities and faculty interact, meaning is constructed during those interactions. Thus, meaning that is constructed ultimately works to influence the perceptions that faculty have of students. Moreover, these interactions are complicated by the fact that students do not just bring their disability identity to an interaction, but are intersectional, bringing multiple identities to an interaction that intersect and inform each other (Dolmage, 2017; Kerschbaum et al., 2017; Myers et al., 2013). This is further complicated by the fact that faculty, too, bring an intersectional perspective to any interaction. Knowing this, a qualitative methodology is employed in this study in an effort to fill the study's overall purpose, to gain an understanding of the perceptions that faculty have of students with mental health concerns.

More specifically, this study employs an exploratory cross-case study analysis. A case study analysis is an "in-depth exploration from multiple perspectives of the richness and complexity of a bounded social phenomenon (or multiple phenomena), be this a social unit or system such as a program, event, institution, organization, or community" (Bloomberg & Volpe, 2019, p. 49). The purpose of the case study is to generate understanding and insight that is ultimately used to inform professional practice or inspire social action. Thus, the case study approach fulfills the purpose of this study by allowing the researcher to gain insight into the perceptions that faculty have of students with disabilities, while allowing the researcher to also understand the how and why of those particular perceptions. A hallmark of the case study approach, a thick, rich description of the phenomena under investigation, allows for a detailed understanding of faculty perceptions that will provide insight and explanations relating to the "how" and "why" those perceptions exist (Bloomberg & Volpe, 2019). Moreover, Yin (2017) categorizes case studies in two ways: exploratory and descriptive. Under a descriptive case study, the purpose is to investigate the phenomenon within the real-world context in which it

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occurs (Bloomberg & Volpe, 2019). Conversely, under an exploratory case study, situations are explored with no clear or specific outcome in mind. Thus, because this study seeks to understand the perceptions that faculty have of students with mental health concerns, an in-depth exploration is warranted. Finally, this study takes on a cross-case study approach. As Bloomberg and Volpe (2019) states, a multiple case study design is "useful when cases are used for purposes of a cross-case analysis in order to compare, contrast, and synthesize perspectives regarding the same issue" (p. 50). Thus, because this study examines faculty perceptions across academic departments through interviews of those faculty (with the intent to compare and contrast perceptions across different academic disciplines) a cross-case study is fitting as each academic department represents their own case.

Assumptions of the Study

In this study, there are several assumptions that have been made. First, this study takes on a social constructivist worldview. That is, as the researcher of this study, I believe that humans engage with their world and make sense of it based on their historical and social perspectives. Moreover, as the above literature has cited, I believe that meaning is created as humans interact. Therefore, it is this worldview that ultimately informs every aspect of this study.

Second, it is assumed that those faculty who agree to participate in this study are faculty that have actually had experiences with students with mental health concerns and are actually speaking on those experiences honestly.

Finally, it is assumed that the interview questions in this study are relevant and appropriate given the purpose and intent of this study's inquiry.

Limitations and Delimitations

One limitation of this study was that I work in a higher education disability services office, ultimately opening the door for bias as it relates to the participants' true feelings. Though the chosen qualitative cross-case study methodology celebrates my particular positionality and makes this study unique, there is still a recognition of the bias in this study that may limit results. Therefore, measures were implemented in this study to reduce this bias, including having participants review the interview transcript after the interview and peer checking all coded data (both in the field test and the primary study) with two individuals univinvolved in the research process. A second limitation was that only one qualitative measure, interviews, was used to acquire data. Future studies on faculty perceptions of students with mental health concerns would benefit from a variety of data collection methods in a single study. Finally, this study was limited in resources and time-constraints, giving reason as to why the study was completed at the institution in which I am employed.

Additionally, this study consisted of several delimitations. One delimitation of this study is that this study consisted of only faculty from a mid-size midwestern four-year public institution who worked with students with mental health concerns. Moreover, this study did not take place in any other regions outside of the one in which the institution under investigation was located. Finally, this study employs a qualitative methodology and purposive sampling methods, placing generalizability of the results of this study as irrelevant.

Significance of the Study

The literature on faculty perceptions of students with disabilities is varied and mixed, both in terms of the findings and the populations with which the studies care concerned. Despite this variety, research on faculty perceptions on students with mental health concerns is virtually

non-existent. Historically, research regarding faculty perceptions has tended to focus on disabilities in general, with some of the research focusing exclusively on students with learning disabilities (Houck et al., 1992; Murray et al., 2008; Nelson et al., 1990; Skinner, 2007). Moreover, much of the research has taken a quantitative stance (Nelson et al., 1990; Kraska, 2003; Vogel, Leyser, Wyland, Bruelle, 1999). While quantitative findings are beneficial in their own right, they fail to illuminate the unique lived experience that has become a cornerstone of critical disability studies. Up to this point, no research has qualitatively considered students with mental health concerns and the perceptions that faculty have towards them. This is problematic, as faculty are the primary individuals in which students with disabilities bring their concerns, be it in terms of the content of the class, with their accommodations (if they happen to receive them), or the general management of the varying aspects of their identity as a person with a disability. These interactions that faculty have with students with disabilities can manifest into potential negative attitudes or bias towards those students, which in turn, can have an impact on the success of those students (Antony and Shore, 2015). Thus, this study sought to address the lack of understanding regarding the perceptions that faculty have towards students with mental health concerns.

Definition of Terms

Accommodations: The means through which an equitable end is reached, and reasonable access has been achieved for an individual with a disability.

Americans with Disabilities Act: Civil rights legislation that provides equal access for individuals with disabilities. The ADA expanded Section 504 through broadening the scope of protections for individuals with disabilities by extending legislation to "private employers, places

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of public accommodation, telecommunication, transportation, and services or programs offered by state or local governments" (Evans et al., 2017, p. 97)

Disability: The advantage or disadvantage individuals with impairments face as a result of inaccessibility and unjust discrimination (Wieseler, 2018).

Mental health concern: An all-encompassing term that refers to a wide range of mental health conditions affect mood, thinking and behavior and that limit one or more major life activities (Mayo Clinic Staff, 2019). Represents individuals with mental health disorders, mental illness, mental health concern(s), mental impairment(s), and other terms representing mental health conditions.

Perceptions: The attitudes, beliefs, assumptions, and understanding that an individual has towards something, be it a topic, issue, or another individual.

Section 504 of the Rehabilitation Act: Civil rights legislation that states any program, activity, or entity that receives federal funds of any kind "cannot deny otherwise qualified people participation in, and benefits of, their services due to their disability" (Evans et al., 2017, p. 96) or discriminate against those individuals with disabilities in any way.

Summary

Thus far, chapter one of this study has provided context, clearly stating the background and introducing the study. While there have been studies that have examined faculty perceptions of students with disabilities, little research has examined faculty perceptions of students with mental health concerns, particularly from a qualitative lens and across academic departments. With disability theory providing the theoretical lens, the following cross-case study explored the perceptions that faculty have of students with mental health concerns at a midwestern mid-size public four-year institution. In chapter one, context for this study was provided by outlining the

study's relevant background information, problem being addressed, purpose, brief methodology, assumptions, and significance. Expanding on this, chapter two of this study will introduce a critical review of the literature on faculty perceptions, more specifically highlighting the gap in knowledge in which this study is attempting to fill. Chapter three will then discuss the research design, including the specific methodology being used, the rationale for the methodology, and the data collection and analysis methods. Chapter four will present the study's findings, and chapter five will provide a discussion and interpretation of the findings, including areas for future research.

CHAPTER II: LITERATURE REVIEW

Individuals with disabilities constitute the largest minority in the United States, with approximately 56.7 million people or 19% of the population, having a disability as reported in 2010 U.S. Census data (Bault, 2012). In recent years, the number of students diagnosed with disabilities who are attending post-secondary institutions has dramatically increased. According to the most recent data from the National Center for Education Statistics (NCES), 19.4% of undergraduate students and 11.9% of graduate students reported having a disability, up from 11.1% and 5.4% respectively. This rise is not surprising, as Newman, Wagner, Knokey, Marder, Nagle, Shaver, and Wei (2011) estimate that, as of 2011, 60% of all individuals with disabilities continued on to postsecondary institutions within eight years of leaving high school. This increase may be partially attributed to what many are referring to as a "mental health crisis" that is sweeping college campuses across the United States, with students seeking mental health related services at rapidly increasing rates (Burwell, 2018; Roy, 2018). Thus, with the number of students with disabilities increasing on college campuses, accommodating these students has become a growing concern among higher education faculty and staff (Hornstein, 2017). Moreover, students with disabilities who pursue post-secondary education are protected by the American's with Disabilities Act Amendments Act (ADAAA), the American's with Disabilities Act (ADA), and Section 504 of the Rehabilitation Act of 1973. Collectively, these landmark pieces of legislation prohibit discrimination of individuals with disabilities, as long as the disability limits one or more major life activities (Americans with Disabilities Act; Section 504 of the Rehabilitation Act). Under these laws, students can be granted accommodations that lessen the impact of their disability in the higher education setting and bring their achievement to a more equitable level.

Once a student is granted accommodations, issues with their education, however, may still arise. As a group that has been historically devalued, and in many ways segregated, students with disabilities often have to deal with a variety of barriers in navigating their education, such as disability identity issues, stigmatization of disability, segregation, and overall exclusion. These barriers directly impact not just the experience that a student with a disability has at an institution, but can directly impact that student's success, and in turn, their ability to complete their degree. As the primary individuals training, teaching, and directly working with students with disabilities, faculty play a pivotal role in the management of these barriers, and thus, the overall success and development of students with disabilities. As Thomas (2015) states, many students with disabilities often seek out faculty as confidants in regard to their disability, making faculty the frontline of defense in fielding disability-related concerns, developing trust, and creating relationships that can greatly impact students' success. This is important because the perceptions that faculty hold of students with disabilities can greatly influence the success of a student during the first interaction of disclosing their disability. These barriers, coupled with the large increase in students with disabilities on college campuses, presents the need to further understand the relationship between students with disabilities and faculty.

As a group that has been historically downgraded, students with disabilities bring a layered identity and unique set of characteristics to any interaction that they may have with faculty, which can be perceived in a variety of ways that may be helpful or harmful to the student. Thus, the following literature review will discuss relevant literature regarding faculty perceptions of students with disabilities. It is important to note that this study concerns students with disabilities who receive accommodations, as that group of students with disabilities will be the primary individuals that will interact with faculty and will self-identify directly to faculty as

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an individual with a disability. With that said, the following literature review includes literature regarding students with disabilities who receive accommodations, as well as students with disabilities in general as both equally inform the purpose of this study. In the spirit of clarity, the following review will be organized into four sections. The first section will include an overview of disability, including definitions and the relevant models, or frameworks, that give insight into the attitudes, beliefs, and prejudices of individuals regarding people with disabilities. The second section will discuss the legal aspects of disability and the services offered to students with disabilities in higher education, as federal legislation serves as the foundation for the support that students with disabilities receive at institutions and works to ensure equal access and rights for the disabled population. The third section will discuss the literature on faculty perceptions, including perceptions resulting from the attitudes that faculty have towards students with disabilities and perceptions resulting from a willingness to accommodate. Finally, the last section of the literature review will include the guiding theoretical lens for which this study will be filtered through.

Defining Disability

Disability is a difficult concept to define due to the variety of ways in which it is interpreted. As Heller, Harris, Gill, and Gould (2019) state, "Disability is a contested concept: the essential characteristics subsumed under the disability label are conceptualized differently across cultures…" (p. 192). That is, disability is a concept that it is relative to the person with the disability and the culture in which they are placed, and the specific way in which disability is defined varies based on how a specific individual views disability. Defining disability is important because it outlines the specific language that is used regarding individuals with disabilities (Haegele and Hodge, 2016). Disability in this study will be described through two

prominent models of disability found in the disability literature, the medical model and the social model (Haegele and Hodge, 2016; Siebers, 2011). It is important to note that, though this study takes on the perspective of the social model and defines disability through that model, this is not to suggest that the medical model is negative or bad practice. Instead, the medical model and the social model represent frameworks and ways of thinking about disability, with those situating themselves within each perspective taking on a different lens through which to view disability and the interactions regarding all things disability related. This note is important, as individuals, be them disabled or able-bodied, perceive disability differently, with some individuals with disabilities seeing their disability as a medical condition of which they would like to rid themselves of. This tension upon the spectrum for which individuals identify with and understand disability is described by Siebers (2011) perfectly –

> "As a condition of bodies and minds, however, disability has both positive and negative valences. For example, many disabled people do not consider their disability a flaw or personal defect – and with good reason. They are comfortable with who they are, and they do not wish to be fixed or cured. But these same people may be ambivalent about acquiring other or additional disabilities" (p. 4).

Thus, this study will define disability as an identity, something that is deeply socially constructed and works to simultaneously limit and uplift individuals in the disability community. Knowing this, the following models of disability work to clarify the definition of disability used in this study.

The medical model. The medical model of disability suggests that disability takes place only within the body of the individual and is a result of the "biomedical condition" in which a person has (Wieseler, 2018). In other words, the medical model conceptualizes disability as a

"biomedical condition that disadvantages the individuals it affects" (Wieseler, 2018, p. 85), placing a "biomedical condition" as including a wide range of human variations that are characteristically considered atypical among humans (e.g., medical disorders, mental health disorders, learning disabilities, intellectual disabilities, traumatic injuries). The medical model is often seen as being rooted in deficit-base thinking that places the onus on the individual to "cure" or "fix" themselves in an effort to fall in line with non-disabled peers (Siebers, 2011). Rather than seeing an individual's disability as a part of their diversity and a unique characteristic that makes up who that individual is, the medical model, seeing disability as taking place within the body, sees the disability as something that must be cured or treated through medical means rather than celebrated as a diverse characteristic of that particular individual (Wieseler, 2018). In turn, this deficit-based model of disability crates negative connotations and stereotypes for individuals with disabilities, ultimately working to establish a system of higher education that creates an exclusive environment for students with disabilities.

The social model. Contrasting the medical model is the social model. Coined by renowned disability activist and scholar Michael Oliver, the social model of disability starts with a distinction of what disability is, adding to the equation the concept of "impairment" (Wieseler, 2018). Under the social model, impairment is defined as the biomedical condition in which a person has. The disability, then, becomes the advantage or disadvantage that individuals with "impairments face as a result of inaccessibility and unjust discrimination more generally" (Wieseler, 2018, p. 85). Moreover, the social model places disability as contextual based on the specific environment that the individual is in. That is, a person may always have an impairment, but they may not always have a disability based on their immediate environment. For example, a person who uses a wheelchair may have the impairment of quadriplegia, but only encounters the

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impairment as a disability if there is no ramp up to a building or if the building is not wheelchair accessible in some way. In other words, disability does not exist for the individual with quadriplegia if there is a ramp up to the building. Moreover, the social model brings understanding to the more psycho-emotional dimensions of disability (Reeve, 2004). For instance, an individual with major depressive disorder who has not identified their diagnosis to others may be told to "cheer up" or receive negative social feedback from friends after repeated declines to social gatherings. These situations can have negative psycho-emotional impacts on the individual with major depressive disorder. The social model works to address this psycho-emotional aspect of disability by developing an understanding that the "environment" also can include an individual's social environment, not just physical barriers (Reeve, 2004). In sum, under the social model, the environment causes the disability rather than the disability taking place in the specific body of the individual with the impairment. Moreover, the social model views disability as diversity, and in many ways, celebrates disability as a unique characteristic, or set of characteristics, that make up who that individual is.

Intersectionality. The aforementioned models of disability work to shape the way in which society views individuals with disabilities. As more individuals with disabilities seek to advance their education by attending post-secondary institutions, it is important that higher education institutions use models of disability that promote access and equity for individuals with disabilities. However, the specific model in which institutions may view disability also competes with a variety of other identities that an individual may have. That is, a growing body of research in disability studies has begun to take on an intersectional approach to disability (Goethals, De Schauwer, and Van Hove, 2015; Moodley and Graham, 2015; Shaw, Chan, and McMahon, 2011). This intersectional approach suggests that individuals with disabilities have

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multiple identities that intersect with their disability, be it gender, race, age, sexuality, religion, class, or any other identity type (Goethals, De Schauwer, and Van Hove, 2015). These identities compete and complement each other in a given interaction based on the different variations such as place, time, and overall environmental context (Goethals, De Schauwer, and Van Hove, 2015). The intersectional perspective is important to note within this study as it takes a more inclusive approach to the aforementioned models of disability by accounting for the wide range of experiences and perspectives that individuals with disabilities have. This study's theoretical framework, disability theory, is complemented nicely by intersectionality as the framework works to incorporate the lived experience of individuals with disabilities into the research, and places disability as a product of shared social interactions (Siebers, 2011). Moreover, a critical aspect of disability theory is that it recognizes the relationship that disability has with other minority identities, often working to emphasize only the negative aspects of those identities due to their association with disability. That is, if a person is African American and disabled, being disabled often causes individuals to view their African American identity as marginal or inferior due to the automatic otherness that disability creates when associated with other minority identities (Siebers, 2011). Though intersectionality is not a predominant feature of this research, it is important that it be explained as it ultimately works to deepen our understanding of the perceptions that faculty have of students with disabilities.

Theoretical Lens

In an effort to further understand the perceptions that faculty have of students with disabilities, this study will take on disability theory as the theoretical lens through which this research will be viewed. In qualitative research, the use of theory can vary, be it generated as a result of the study or used as a lens through which to view the study (Creswell, 2014). The way

in which theory is used is determined by the overall nature and purpose of the study. As Creswell (2014) states, the use of a theoretical lens "…becomes a transformative perspective that shapes the types of questions asked, informs how data are collected and analyzed, and provides a call for action or change" (p. 64). The purpose of this research is to develop further understanding of how faculty perceive students with disabilities, and thus, how students with disabilities are viewed in the higher education setting. Because higher education often is viewed as a microcosm of society (Kaldis, 2009), the findings in this study will highlight how greater society views individuals with disabilities. These findings will work to better inform best practices for higher education professionals of all levels in an effort to better serve and provide an equal opportunity to learn for students with disabilities. With the goal of this research being to bring further understanding to the perspective of students with disabilities and to inform best practices for serving these students, a theoretical lens through which to view the data presented in this study is needed as it will serve the purpose of justifying all components of the study and provide insight into the research questions, specific issues examined, the experience of participants, and add to the study's overall validity.

  Disability theory. Disability theory starts with the premise that disability is a social construction. Siebers (2011), who is often looked at as the father of disability theory, defines social construction as creating meaning through social interactions, but tailors the definition to individuals with disabilities by including "embodiment" or variance with which an individual identifies with their disability. That is, in defining social construction, Siebers posits that "While identities are socially constructed, they are nevertheless meaningful and real precisely because they are complexly embodied" (p. 30). This definition suggests that disability should not be understood simply as a social construction alone. Instead, Siebers holds that within a social

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construction lies an embodied ideology of which has an effect on individuals with disabilities and can be read, deconstructed, and then employed by scholars to inform new ways to better the situation for individuals under that social construction.

This relationship with social constructivism places disability as only being understood in the context that it is in, meaning it is culturally specific. Accounting for embodiment in the understanding of disability as a social construction, a person's disability may be emphasized to a greater degree and have a greater bearing in certain situations than in others (Siebers, 2011). Without embodiment, understanding disability through social constructivism alone explains disability in simplistic terms. The crux of disability theory challenges this simplistic socially constructed view by positing that disability, even though it is socially constructed, does not mean that all socially constructed bodies are appreciated and reflective of greater society. That is, Siebers (2011) suggests that certain bodies are valued by society while others are devalued, bringing understanding as to why some individuals with disabilities identify strongly with their disability while others work to get rid of their disability (i.e., vary in their level of embodiment). This distinction is important, as disability theory suggests that within the social construction of disability lies attitudes that society holds towards individual with disabilities. This social construction builds on itself through social interaction with individuals with disabilities and can create an institutionalized interpretation of how people with disabilities are viewed (Siebers, 2011). Disability theory remedies this issue by acknowledging the social construction of disability, while also admitting there is competing levels of embodiment of a disability that either the medical model or social model of disability fail to underscore. The medical model of disability *emphasizes* embodiment, that the person with a disability is the disability and that is it. The social model of disability, on the other hand, *minimizes* embodiment by placing the blame of

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disability on the environment, getting rid of embodiment entirely if the environment does not work to create any sort of disability. Disability theory combines these two perspectives by taking on the view of "complex embodiment" which "values disability as a form of human variation" (Siebers, 2011, p. 25). This places disability as highly dependent on the context in which it occurs, with varying levels of embodiment for different individuals, but always as a normal aspect of human variation that is always socially constructed.

Moreover, and as previously stated, a unique aspect of disability theory is that it underscores intersectionality by recognizing the relationship that disability has with other minority identities, often working to emphasize only the negative aspects of those identities due to their association with disability. Given the increased diversity in higher education, the intersectional perspective of disability becomes particularly useful (Espinosa, L., Turk, Taylor, and Chessman, 2019). Disability theory is useful for the purposes of this study as it views disability as a product of our social interactions, meaning that disability is created during and through the interactions that students have with faculty members, and is influenced by how the faculty perceives that student's disability.

Federal Regulations and Protections

It is impossible to have a worthwhile study regarding students with disabilities in higher education without understanding the relationship between disability, law, and education. Though many pieces of legislation have, over the years, been created that have advocated and advanced the interest for individuals with disabilities, this study will only concern itself with the three primary foundational pieces of federal legislation that have worked to increase access to higher education for students with disabilities and guide post-secondary institutions in making decisions regarding anyone with a disability (e.g., student, guest, faculty, staff). The three pieces of

legislation are Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act, and the Americans with Disabilities Act Amendments Act (Evans, Broido, Brown, and Wilke, 2017). A brief overview of each of these laws, as well as the way in which they are carried out in higher education follows.

Section 504 of the Rehabilitation Act of 1973. Created in 1973, the Rehabilitation Act was the first federal legislation that specifically addressed increasing access to people with disabilities at public and private post-secondary institutions. Section 504 of the Rehabilitation Act states that any program, activity, or entity that receives federal funds of any kind "cannot deny otherwise qualified people participation in, and benefits of, their services due to their disability" (Evans et al., 2017, p. 96) or discriminate against those individuals with disabilities in any way. Because of this legislation, higher education institutions that were receiving federal funding were required to provide equal access to all programs and services that they offered. This inspired the establishment of the first disability services offices and disability-related compliance offices at many postsecondary institutions. Moreover, this legislation forced many institutions to make (often costly) repairs and modifications (e.g., ramps up to buildings, elevators, etc.) to their campuses in an effort to make the campus accessible to all individuals (Evans et al., 2017). Most importantly, Section 504 provided the first definition of a disability that was based on *impact* rather than a simple diagnosis, greatly expanding the number of individuals that are covered and protected under the law. Section 504 states that a disability is "…any individual who (a) has a physical or mental impairment which substantially limits one or more of such person's major life activities, (b) has a record of such impairment, or (c) is regarded as having such an impairment" (Evans et al., 2017; 29 U.S.C. sec. 794). Thus, this definition and its broader scope worked to greatly increase the amount of individuals with

disabilities that would go on to pursue higher education, ultimately pushing institutions to transform their admissions and hiring policies, incorporate accessibility into any new buildings, and make a priority the equal opportunity to pursue and access the services, activities, and employment opportunities at institutions (Evans et al., 2017).

Americans with Disabilities Act. Created in 1990 and expanding on Section 504 of the Rehabilitation Act, the Americans with Disabilities Act (ADA) broadened the scope of protections for individuals with disabilities by extending legislation to "private employers, places of public accommodation, telecommunication, transportation, and services or programs offered by state or local governments" (Evans et al., 2017, p. 97). That is, under the ADA, private employers had to make sure that they were not discriminating against individuals with disabilities, particularly in the areas of recruitment, pay, promotion, firing, job duties, job descriptions, benefits, and other areas ("The ADA"). The ADA retained the same definition of a person with a disability as in Section 504 but specified the meaning of accommodations by stating that accommodations were essentially any change in a work or school environment that enables an individual with a disability to equally participate. More specifically, the ADA created the term "reasonable accommodation" suggesting that any accommodation in which an institution puts in place must not put any sort of undue burden on the institution as they provide that accommodation for the individual (Evans et al., 2017). An example of an undue burden would be any accommodation that would break a law or create an exorbitant cost for the institution. For instance, student requests of transportation to and from classes would be considered an undue burden for the institution. In terms of reasonable accommodations, within the context of academic programs, accommodations are reasonable in that they do not create an undue burden and that they do not fundamentally alter the program. An example of a

fundamental alteration would be allowing a student the accommodation of being exempt from taking math classes when they are a math major. Additionally, the ADA also specified that individuals with disabilities requiring personal services (hearing aids, glasses) are the responsibility of the individual and not the institution (Evans et al., 2017).

Americans with Disabilities Act Amendments Act. The Americans with Disabilities Act Amendments Act (ADAAA) is an update to the ADA created in 1990. The most important change that the ADAAA made was that it broadened the definition of disability by reducing the amount of documentation that an individual needed in order to establish a disability with their institution or employer. Moreover, the ADAAA clarified the definition of a disability by indicating that mitigating measures to reduce the impact of a disability could not be considered when determining whether an individual meets the criteria of a person with a disability (Evans et al., 2017). This means that any accommodations that may reduce the impact of the disability entirely does not prohibit the individual from being qualified as a person with a disability under the ADAAA's definition of disability (Evans et al., 2017). For example, a student with Attention Deficit Disorder (ADD) who uses a notetaker for classes may have the impact of the ADD entirely reduced with the help of the notetaker. The ADAAA states that this student is still a person with a disability, even though the notetaker, within the context of the classroom, practically eliminates the disability.

Accommodations process. The federal legislation mentioned serves as a foundation and guiding framework for institutions to ensure equal access for students with disabilities. The way in which the federal legislation is typically carried out by higher education institutions is through their disability services office. Moreover, disability services offices are typically the primary entity that students with disabilities interact with at their institution (and bringing with them the

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myriad of models, definitions, and identity issues wrapped up in disability). Each institution in higher education has a disability services office that is guided by Section 504 and the ADA. Disability services offices work with students with disabilities to support them through any disability-related issues or concerns (e.g., identity concerns, navigating college as a student with a disability), but have the primary purpose of providing accommodations for students based on provided documentation that supports a student's disability. Varying from services in K-12 education where students with disabilities are sought out by school staff, students with disabilities in higher education must seek services by self-identifying to their disability services office. From there, students supply the office with documentation and disability services office staff determine a student's eligibility for services. Though the services disability services offices provide are grounded in Section 504 of the Rehabilitation Act and the ADA, the *process* for receiving accommodations in higher education is not standardized or overseen by any federal, state, or local entity. Instead, institutions often follow the recommendations and standards put forth by the Association on Higher Education and Disability (AHEAD), which is the leading professional membership association for higher education and disability. Though accommodations that students may receive in higher education vary widely and are based on the specific student's needs, typical accommodations include extended exam time, a distraction reduced environment to take exams in, notetakers for classes, alternative formatting of textbooks (e.g., braille), and many other classroom, housing, dietary, and communication-based accommodations.

Faculty Perceptions of Students with Disabilities

Though the research on faculty perceptions of students with disabilities spans a wide range of time, the overall research in this area is relatively limited. Moreover, throughout the

research, the perceptions that faculty had of students with disabilities were measured in a variety of ways and contained mixed results. In reviewing the literature on faculty perceptions of students with disabilities, two key themes emerged that highlight the primary paths that scholars take in their research in an effort to understand the perception(s) that faculty have of students with disabilities. These themes are faculty attitudes and faculty willingness to accommodate. Each of these lines of scholarship, though different, work to illustrate the perceptions that faculty hold of students with disabilities. Though valid, empirical research thus far on faculty perceptions of students with disabilities, particularly literature involving comparisons across academic departments, is limited. That is, while the research reviewed in this study work to expand the knowledge on faculty perceptions of students with disabilities in a myriad of effective and illuminating ways, these studies, particularly the studies that explore perceptions across academic units, tend to only take a quantitative approach. Though some studies regarding faculty perceptions do take a qualitative approach (Clark, 2017), they either do not compare data across academic departments or they take place in the context of a community college. Moreover, much of this research is dated, and only explores faculty perceptions across academic units as one of many other independent variables rather than directly as a purpose of the study. Additionally, research regarding faculty perceptions, particularly research that focuses on a specific disability type rather than disabilities in general, tends to focus primarily on students with learning disabilities. Thus, this study works to fill a timely gap in the knowledge regarding faculty perceptions of students with mental health concerns by taking a qualitative approach through a direct analysis of faculty perceptions across academic units at a large 4-year public institution. In this way, this study will add to existing research regarding faculty perceptions of students with disabilities by taking a new approach that gives up to date insight into how faculty perceptions

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influence the educational experience of students with mental health concerns. This, coupled with the significant increases in students with disabilities (particularly mental health concerns) pursuing postsecondary education and the influence that faculty perceptions have on students, gives this study additional potency and strength.

Faculty attitudes. The literature on faculty attitudes varies widely in terms of the specific attitudes that faculty holds of individuals with disabilities. For instance, early studies such as Minner and Prater's (1984) study, where faculty attitudes of students with learning disabilities were likened to faculty expectations, suggest that faculty tend to hold negative academic expectations for these students and are even pessimistic about their ability to teach them. Conversely, Houck, Asselin, Troutman, and Arrington, (1992) found that faculty generally hold a positive attitude towards individuals with learning disabilities, positing that faculty believed it was fair to students without disabilities to provide accommodations for students with disabilities. That is, a wide variety of factors seem to influence faculty attitudes towards students with disabilities. For instance, though Wrage's (2017) study revealed that faculty had overtly negative perceptions of students of disabilities in that many faculty cited frustrations when having to work with certain disabilities and having students with those certain disabilities in consecutive classes, other studies reveal that negative perceptions are sometimes unintended. For instance, Yssel, Pak, & Beilke (2016) in their study of faculty attitudes, interviewed students with a variety of disabilities asking them how they felt their disability was perceived by faculty. In their study, Yssel et al. describe a student (a wheelchair user) who shared how one faculty member went overboard in helping him, stating that in the event of bad weather, an absence would not count against him in any sort of way unlike other students in the class. In turn, this over-helping shows that faculty can have perceptions of students with disabilities (either positive

or negative) that students can ultimately perceive as negative based on the context of their disability. Besides the context of the disability influencing the interaction, faculty attitudes can vary across academic departments. This was the case in Kraska's (2003) study, which surveyed faculty across academic units asking them about their attitudes towards serving students with disabilities. In the study, Kraska found statistically significant differences in perceptions between academic units (i.e., colleges of education, arts and sciences, and business), with the college of business having the lowest mean item score of 1.86 of the colleges surveyed – though all colleges surveyed ranked highly enough that positive attitudes towards individuals with disabilities were indicated.

Faculty attitudes can also vary based on disability type. Sniatecki, Perry, and Snell's (2015) found that faculty reported "the most positive attitudes for students with physical disabilities and the most negative attitudes for students with mental health concerns (p. 266). Other studies have found similar results, indicating that there may be a lack of knowledge, previous training, and overall experience with students with mental health concerns (Fossey et al., 2017; Sayle, 2016; Sweener, Kundert, & May, 2002, Thomas, 2015). Corroborating this point is Murray, Lombardi, Wren, and Keys (2009), who found that faculty desired to learn more about mental health and how to work with students with mental health concerns as this what not knowledge they felt like they possessed. This lack of training could lead to negative perceptions by faculty in that, by not being prepared to work with a particular student, faculty may feel overwhelmed or even feel as if working with that student is a burden. These findings are particularly relevant and worrisome given the overall rise in students seeking mental health related services during their postsecondary education (Burwell, 2018).

Faculty willingness to accommodate. Not only can insight into the perceptions that faculty hold of students with disabilities be given by studying the attitudes that faculty hold towards these students, but also by looking at faculty's willingness to accommodate. In one of the few studies that directly looks at differences among academic departments, Nelson, Dodd, and Smith (1990) found that faculty were typically willing to accommodate students with learning disabilities, with faculty in the college of education being the most willing to accommodate and faculty in the college of business being the least. In Nelson et al. (1990), any accommodation in which faculty appeared to be less willing to accommodate seemed to be accommodations that had a perceived threat to academic integrity. For instance, in terms of the accommodation of providing students assignments in advance, only 15.8% of faculty in the college of business were willing to provide students this accommodation, compared with 85.7% of faculty in education. Ten years later, Vogel, Leyser, Wyland, and Brulle (1999), also studying students with learning disabilities, found similar results regarding faculty willingness to accommodate students across academic departments. Focusing on the college of education, Vogel et al. found that faculty overall in the college of education were more willing to accommodate students on exam and teaching accommodations when compared with other colleges in the study. Looking beyond the college of education and across multiple academic departments, Murray, Wren, and Keys (2008) corroborate Vogel et al.'s findings that faculty generally are more willing to accommodate students when the accommodations have a minimal perceived threat to academic integrity. Taking into consideration all types of disabilities, Lombardi and Murray (2011) also found that faculty's willingness to accommodate was greatest in the college of education when compared with departments in the arts and sciences, business, music and dance, and architecture. Moreover, Lombardi and Murray found that faculty who were

female, nontenured, or had prior disability-related training were also more likely to have a positive attitude towards accommodating students with disabilities.

It is important to note that, while faculty willingness to accommodate is one measure of inference when it comes to how faculty perceive students with disabilities, faculty can still hold a negative perception of students even if they have a high willingness to accommodate. For instance, in interviewing faculty, Wrage (2017) found that many faculty elicited an "emotional response" when talking about their experience working with students with disabilities, citing frustration when having to work with certain disabilities and having students with those certain disabilities in consecutive classes, despite an overall willingness to accommodate. As previously stated, this frustration in accommodating students may not necessarily mean that faculty actually have negative perceptions of students with disabilities, but instead may demonstrate a lack of knowledge and experience regarding these students and their accommodations – a claim that many studies support (Baker, Boland, & Nowik, 2012; Vickers, 2010; Zhang, Landmark, Reber, Hsu, Kwok, Benz, 2010).

Summary

The variety of factors (and mixed findings) that influence faculty perceptions of students with disabilities, be it faculty attitudes, faculty willingness to accommodate, and/or the plethora of other variables wrapped up into each of these themes (e.g., lack of training and awareness) emphasizes the purpose and need for this study in that further understanding and clarification is needed. Growing up with a dad with Parkinson's disease, disability has always been a part of my life in some capacity. Early on, I was brought into the world of disability and witnessed what it was like for my dad to navigate that world as someone with a rather limiting disability. Moreover, having spent my entire higher education career in disability service and support, I

have seen first-hand the struggles and triumphs that students with disabilities encounter as they pursue their post-secondary education. I have worked with faculty across a wide range of academic departments, listening to their concerns regarding accommodations for students with disabilities. Much like the research, my experience with faculty indicates that opinions regarding accommodations vary, particularly across academic departments. Having worked with these faculty over the years, I have found that even the most opposed of faculty, if engaged in a non-condescending and supportive manner, often have rather positive dispositions regarding students with disabilities and accommodations in general. Thus, the inspiration for this study lies within my experience as a disability services professional and foremost, as someone who was inculcated from birth into the disability community. Having laid a proper foundation by defining disability, discussed a theoretical lens through which this study should be viewed, outlined the governing laws, and delineated the current research on faculty perceptions, the remainder of this study will include a methodology, results, and end in a discussion of the results and areas for future research.

CHAPTER III: METHODOLOGY

Having introduced the study and reviewed relevant literature, the following section of outlines the chosen strategy of inquiry, and rationale for such inquiry, that served as the means to investigate and better understand the perceptions that faculty have of students with mental health concerns. This chapter will detail and give rationale to all components of this study's methodology. First, the research design and site selection will be discussed. From there, the participants of this study are detailed, including a description of the population under study, a description of the specific participants in the study, and why and how those particular participants were chosen for this study. Next, ethical issues in this study will be discussed, as well as an explanation for how those issues are addressed. From here, all data sources from which data was obtained will be discussed, including the advantages and disadvantages of each. After the data sources are defined, a description of the research protocol, field testing procedures, and data collection procedures will be given. The chapter will conclude with a statement of positionality explaining the lens through which I interpret the world and how my individual background influences the overall nature and ethics of the study, the various measures taken to ensure credibility and rigor, and a step-by-step procedure that will be used to analyze the data.

Research Design

As Creswell and Creswell (2017) state, qualitative research "is a means for exploring and understanding the meaning individuals or groups ascribe to a social or human problem" (p. 294). Grounded in social constructivism, qualitative research seeks to better understand a specific organization, event, or situation while incorporating and celebrating the researcher and their subjectivity into the overall study (Merriam, 2002). Through observations and interviews of participants in their specific environment, qualitative research works to understand the meaning

that individuals create in that environment and how that meaning influences their behavior (Merriam, 2002).

Qualitative research has long been a method of serious inquiry, even before it was widely known as such. As Merriam and Tisdell (2016) state, qualitative research has long taken place in a variety of contexts, with roots dating back to 19th century anthropologists and sociologists who were interviewing, observing, and investigating individuals in a variety of contexts, asking them about their lives and working to understand the contextual elements in which they lived and how they understood their world. It was some years later, not until the 1970s, that a growing number of publications contributing to the understanding of qualitative inquiry were published, and qualitative research began to expand into all fields of study (Merriam & Tisdell, 2016).

Today, qualitative research is done through a variety of different strategies and methods of inquiry, with the sole purpose of the research being to understand the meaning that individuals create as they interact. More concisely, qualitative research is a term used to describe the variety of techniques that seek to describe, decipher, and interpret the meaning behind naturally occurring phenomena (Merriam & Tisdell, 2011). That is, the goal of qualitative research is not to solve a problem, but rather explore a problem by describing the phenomena under study. To further clarify this definition, Creswell and Creswell (2017) outline several core characteristics of qualitative research. First, unlike quantitative research which often occurs in a more structured setting, qualitative research occurs in a natural setting, where data is collected in the field at the site in which the participants experience the problem under study. Moreover, qualitative research allows the researcher to be an integral part of the research as they are the individuals that collect data, rather than more objective means, such as a survey. Additionally, qualitative research allows the researcher to collect a variety of different data, giving breadth to the study and

allowing for as rich of a description of the phenomena as possible. Qualitative research is also emergent in nature. That is, the initial plan for research is considered tentative, as different parts of the research process may change as data is collected and the researcher interacts with the participants. Finally, qualitative research is highly subjective, allowing the researcher to be reflexive in their interpretation of the data and provide a holistic account of all of the factors involved in the problem under study (Creswell & Creswell, 2017).

Accompanying qualitative research, much like any research type, are some common methodological philosophies that illustrate the general orientation that a particular methodology represents (Creswell & Creswell, 2017). Under qualitative research, one such philosophy is social constructivism. Social constructivists believe that individuals work to understand the world that they live in, developing subjective meanings of their experiences, giving meaning to specific things, objects, and entities along the way (Creswell & Creswell, 2017; Creswell & Poth, 2017). Stemming from constructivism, social constructivism posits that the meaning that individuals seek to understand is created socially, through communicating and interacting with others (Creswell & Poth, 2017). The interactions that individuals have, then, and the meaning that they create when they interact, inform how those individuals navigate and see the world. As faculty and students with mental health concerns interact, meaning is created during those interactions. Inevitably, this meaning is then packaged into a part of the worldview that both faculty and students with mental health concerns take with them as they move on to the next interaction, creating more meaning with their newly informed worldview. Moreover, these interactions are complicated by the fact that faculty and students are intersectional beings, bringing multiple identities to an interaction that intersect and inform each other as meaning is created and interpreted (Domage, 2017; Kerschbaum, Eisenman, & Jones 2017; Myers,

Lindburg, & Nied, 2013). Knowing this, a qualitative methodology, informed by a social constructivist philosophy, is employed in this study in an effort to fill the study's overall purpose, to gain an understanding of the perceptions that faculty have of students with mental health concerns.

Historically, there have been five primary approaches to qualitative inquiry. These approaches are narrative research, phenomenology, grounded theory, ethnography, and case studies (Creswell & Poth, 2017). Because data collection methods can be similar across each type of study, the primary difference between these studies can be found in each study's purpose. Narrative research typically focuses on studying just one or two individuals, with the collected data coming in the form of participants' stories, analyzing their stories for the meaning of their experiences (Creswell and Poth, 2017). Also focusing on lived experiences of individuals, a phenomenological study describes not just the experience of one or two individuals, but the experience and meaning for several individuals through their lived experience. The focus, then, in a phenomenological study becomes describing "what participants have in common as they experience a phenomenon" (Creswell and Poth, 2017, p. 58). Moving beyond the meaning of a shared experience, grounded theory works to generate a theory based on the shared experience of a group of individuals in an effort to explain a particular phenomenon and provide a structure for future research (Creswell and Poth, 2017). Expanding the research beyond even just a few individuals, an ethnography focuses on an entire cultural group, locating the shared patterns found within that particular culture (Creswell and Poth, 2017). Finally, a case study approach seeks to understand a problem using the case an illustration. Case studies can include one or multiple cases (i.e., cross-case study) with multiple sources of information that inform the case (Creswell & Poth, 2017). Given that this study looks at more than one individual, is not

concerned with the shared experience of its participants, is not looking to create a theory, and is not working to understand a culture, a case study approach is most appropriate. Having outlined and understood the qualitative research methodology, as well as the variety of philosophical stances and approaches that qualitative research encompasses, the reason for the chosen methodology for this study is clarified.

Though a variety of types of qualitative research exist, this study employed a cross-case study. Yin (2017) defines a case as "a contemporary phenomenon within its real-life context, especially when the boundaries between a phenomenon and context are not clear and the researcher has little control over the phenomenon and context" (p. 13). Given this definition of a case, Yin defines a case study as an empirical inquiry that investigates a given case, addressing the "how" and "why" questions concerning the phenomenon under study. Thus, a case study approach should be considered when the study attempts to answer the "how" and "why" questions, when the study works to understand the contextual conditions relevant to the phenomenon being studied, the researcher has little control over the phenomenon being studied, and the researcher cannot manipulate the study's contextual conditions (Yin, 2017). A case study, for the purposes of this investigation, allows for the exploration and understanding of the perceptions that faculty have of students with mental health concerns, and how those perceptions influence the success of those students. Moreover, this study took place at the university in which faculty taught, researched, and worked with students with mental health concerns. The case study approach allowed this contextual element of the study to be considered, while also allowing me, as the researcher and employee of the university in which the study took place, to be involved in the experience of the participants.

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The case study was chosen for several reasons. First, unlike other approaches, the purpose of a case study is to explore, in-depth and from multiple perspectives, the richness of a particular social phenomenon, be it a program, event, institution, organization, community, or social group (Bloomberg & Volpe, 2019). Given that case studies allow for the examination of institutions and organizations, the case study approach fits nicely within this study, given that this study takes place at a four-year mid-size midwestern university. Moreover, case studies can be explanatory, exploratory, or descriptive (Yin, 2017). Because this case study has no clear conclusion and simply is an effort to further understand faculty perceptions of students with mental health concerns at a four-year university, this particular study is suited well for an exploratory case study design. Additionally, the purpose of the case study is to generate understanding and insight that is ultimately used to inform professional practice or inspire social action (Yin, 2017). Thus, the case study approach fulfills the purpose of this study by allowing the researcher to gain understanding and insight into the perceptions that faculty have of students with disabilities, while allowing the researcher to also understand the "how" and "why" of those particular perceptions. Moreover, a predominant feature of case study research is the thick, rich description of the phenomena under investigation. This feature of case study research will allow for a detailed understanding of faculty perceptions that will provide insight into the "how" and "why" those perceptions exist (Bloomberg & Volpe, 2019). Finally, this study takes on a cross-case study approach in that it looks at faculty perceptions across several different academic departments. As Bloomberg and Volpe (2019) state, a multiple case study design is "useful when cases are used for purposes of a cross-case analysis in order to compare, contrast, and synthesize perspectives regarding the same issue" (p. 50). Thus, because this study examines faculty perceptions across academic departments through interviews of those faculty (with the intent to

compare and contrast perceptions across different academic disciplines) a cross-case study is fitting as each academic department represents their own case.

Site Selection

The present study took place at a mid-size four-year university in the Midwest region of the United States. Founded in the mid-nineteenth century, the institution serves roughly 21,000 students with a total faculty count (departmental and non-departmental; full-time and part-time) of 1,326. At the institution, about 18% of students identify as part of a minority population. As a mid-size four-year institution, the university offers a variety of degree options, with doctoral level study available in a majority of the offered programs, with notable programs in business and education. The disability services office at the institution serves roughly 4.5% of the student population, with approximately 1,000 students receiving accommodations. Given the size of the institution, the breadth of programs offered, and the diverse nature of the students at the institution, this institution provides a worthwhile site for a case study.

As I have worked with faculty across all academic departments through a variety of avenues over the years, I already have access to the site on a daily basis.

Description of the Population

The population that this study is concerned with is faculty. In the context of this study, I define faculty as any individual that teaches a for-credit class at the institution. This includes tenure-track and non-tenure-track faculty. In total, the institution in this study employs approximately 1,300 faculty, of which almost 900 are full-time and over 400 are part-time. Roughly 600 of those faculty are male (44%), while well over 700 are female (55%). In terms of race and ethnicity, a vast majority of the faculty are white, with the second and third largest populations being Asian and Black or African American at 6% and 3% respectively. Keeping in

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line with tradition, tenure-track faculty at the institution in this study have three primary job responsibilities: teaching, research, and service, with tenure review occurring after seven years. Non-tenure track faculty have the primary responsibility to teach, and depending on their specific role, may have other advisory or coordinating duties within their department. Thus, faculty, either tenure-track or non-tenure track, engage with students both inside and outside of the classroom in a variety of ways. When compared with other institutions of similar size and type on a national scale, the faculty profile and job responsibilities at the institution in this study are similar and consistent (U.S. Department of Education, 2018).

Description of Participants

Participants in this study came from over 11 different academic departments and represented all major colleges at the university, including applied sciences, business, technology, education, and general arts and sciences, with multiple faculty coming from some of the larger colleges. In total, 14 participants took part in this study, engaging in interviews lasting, on average, over 45 minutes each. More specifically, faculty at most levels (i.e., tenure and non-tenure track) were represented, with faculty titles including instructional assistant professor, assistant professor, and associate professor. All participants in the study were employed faculty at the university under study. Faculty participants in this study are of varying race and ethnicity and had employment with the university ranging for at least one year. In total, participants in this study had a combined 130 years of teaching experience, with the average teaching experience being almost 10 years per participant.

Participant selection

To select participants for this study, I employed a purposeful sampling technique under the following criteria: 1) Participants must be employed as faculty members at the institution in

this study and 2) participants must have experience working with students with mental health concerns. As Merriam and Tisdell (2017) state, purposeful sampling is to be utilized when the investigator wants to "discover, understand, and gain insight and therefore must select a sample from which the most can be learned" (p. 96). More specifically, I will utilize a version of purposeful sampling, called snowball sampling (Merriam & Tisdell, 2017). Snowball sampling involves starting with a few key participants who easily meet the criteria for the study and asking each key participant if they can refer me on to other participants (Merriam & Tisdell, 2017). This sampling technique pairs nicely with my study for two reasons. First, the purpose of this study is to understand the perceptions that faculty have of students with mental health concerns. By using a snowball sampling technique, I can call upon the relevant participants that will share the most insight that I know have had experience working with students with mental health concerns, and therefore, contribute to this study by the most effective means. These participants can then refer me on to additional willing participants. Second, snowball sampling allows me to utilize my particular experience as a disability services professional at the institution, as over the last seven years I have developed relationships with faculty that I know have experience working with students with mental health concerns and would be willing to share their experience. The relationships that I have built with these faculty allow me to recruit them as key participants for this study. Moreover, snowball sampling, and purposive sampling in general, allows the flexibility for me to go outside of the faculty that I have already built relationships with and canvas the broader university for additional participants. Therefore, if additional participants are needed, an additional recruitment strategy of an email solicitation will occur. This email will be sent out to various academic departments, as well as the faculty list-serv, explaining who I am as the researcher, the purpose of the study, and the specific procedure for taking part in the study.

Data Sources

In an effort to investigate the perceptions that faculty have of students with mental health concerns, semi-structured interviews will be conducted. As Castillo-Montoya (2016) suggests, "Interviews provide researchers with rich and detailed qualitative data for understanding participants' experiences, how they describe those experiences, and the meaning they make of those experiences" (p. 811). Traditionally, there are three different types of interviews – structured, semi-structured, and unstructured. Structured interviews contain a list of predetermined questions that are asked in a specific order to each participant. This type of interview, while worthwhile in some capacities, assumes a particular worldview of participants and can make the interview data overly homogenous (Merriam & Tisdell, 2016). Conversely, unstructured interviews are informal and are typically used to gain an initial understanding of particular phenomena. Semi-structured interviews combine both of these interview types by allowing me, as the researcher, to respond to the situation at hand, ultimately working to more directly understand the view of the participant and their thoughts (Merriam & Tisdell, 2016). Additionally, semi-structured interviews allow for a certain level of standardization across each interview that works to ensure the study's reliability (Merriam & Tisdell, 2016). Most importantly, this study works to understand the individual experiences that faculty have of students with mental health concerns. These experiences are unique to faculty and are best understood by giving faculty the freedom to expand on their thoughts and tell their story, something that only semi-structured interviews can provide. Along with the interviews, I will be taking observation notes as I interview each participant in an effort to more delicately understand mannerisms, facial expressions, and any other contextual factors.

The interviews in this study will involve faculty across a variety of academic departments in an effort to understand whether perceptions vary across those academic departments. The semi-structured interviews will consist of eight open-ended questions that I created to guide the interview, which will ensure that each participant is asked the same questions and has the opportunity to ask questions themselves. Moreover, the semi-structured interviews will allow me, as the researcher, the flexibility to ask questions beyond the predetermined questions to ensure that participants are answering questions in the manner intended. A potential disadvantage regarding the data sources in this study is that the only data in this study are interview data and observation notes. Though other data could be brought in, only utilizing interview data and observation notes will allow me to interview more faculty than I would have if other types of data were brought in. Moreover, as stated in the literature review, a potential critique of much of the research on faculty perceptions of students with disabilities is that qualitative interview data are lacking. Thus, by emphasizing interviews in this study, a troubling gap in the research is filled.

Description of Research Protocols and Field Testing

Given that faculty perceptions of students with mental health concerns has been studied very little in a qualitative manner, I developed my own interview protocol for this study (see Appendix A). To develop the protocol, I utilized Castillo-Montoya's (2016) Interview Protocol Refinement (IPR) framework. The IPR framework, through four different phases, allows the researcher to progressively develop a research instrument that is appropriate for participants and aligns with the purpose of the research being conducted. The IPR framework works to ensure that data gained from the interviews will be relevant and address the stated research questions.

Moreover, the IPR framework works to bring reason to the protocol, working to justify the protocol's format, length, number of items, and wording of items.

The first phase of the IPR framework is to align the interview questions with the research questions. During this phase, I created a matrix for mapping the interview questions onto my research questions (see Appendix B). This matrix allowed me to mark which questions addressed what specific research questions and ensured that each question was relevant to my research questions. Additionally, the IPR framework frames interview protocols as an "instrument of inquiry" (Castillo-Montoya, 2016, p. 813). That is, interviews are a tool to understand phenomena as well as an instrument for conversation. Achieving this balance is handled in phase two of the IPR framework. In this phase, I tailored the questions to make them more conversational, organizing them in a way that followed ordinary conversation, as well as making sure a variety of questions were asked. To check the protocol up to this point, phase three offers a time for feedback from others. One such way of offering feedback is through a close reading (Castillo-Montoya, 2016). A close reading allows the researcher to read the questions aloud to other colleagues to examine the protocol for structure, length, writing style, and comprehension. The interview protocol for this study will go through a close reading with the director of the disability services office on campus, a professor in special education, and my dissertation chair. As a result of this close read, the interview questions will be changed accordingly to determine the best flow and ease of understanding (Castillo-Montoya, 2016). The final phase of the IPR framework, phase four, involves piloting the protocol with individuals who mirror the participants of this study (Castillo-Montoya, 2016). After phase three was completed, two retired professors will took part in a simulated interview to mimic real interview conditions, to the extent possible, of the actual interview setting, taking note of the interview's timing, participants

ability to answer questions, and the general rapport and process of the interview. The interview lasted about 30 minutes and was coded for themes afterwards. To ensure internal validity, all field test data was peer-checked by two colleagues uninvolved in the study to make sure that coded themes were consistent (Merriam, 1995). The primary data set was also peer checked by these same two colleagues after to incoproate inter rater reliability and bolster reliability.

In addition to the IPR framework, several techniques will be used after the field test to bolster the interview protocol. To ensure content validity, I will cross-reference my interview questions with questions of other studies working to understand faculty perceptions in a similar fashion. Based on these studies, the questions will be changed to match the literature. Moreover, I will send my questions to the current disability services office director, a retired disability services office director, and two different retired faculty members to make sure that questions are appropriate. To increase the credibility of the data, I will also invite participants to member check the interview transcripts after each interview by sending them the transcripts and asking for feedback. Member checking is important, as it solicits participants views of the findings to make sure the interpretation of the findings is consistent (Creswell, 2017). As Creswell (2017) states, this technique is considered to be "the most critical technique for establishing credibility" (p. 208).

Data Collection Procedures

At the time this study was taking place, the COVID-19 pandemic was taking place within the United States. Thus, in order to keep all involved with the study safe, all interviews took place face to face over Zoom. The interview protocol (see Appendix A) includes an introductory statement that was read to each participant before their interview and includes the purpose of the study, the selection process for participants, the estimated interview length, and a statement

indicating that participation was voluntary. Before the interview began, each participant was asked if the interview can be recorded. Participants were then asked to sign the consent form and if they had any questions before the start of the interview. All participants that agreed to have the interview recorded were included in this study and were provided with a copy of their signed consent form after each interview. In an effort to member check, contact information was exchanged between myself and the participants, as I will sent them a copy of the interview transcript and observational notes after they have been transcribed. All interviews will take place within a yet to be determined timeframe, with each interview lasting approximately 30 minutes. The semi-structured interview questions were used to guide the interview, with participants ultimately guiding the interview themselves through the responses that they give and the path that the interview ends up going down. During the interview, participants were asked to describe their experiences with students with mental health concerns and their overall understanding of mental health on a college campus.

After the interviews, each interview was transcribed into a word document and sent along to each participant for review. In member checking, each participant was asked for their thoughts about the interview, verifying the accuracy. Any feedback provided by participants as a result of member checking was used to edit the transcript accordingly. After the recordings were transcribed, the recordings were destroyed. All data is stored on a secure, password protected personal hard drive.

Data Analysis

The data collected and analyzed in this study will be utilized to understand the perceptions that faculty have of students with mental health concerns. In this study, data will be analyzed to develop a case description of each case (i.e., academic department). As Yin (2017)

suggests, three steps are involved in developing a case description: describing, coding, and comparing. By analyzing the data through Braun and Clarke's (2017) thematic analysis framework, themes will be developed that will inform a case description for each academic department and used to describe how faculty perceptions of students with mental health concerns vary across those case descriptions of academic departments.

To analyze the data, Miles, Huberman, and Saldana (2014) strongly advise that data analysis occurs at the same time as data collection. This technique will be employed throughout the data analysis process, with data analysis beginning with the first interview and ending with completion of this research project. The data that will be collected in this study will be transcribed interviews of the participants and observation notes from the interviews. A thematic analysis was used to analyze the data. As Maguire and Delahunt (2017) explain, "Thematic analysis is the process of identifying patterns or themes within qualitative data" (p. 3352). The goal of a thematic analysis is to use the themes identified to address the research by making sense of the data and interpreting it in a meaningful way. Thematic analysis was used in this study because it is not tied to any particular methodology, unlike other qualitative data analysis techniques. This provides the opportunity to adapt to any sort of theoretical framework, methodology, coding process, and virtually any other part of qualitative research. This flexibility means that the worldview of the researcher is not forced to adapt as well and can remain consistent across the research. Additionally, as Maguire and Delahunt state, thematic analysis recognizes that there are a variety of ways to code data, giving the researcher the freedom to choose the coding technique for which they feel best aligns with their perspective and research questions.

Braun and Clarke's (2006) six-phase framework for doing a thematic analysis was employed in this study. Braun and Clarke's approach is beneficial, as it clearly articulates each phase of the data analysis process that allows for a linear and procedural way to thematically analyze data that readers can understand. This adds to the study's confirmability as it allows other researchers the opportunity to easily interpret the data in the same consistent manner. Moreover, Braun and Clarke identify two types of thematic analysis, of which the researcher must choose one before embarking on analysis. These two types are semantic and latent analysis. A semantic analysis looks at the surface meaning of the data, with the researcher not looking into the data beyond what has been said by the participant. In contrast, a latent analysis goes beyond the surface level meaning of what has been said by the participant and identifies the "*underlying* ideas, assumptions, and conceptualizations – and ideologies – that are theorized as shaping or informing the semantic content of the data" (Braun & Clarke, 2006, p. 84). For this particular study, data will be analyzed at the latent level. Braun and Clarke suggest a latent analysis when the worldview of the researcher is constructionist. Given that this study views disability as a social construction and uses a theoretical framework that bolsters this claim, a latent analysis was used. Most importantly, a latent analysis aligns with the purpose of this research by affording me, as the researcher, the opportunity to deeply analyze, beyond the surface level, what faculty are saying as they talk about their experience with students with mental health concerns. This deeper reading will ultimately add to this study's trustworthiness (specifically transferability), as a thicker and richer description of each case will be able to occur. Braun and Clarke's six phases are as follows:

1. Familiarizing Yourself with the Data

2. Generating Initial Codes

3. Searching for Themes

4. Reviewing Themes

5. Defining and Naming Themes

6. Producing the Report

Data as a result of each interview will include the interview transcription and observational notes that were taken during each interview. After each interview, a transcript of the recorded interview was written up, along with the observational notes. For each participant, I kept a document of the pure transcription and a document of the observational notes. The document with the observational notes will include the full transcription with observational notes interspersed throughout the description in an effort to map the notes onto the transcription as both may be relevant to each other based on what is being said. This data will be analyzed through each step of Braun and Clarke's (2006) framework.

During step one of Braun and Clarke's (2006) framework, I became familiar with the data. To do this, I read and re-read the data, jotting down any preliminary notes to gauge my early impressions of the data.

After becoming familiar with the data, I moved into step two of the framework and generated my initial codes. During this step, I started to organize the data in a meaningful and systematic way. To do this, I coded the data. An in vivo coding process was used to shape and structure the transcribed interviews. As Miles et al. (2014) state, "Codes are labels that assign symbolic meaning to the descriptive or inferential information compiled during the study" (p. 6-7). Though a variety of different coding processes exist, this study will utilize an in vivo coding process. In vivo coding uses the words and phrases from participant's language in the interview transcriptions. To do this process, I took on a two-cycle coding approach as recommended by

Miles et al. The first cycle of the process involved going through each transcription, line by line, and developing provisional codes based on what is said by each participant. Codes that are the result of a direct quote from the participant were put in italics next to the transcribed data, whereas codes that were conceptual were not. An interpretation of the codes was based on the relevance to this study's theoretical framework.

In vivo coding was used as it is one of the most well-known coding techniques in qualitative research, is appropriate for virtually any qualitative study, and most importantly, focuses on the voice of the participants (Miles et al., 2014). This last point is important for the purposes of this research, as the aim of this research is to understand the perceptions that faculty have of students with mental health concerns. In emphasizing the voice of the participant, in vivo coding brings a more direct and concerted approach to coding that leaves some of the guesswork out of the coding process, ultimately increasing the study's credibility.

After the first cycle of coding was complete, I then performed a second cycle of coding and transitioned into the third step of Braun and Clarke's (2006) framework of searching for themes. During the second cycle of coding and third step of the framework, I used a pattern coding approach. As Miles et al. (2014) state, pattern coding is a way to summarize the data codes up to this point and group the summaries into a consolidated list of themes. In doing pattern coding, I took my provisional codes and arranged them into patterned groups of relevancies by assigning the groups overarching codes that represent a potential theme. All codes within the given theme, then, will be subthemes.

After step three of the thematic analysis framework, I reviewed my themes. During this step, I reviewed all potential themes that were developed during the second cycle of coding and solidified them into candidate themes. In this step, Braun and Clarke (2006) suggest a two-level

approach that this study utilized. The first level involved reviewing the coded data that is specific to each theme. During this level, I again went through all of the data and make sure that the data corresponds to the identified theme from step three. After this first level, I moved into level two, where I looked at the themes on a holistic basis in relation to the entire data set, making sure that the themes accurately represent the data as a whole, particularly through the lens of my theoretical framework. To make the level two process easier, I developed a thematic map for each theme and subtheme grouping, with the overarching theme in the middle of the map in a large bubble, and the subthemes in smaller bubbles attached to the larger bubble. At the end of this step, my themes were nearly finalized.

Moving into step five, Braun and Clarke (2006) suggest defining and naming the themes. This process involved again reviewing each theme created thus far and making sure that the data that the theme represents captures the "essence of what each theme is about (as well as the themes overall) and determining what aspect of the data each theme captures" (Braun & Clarke, 2006, p. 92). During this step, I was actively cognizant of what each theme represents, making sure that a given theme does not take on too much meaning or is too complex. During this step, I made note of the specific participant(s) related to each theme so their academic department affiliation can be identified and compared for the purposes of cross-case analysis. Incoprorating an element of inter rater reliability, I had two colleagues uninvolved in the study review my data and codes. During this review, no disagreement in the coding were found. At the end of this step, all themes were finalized in their form.

The final step in Braun and Clarke's (2006) framework is to produce the report. During this step, which is the fourth and fifth chapter of this study, which includes a final written analysis of the themes, what they represent, and how they work to develop a further

understanding of faculty perceptions of students with mental health concerns. During this step, I analyzed the themes through the theoretical lens of this study, disability theory. To help me with this final step, I engaged in the process of analytic memoing after each interview. Miles et al. (2014) state that "An analytic memo is a brief or extended narrative that documents the researcher's reflections and thinking processes about the data" (p. 95). The process of analytic memoing will allow me to synthesize the data into a higher level of meaning before the actual final step of Braun and Clarke's (2006) thematic analysis framework. Moreover, analytic memoing allows me to, as soon as data collection begins, heed Miles et al.'s advice by engaging immediately in the data analysis process. All memos were kept in a separate document for each participant. Finally, during this final step and in keeping with Yin's (2017) describing, coding, and comparing process for developing a case description, the data collected and analyzed in this study worked to understand the perceptions that faculty have of students with mental health concerns. During this step, the themes were employed to develop a case description of each case (i.e., academic department). By analyzing the data through Braun and Clarke's thematic analysis framework, the themes developed inform a case description for each academic department and used to describe how faculty perceptions of students with mental health concerns vary across those case descriptions of academic departments.

Ethical Issues/Permissions

Ethical considerations in this study include participant confidentiality and reciprocity. The snowball sampling technique, email request for participation, and all other data collection methods and procedures will be reviewed by the Institutional Review Board (IRB). If approved, only the approved interview protocol will be followed. Additionally, participants will be asked to sign a consent form prior to being interviewed and taking part in this study. No participants in

this study were pressured to sign the consent form or take part in any part of this study, as every aspect of this study is voluntary. Before participating in the interviews, participants were sent an overview of the study and an explanation of their role in the study, with particular emphasis on the study's voluntary nature and the various measures taken to ensure confidentiality. All interviews took place over Zoom, which was a place that was comfortable for participants (e.g., their own home). In an effort to further protect participant confidentiality, pseudonyms were given to all participants, and the institution's name was changed.

An additional consideration in regard to ethics was given to reciprocity. As Curry (2012) posits, "reciprocity, in qualitative inquiry occurs when there is give-and-take between researchers and the researched" (p. 91). Moreover, Curry (2012) places reciprocity as an ethical ideal in that it considers care, respect, and honor to researcher participants as they partake in the research and makes the researcher cognizant of the potential to exploit the participants. Participants in a study need to benefit from the research just as the researcher needs to benefit from the participants. For this particular study, participants benefitted in several ways. First, in interviewing faculty, it is the hope of this research that faculty were given a chance to reflect on their experiences with students with mental health concerns. In reflecting on their experience, faculty were hopefully able to increase their self-awareness regarding the students they have worked with and develop a better understanding of the needs of those students. Second, in giving faculty a chance to reflect, this research gave faculty a chance to be listened to. In an environment in which faculty are often mandated rather than given voice on how to support students (e.g., accommodations), this research gives faculty the chance to express their feelings regarding the frustrations and satisfactions of working with students. A final benefit to participants is that in reflecting on their experience and gaining a greater self-awareness, faculty

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became more cognizant of students with mental health concerns in their day to day work. Ideally, this consideration for students will bring a change in teaching practices in the classroom that are more universal and accessible to a wider range of student learners.

Ensuring Trustworthiness and Rigor

Trustworthiness and rigor in the context of qualitative inquiry is often contested due to the subjective manner in which the research is conducted (Lincoln & Guba, 1986). Indeed, qualitative research goes against the traditional research paradigm that studies need to be widely generalizable and objective (Lincoln & Guba, 1986). This is emphasized in case study research, which relies on a rich description of a particular phenomenon, with the researcher leveraging their positionality and immersing themselves in the research (Yin, 2017). Thus, in an effort to ensure trustworthiness and rigor, Lincoln and Guba (1986) devised a set of criteria for maintaining trustworthiness and rigor in the qualitative research process, particularly case study research. These criteria are credibility, transferability, and dependability and confirmability.

Credibility. Credibility refers to a study's level of believability and truth. Lincoln and Guba (1986) suggest several strategies for ensuring credibility in case study research, of which include prolonged engagement, peer checks, and member checking. To maintain credibility, this study engaged in all three of these strategies. Prolonged engagement occurred in this study as a substantial number of interviews took place. These interviews allowed me to engage with the phenomena under study for a prolonged period of time, being exposed to the various themes that transpired as a result of this prolonged engagement. Peer checks occurred and will occur at several stages throughout this research. First, peer checks occurred during the development of the interview questions. Using Castillo-Montoya's (2016) IPR framework, the interview questions underwent phase three of the framework, which included a close reading of the

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questions with the director of the disability services office on campus, a professor in special education, and my dissertation chair, all of which provided feedback. Peer checks also took place as a result of the field test. After data from the field test was transcribed and coded, peer-checks took place with colleagues uninvolved in this research to make sure that coded themes were consistent. Peer checks were again used by these same colleagues with the primary data set after it was collected. Finally, credibility will be established through member checking of the data, as all transcribed interviews were sent back to participants for review and feedback.

Transferability. Transferability affords qualitative research with external validity. Transferability refers to the ability of a study's findings to be transferred from one situation to another. For this particular study, transferability will be achieved in two primary ways. First, this study is a cross-case study analysis. This increases transferability by illustrating themes across a number of different cases. In this research, transferability was achieved by looking at the different themes of faculty perceptions across different academic departments (Miles et al., 2014). The second way in which transferability was established in this study is through a thick-rich description. Lincoln and Guba (1986) describe this as a narrative developed about the specific case and the context surrounding that case. For this study, a thick rich description was provided surrounding the participants involved, the methodology, relevant literature, theoretical lens, and each specific case. Additionally, purposeful sampling was used in this study, which increased the study's overall rigor and credibility, as participants that had specific experiences working with individuals with mental health concerns were involved in this study.

Dependability and confirmability. Dependability and confirmability in a study refers to the study's consistency and suggests that a dependable study would have findings that are consistent if the study were to be replicated (Lincoln and Guba, 1986). To ensure the

dependability and confirmability of a study, Lincoln and Guba (1986) suggest that an audit trail be utilized. An audit trail is a description of the steps taken from the start of the research to the reporting of the findings. An audit trail is employed in this study in an effort to ensure consistency in data collection (dependability) and analysis of the data (confirmability).

Researcher Positionality

Positionality is important. As Bourke (2014) suggests, the nature of qualitative research places the researcher as the data collection instrument. Because of this, the subjectivity of the researcher plays an integral role in the research, from the purpose to the findings. Further, Bourke states that "You have to position yourself somewhere to say anything at all" (p. 3). Bourke's description of positionality emphasizes that researchers must recognize their positionality in an effort to reflect on the role that their individual experiences influence the research as whole. Using Banks' (1998) typology of cross-cultural researchers, my positionality in this study would be described as indigenous outsider, both in terms of faculty and students with disabilities. That is, though I am not a faculty member, I do work in disability service at a higher education institution. Additionally, though I do not identify as having a disability, I am an advocate for individuals with disabilities and my daily work goes towards supporting those individuals. Furthermore, my personal background with disability also positions me as an indigenous outsider in that my father had Parkinson's disease.

Growing up with a dad with Parkinson's disease, disability has always been a part of my life in some capacity. Early on, I was brought into the world of disability and witnessed what it was like for my dad to navigate that world as someone with rather limiting accessibility issues and barriers. Moreover, having spent my entire higher education career in disability service and support, I have seen first-hand the struggles and triumphs that students with disabilities

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encounter as they pursue their post-secondary education. I have worked with faculty across a wide range of academic departments, listening to their concerns regarding accommodations for students with disabilities. The variety of factors (and mixed findings) that influence faculty perceptions of students with disabilities, be it faculty attitudes, faculty willingness to accommodate, and/or the plethora of other variables wrapped up into each of these themes (e.g., lack of training and awareness) emphasizes the purpose and need for this study in that further understanding and clarification is needed. Much like the research, my experience with faculty indicates that opinions regarding accommodations vary, particularly across academic departments. Having worked with faculty over the years, I have found that even the most opposed of faculty, if engaged in a non-condescending and supportive manner, often have rather positive dispositions regarding students with disabilities and accommodations in general. By bringing faculty into the process of accommodating a student, faculty feel much more supported. This study seeks to build on this experience by taking on a qualitative approach that seeks to understand the perceptions that faculty have, across academic departments, of students with mental health concerns. Up to this point, no research has qualitatively considered students with mental health concerns from the faculty's point of view, with the intent of this study filling this gap in the literature. Thus, the inspiration for this study lies within my experience and positionality as a disability services professional and foremost, as someone who was inculcated from birth into the disability community. Though this predisposition towards the disability community provides this research with a unique perspective, this detail is important to note as readers should understand my positionality in interpreting the findings as someone involved in the disability community.

Summary

This chapter provided a detailed description of the methodology applied in this study. In the qualitative approach of this study, semi-structured interviews were used to collect data from faculty at a mid-size four-year public institution in regard to their perceptions of students with mental health concerns. The interviews, and methodology in general, work to address the specific research questions asked in this study by giving faculty a chance to talk about their experiences about students, openly, conversationally, and confidentially. The purposeful sampling technique allowed for this study to call on faculty with direct experience working with students with mental health concerns. Moreover, the coding techniques, methods, and strategies used throughout this methodology allow those experiences that faculty will share to be analyzed in a way where their voice will be heard while simultaneously allowing me, as the researcher, to take a deeper look at the meaning lying beneath their voice. The theoretical framework of this study underscores this goal by allowing the data to be interpreted in a way that views disability as a social construction, created through the interactions that students with disabilities have with faculty, emphasizing disability as occurring within the immediate context in which a person is in. Interpreting the data through this lens, the following chapters will lay out the findings of this study and provide a discussion of those findings.

CHAPTER IV: FINDINGS

Having outlined the methodology for this study, detailing the qualitative research method and process used in collecting and analyzing the interviews, the following chapter presents the results of the data collection that was conducted in the summer of 2020. The results, used to develop a cross-case description of each academic department, provide a portrayal of the participants while working to address the research questions posed for this study.

The purpose of this cross-case study was to explore the perceptions that faculty have of students with mental health concerns. The study was guided by the following research questions:

1. What are the perceptions that faculty have regarding students with mental health concerns?

2. What experiences have faculty had with students with mental health concerns?

In an effort of simplicity, the following chapter will be divided into two sections. The first section will elucidate information gathered throughout the interviews to further describe the faculty participants in this study, as well as the various groupings that the various faculty participants have been placed in as it relates to their college and department. During the interview process, each participant gave their name, as well as the department with which they worked for. Because of the multitude of departments represented, an effort of consolidation was necessary to allow for more fluid, appropriate, and effective cross-case analysis. Therefore, based on the reported department by the faculty, I have grouped faculty departments into a similar likeness, for a total of four different groupings of departments. Describing the participants in further detail, as well as their groupings, is a necessity as these groupings will each be considered a case and compared and contrasted throughout this chapter. This is the crux of the cross-case study. After describing the participants and the groupings, the second section of

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this chapter will use thematic analysis to present the analyzed data collected and provide a case description of each grouping, detailing the themes that emerged across all of the groupings. All names, departments, and identifying information have either been removed or given pseudonyms to protect participant confidentiality. In an effort of clarity and simplicity, it is important to note that all faculty in this study will be referred to as instructors, however, their specific title will also be listed.

Section One: Departmental Groupings and Faculty Profiles

Through the process of the interviews, each faculty member reported the department with which they represented. In total, 11 different departments were represented on campus, with a total of 14 faculty members taking part in the interviews (See Table 1). To give an idea of how many students with mental health concerns these faculty members had interacted with, I asked faculty directly "How many times have you had students with mental health concerns enrolled in your courses"? Though some faculty reported just a few and other faculty reported hundreds, the vast majority reported that they work with about 10-20 students with mental health concerns each semester. Due to the myriad of departments represented, I have grouped faculty into different groupings based on departmental likeness. In an effort to keep all participant information confidential, all names of departments and any other identifying information have been removed and given pseudonyms. Moreover, all descriptions of departments have been detailed in a way that protects departmental confidentiality while still illuminating the primary characteristics of the department. Through this grouping process, four groupings emerged (a) technical, (b) business, (c) social science, and (d) STEM. Again, Table 1 serves as a quick reference chart for each of the groupings, as well as departments and faculty that make up each grouping.

TABLE 1

Reference Chart of Faculty Grouping

Grouping	Department	Instructor	Years Teaching	Rank	Overall Perceptions	Times Interacted with Students with Mental Health Concerns
Technical	Community Advocacy	Graves	1	Instructional Assistant Professor	Students need more help than they are getting, balancing line of care and level of invasiveness, mental health is a central issue to students on a college campus, faculty don't do enough to help students, referral model is bad	Too many too count
Technical	Community Advocacy	Montgomery	11	Instructional Assistant Professor	Meet students where they are at, holds field in high regard, feels faculty training would enable to faculty to diagnose, feels that faculty do not have skills to work with students with mental health concerns	Over 100 formal or informal
Technical	Individualized Needs	Miller	4	Instructional Assistant Professor	Saw role as a facilitator between the student and mental health support, heavily influenced by her department's stance on mental health	Easily every semester, multiple times
Technical	Individualized Needs	Wright	7	Instructional Assistant Professor	Supportive of students, understood student struggle, social justice oriented, felt students really "grit it out", gave lots of flexibility to students, advocated for better communication	20-25 students

Table 1, continues

Grouping	Department	Instructor	Years Teaching	Rank	Overall Perceptions	Times Interacted with Students with Mental Health Concerns
Professional	Professional Sciences	Frazier	10	Associate Professor	Viewed disability as separate from the classroom in a lot of ways, medical model oriented, concerned with getting students the help they need but wanted to make sure training for faculty was not mandatory, viewed mental health as a more distant concern than pressing	6 times formally, 4 general
Professional	Linear Sums	Brown	7	Instructional Assistant Professor	Felt students had to have formal services set up in order to validate disability, felt students used disability as excuse to get out of work, interacted with few students, immediately referred students to other resources	5 students formally, only have worked with students that have received formal accommodations
Professional	Technical Systems	Wilson	4	Assistant Professor	Individualized support to students, felt details about students get lost in translation, was supportive of students but felt more understanding needed, instinct to refer, surface level	12 students formally, no informal students
Social Science	Creative Works	Wyatt	8	Associate Professor	Not trusting, understood student experience, valued mental health, felt the system of mental health is damaged, felt training needed to be ingrained, talked about personal experience	Multiple each semester, about 25 total students

Table 1, continues

Grouping	Department	Instructor	Years Teaching	Rank	Overall Perceptions	Times Interacted with Students with Mental Health Concerns
Social Science	Information Exchange	Torres	5	Instructional Assistant Professor	Social justice model of disability, worked to create an atmosphere of support for students to share their experience, talks about own experience with anxiety/mental health, felt that training faculty to work with students with mental health concerns is more than just referral and involves communication strategies, student success oriented	3-5 a semester, 30 students total - most did not receive formal accommodations
Social Science	Human Society	Windermere	19	Associate Professor	Responses related to personal workload, decisions with students got pushed back onto student, felt students must advocate for themselves, put the impetus on the student to change *their* style or *their* classroom to accommodate students, did not always trust students about their diagnosis, willing to talk through issues with students	Hundreds of students - most did not receive formal accommodations
STEM	Organic Science	Gardner	8	Associate Professor	Understanding of student experience, supportive, understanding that students are changing, believes mental health training should be mandatory for faculty	30-40 students over 8 years

Table 1, continues

Grouping	Department	Instructor	Years Teaching	Rank	Overall Perceptions	Times Interacted with Students with Mental Health Concerns
STEM	Organic Science	Malone	8	Associate Professor	Sees mental health as a diversity issue that needs addressed, feels students deserve individualized attention, worked to respond directly to student needs, wants students to succeed, embraced the work to meet student needs	Every semester, 5-10 students
STEM	Mobility Science	McCarthy	5	Instructor	Caring and supportive, created classroom environment that allowed students to talk things through, talked extensively about "managing the line of care", advocates for students with mental health concerns, thinks faculty need training in awareness that students with mental health concerns are out there, feels that a simple "Are you ok" can go a long way for students and that most faculty do not do this	25 students over 10 semesters
STEM	Quantitative Patterns	Silva	28	Instructional Assistant Professor	Takes mostly a referral approach with students, overall supportive of students, worked with a lot of students, expressed difficulty in walking the line of care, felt some students used their disability as leverage to get what they wanted	Every semester for last 10-15 years, 20 students per semester

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Technical

Under the technical grouping, there were three faculty consisting of primarily instructional assistant professors, who can be characterized as faculty that focus on teaching rather than research, often take on an additional course compared to tenure-track instructors, and do not possess a terminal degree. Departments under the technical grouping can be characterized as advocacy based, with the mission of such departments being to push students towards careers in helping professions, particularly in fields that work with minority populations. Faculty in this grouping are working to train students on a specific set of skills that are utilized specifically in their chosen career (hence the "technical" grouping name) rather than a more generalist or liberal arts approach when compared with other groupings. Generally, faculty perceptions within this particular grouping were overwhelmingly encouraging, which can be expected given the advocacy nature. The total number of years teaching at the institution for each of the instructors in this grouping is 19. The technical grouping is comprised of two departments at the institution, the Community Advocacy department and the Individualized Needs department.

Community Advocacy. The Community Advocacy department on campus is home to both undergraduate and graduate degrees and is highly focused on practical and technical skills in educating students. Students in the Community Advocacy department are focused on community engagement in an effort to bring about positive change. Students in this department build skills in problem solving and assessment, as well as gain knowledge in human rights and advocacy for underrepresented populations. A hallmark of the educational experience for both undergraduates and graduates in the Community Advocacy department is field education, which gives students real-world experience in a career path of their choosing. The Community

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Advocacy department is small, falling towards the bottom of undergraduate and graduate enrollment.

Instructor Graves. Instructor Graves is an instructional assistant professor in the Community Advocacy department and has only been teaching at the institution for a little over a year. In addition to their teaching responsibilities, Instructor Graves directs the graduate level Community Advocacy program through the department, coordinating all aspects of the student experience. As someone with real-world training and experience prior to coming into higher education, Instructor Graves brings a unique perspective to the students they work with and leverages their professional experience in their interactions with students. Despite having only taught at the institution for a year, Instructor Graves stated that they had interacted with more students with mental health concerns than they could count. Instructor Graves said that students have no problem sharing their experience in class, and that given the nature of the department and program, it is no surprise as mental health is embedded throughout the class (both in terms of learning about the population and in supporting students with concerns). Throughout the interview, I sensed Instructor Graves was a caring faculty member who enjoyed working with students. Instructor Graves had a tone of voice that was calm, that lacked assertiveness, but was compensated by kindness and graciousness. Despite this demeanor, Instructor Graves was quick to critique various aspects of their department and the university and spoke abundantly on the topic of mental health.

Throughout the interview, Instructor Graves had strong opinions regarding students with mental health concerns, and generally presented as a passionate advocate for students. Among the issues that Instructor Graves brought up was that students with mental health concerns need more help:

I think certainly, you know, we probably need more counselors than what we have, you know, so there's some budgetary issues there for sure. But I think, I think both, I think we need more support for the students. And I think we need more education and training for the faculty, and I don't, I don't know what the answer is to that. I just don't think that the counseling office is the only answer.

Here, Instructor Graves suggested that there needs to be more, university-wide buy in for students with mental health concerns, ultimately leveraging the expertise available across campus to support these students, rather than pushing all of the support off onto the institution's counseling office. Additional issues that Instructor Graves discussed was their personal struggle with balancing the level of invasiveness in advising a student (that is, Instructor Graves struggled with the line at which they should send the student to another office or help the student herself). This issue for Instructor Graves was compounded by the fact that they felt the referral model, or the tendency to refer students to another office, was detrimental to students and faculty. More specifically, Instructor Graves felt that the referral model was a crutch for faculty who did not want to deal with a student with a mental health concern, inevitably referring them to counseling and avoiding building any student support skills in the process. Instructor Graves provides a succinct explanation of her frustration:

Yeah, it was several weeks to be able to see somebody (in the counseling office) and so the faculty are dealing with those situations in the class in the moment, and referring to counseling isn't going to resolve that situation at that time. So, I feel like training needs to be more of like that mental health first aid type of response, like what can I do in the classroom with the student or in my office hours with the student that, again, doesn't breach that line of like, liability or doesn't move too far into, you know, stepping out of

your professional role, but still is enough to support that student to get to the next step or to get through those next few weeks before they can get into counseling. I just, in my experience, it feels like everything that I've received in terms of training has always been to refer to counseling. I mean, it's just constantly refer, refer refer? Yes, you can take them there if there's an emergency and they'll see them on an emergency basis. But like, what about those situations that it's like, it's not really an emergency. But something needs to happen before eight weeks from now, you know, before the student can get in, I mean, there's a whole spectrum of, of situations that don't fall into immediate emergency, but can't wait eight weeks.

Instructor Montgomery. Like Instructor Graves, Instructor Montgomery is an instructional assistant professor in the Community Advocacy department. While Instructor Graves directs the graduate level program, Instructor Montgomery directs the undergraduate level Community Advocacy program. In conjunction with the role as director of the graduate level program, Instructor Montgomery teaches several courses each semester, with most semesters the teaching load amounting to roughly four to six courses. With over 11 years of experience teaching at the institution, Instructor Montgomery is well-versed in working with students with mental health concerns, estimating interactions with over 100 students with mental health concerns, either formally or informally, over the course of 11 years teaching. In addition to Instructor Montgomery's experience with students with mental health concerns in the classroom, Instructor Montgomery has extensive experience in Community Advocacy based fields. Instructor Montgomery's tone throughout the interview was self-confident, particularly in regard to the Community Advocacy field as a whole, as Instructor Montgomery held the field and their particular experience/expertise in high regard:

So, you've got professors that show up to teach and that's it. And then you have others that are trained in a sense. So, I worked in the field before I came to ISU. I'd done counseling and all that stuff. So, I've seen the worst of the worst, and I'm not saying that I know everything. But I've had the experiences, and I have letters behind my name to prove that I know what I'm talking about. So, I took that, I didn't come to ISU to be a professor, it was part of the contract. And over the years I have, I have learned how to teach in taking it beneath my wing as something that's important to me. Right? So, I'm lucky because I get to bring in my professional experience, my education, and now 11 years of teaching to be pretty darn good at what I do. It's very different than somebody going in and having a really large class and not being equipped with the same skill set.

Instructor Montgomery's confidence and high regard for the field bled into their perspective regarding faculty training, which the instructor believed should not be something faculty should concern themselves with. When asked how faculty can prepare their courses for students with mental health concerns, Instructor Montgomery responded with the following:

So, I know what to do, but I don't think we necessarily need to be arming, you know, professors, you know, with a skill set to determine whether or not somebody has a mental health disorder. I mean, it's not my job to diagnose someone, I can because I'm trying to do that outside of my role as an advisor. Right. It's a slippery slope. So, do I think it's important that, that faculty across the board know, how… have the resources? Yes.

In this portion of the interview, Instructor Montgomery interpreted my question as arming faculty with determining whether or not a student has a mental health concern, when I simply asked about faculty training to prepare faculty in their courses for students with mental health

concerns. This misinterpretation of my question highlights some of the divisiveness that came through in the interview with Instructor Montgomery and gives insight into the way in which this instructor approached each of interview questions.

Despite the tension that Instructor Montgomery appears to exude towards other faculty, Instructor Montgomery came across as an exceptional advocate for students with mental health concerns and is an instructor that many students are lucky to have at the institution. Throughout the interview, Instructor Montgomery continuously used phrases such as "meeting students where they are at", suggesting that listening, care, and student advocacy are a part of this instructor's everyday experience with students with mental health concerns.

Individualized Needs. The Individualized Needs department on campus is housed within the flagship college on campus. Though a relatively small department, this department is specialized, training students on meeting individualized needs of students with varying learning needs. Highly rigorous, programs with the Individualized Needs department include undergraduate, master's, doctoral, and certificate programs. Students in these programs are trained, typically, for experiences within K-12 education, and work to accommodate and reduce barriers for students in their given setting. Given the nature of the department, mental health is a centerpiece of much of the learning experience for students and is considered not as much a diagnosis but more so another aspect of an individual's diversity. The department enrolls roughly 900 students each fall in its variety of programs.

Instructor Wright. Having taught at the institution for over seven years, Instructor Wright is an instructional assistant professor at the institution, though was trained as a teacher within for the K-12 system. Generally, Instructor Wright's tone of voice was slightly scratchy with a small Midwest twang, albeit calm, collected, and easy to talk with. Instructor Wright was

open to sharing their experience and showed a clear excitement in talking about experiences with students. Instructor Wright stated that, over the years, they had worked with roughly 20-25 students with mental health concerns in a formal capacity, meaning they had formalized accommodations through the institution. Informally, Instructor Wright could not give a number as they stated that there were too many interactions to count. Throughout the interview, Instructor Wright positioned themselves as social justice oriented, often describing the student experience as students "really gritting it out" and "really fighting and going through some tough stuff". In describing their teaching style, Instructor Wright came off as liberally flexible, stating that they worked with students, often times, in an "under the table capacity" to give them the support they need. The reason for this method of support was that Instructor Wright felt that there was a tension between the "rules" and "structure" of academia and the institution, and what students truly needed to succeed. Instructor Wright states:

> So, I, you know, yes, we have to have that structure, we have to have that plan, you know, our syllabus, our calendar, we set it up. But I also think there has to be a little bit of empathy and grace, that we extend to our students, regardless of what their disability is, regardless of what they disclose to us. There's, you know, life gets messy. And I think we have to, we should, I don't want to say we have to, it's not mandated, but I think we really should consider that. How do we support the students who really do want to do well, but just can't today?

Though Instructor Wright understands that structure must exist within the university, there has to be a certain flexibility that only faculty can provide in supporting students with mental health concerns. That is, Instructor Wright, many times throughout the interview, often referred to themselves as working outside the specified policies and procedures for a given situation, and

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rather, opted to avoid the bureaucracy of the university and help students directly. Instructor Wright's impetus for this approach came through in a brief thought regarding instructor awareness of students with mental health concerns by asserting:

> I think there needs to be an awareness among the faculty that these kids are sitting in our classrooms. And some of them are holding it together really, really well. And some of them lost their, you know, minds or you know, just didn't hold it together at all right before they came to your class. Or maybe they didn't come to your class for an entire week, or sometimes two, or maybe three. And it has nothing to do with you. But if we're not reaching out to find out why or if we're not aware of what anxiety or depression can look like in a student, then I think we're missing that. You know, like you said, that human connection. We're missing an opportunity to not only humanize the education process, because it's not all about grades and data, even though you know, we have grades and data, but it has to be about helping those students to still be successful.

Student success was of the utmost importance for Instructor Wright and was something that continually came up throughout the course of the interview and guided their train of thought in virtually every response. Of all of the interviews, Instructor Wright's approach spoke more of social justice than other instructors.

Instructor Miller. A clinical assistant professor within the Individualized Needs department, Instructor Miller has been with the institution for four years, taking on a relatively heavy course load during this time. Within the department, Instructor Miller works primarily with pre-service teachers to prepare them for teaching within the K-12 environment. A calm, cool, and collected tone with a tinge of firmness, Instructor Miller was articulate throughout the interview. Surprisingly, Instructor Miller stated that they had not yet worked with any students

with mental health concerns with formalized accommodations through the institution but had worked with multiple students informally throughout every semester that they had taught. Early on in the interview, much like Instructor Wright, Instructor Miller recognized the student experience, that students go through much more than what they sometimes let on:

> But my students, it seems like they are pretty open to share and at least talk about things. It's interesting. I mean, they've just had a lot of experiences and just a lot of really significant things that have happened that really, I think I'm surprised. But I think it's I think it's a hard. I mean, obviously, it's hard being that age, it's hard being, you know, growing up.

This recognition for Instructor Miller lead, often times, to students feeling more open and willing to discuss their struggles with mental health. This opened the door for Instructor Miller to walk them over to counseling, which Instructor Miller stated that they did many times. This recognition of the student experience, by Instructor Miller, was motivated and cultivated by the Individualized Needs department's backing of mental health in general. Instructor Miller stated:

> I think that our department really brings it forward and we've at least had opportunities to discuss it. I think I'm definitely comfortable doing those types of things (walking students over to counseling) and the department has, for sure supported those types of conversations among staff and faculty. I guess I feel we talked about it, we've, we've done some trainings.

This statement from Instructor Miller was reassuring and worked to explain Instructor Wright's stance on mental health as well, given that they are both in the same department.

Though it was reassuring to know that Instructor Miller's department supported mental health, I worked to analyze Instructor Miller's responses throughout the interview, making sure

that it was not the thoughts of the department being shared, but rather, Instructor Miller's individual thoughts. This worry was assuaged towards the end of the interview when I asked Instructor Miller to leave final thoughts regarding mental health and their general approach to working with students with mental health concerns. Here, Instructor Miller's response was less "safe" than previous responses and appeared to be rather genuine. Here, Instructor Miller detailed that they felt their role in working with students was that of a *facilitator*.

> And so, part of it is, I feel a lot that we're like that facilitator of support. I mean, these students are kind of in this area of, their seniors, they're getting ready to graduate and go into the world. But, so they still need a little guidance, but also, they've got a, they need guidance and making their decisions. And so, it's not that I want to make their decisions for them, I would never do that. I want to be that facilitator of information and provide those resources. And now, how you use those resources. It's honestly, it's up to you. I mean, isn't that the same for us as adults, right, especially now thinking about everything that's out there. I can only be that facilitator of support and resources if you ask me something. I'm going to do my best to provide you with an educated response. But I can't ever force how I feel or what I want to do on you know, if they're in their dorm injuring themselves or someone else now that's a different story, you know, I would need to step in, but that I mean, they're just, I don't know, I just I guess I try to keep that facilitator in the back of my brain.

Instructor Miller's facilitator approach to supporting students with mental health concerns seemed genuine, as it was a mixture of non-invasive while still caring for students. That is, Instructor Miller was not afraid to get involved with students to support them but was also cognizant of the line of care that comes with supporting students with mental health concerns.

Instructor Miller feels that in working with students with mental health concerns, the role of facilitator is important as it positions the instructor as someone that can both be a teacher and provide support to students without getting "overinvolved". Instructor Miller drew a figurative line in the care provided to students in that if a student was self-harming or harming others then a more direct approach of care would need to be taken.

Professional

Within the professional grouping, there were three instructors, one of which who was an instructional assistant professor, and the other two being a tenure-track assistant professor and a tenured associate professor. Departments under the professional grouping can be characterized as focusing on both technical and general skills needed to succeed in the professional or corporate world. Three different departments on campus comprise this grouping, with each department offering a range of majors to build skills in students regarding team building, decision making, planning, and management. The total number of years teaching at the institution for each of the instructors in this grouping is 26. The professional grouping is comprised of three different departments at the institution, the Professional Sciences department, the Technical Systems department, and the Linear Sums department.

Professional Sciences. The Professional Sciences department on campus is a somewhat large department on campus, employing nearly 50 faculty and having the highest total enrollment within the college that the department is placed. Unique to the Professional Sciences department is the variety of programs offered. Programs offered train students in a variety of different business aspects, from small business to large corporate business. Business skills such as accounting, human resources, interpersonal communication, and leadership are all part of every program of study offered within the department. In addition to these skills, the department of

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Professional Sciences places an emphasis on building soft skills within students, intertwining professionalism throughout all curriculum in a concerted manner. The department, and the college that the department is housed in, have deep connections to local organizations and businesses that provides current students and recent graduates with vital connections to internships and post-graduation jobs.

Instructor Frazier. At the institution for approximately 10 years, Instructor Frazier is a tenured associate professor in the Professional Sciences department. A seasoned professor, Instructor Frazier projected a scholarly and fluent tone throughout the interview. Instructor Frazier teaches courses that prepare students for a career, generally, in the business field, emphasizing certain specific aspects of business. Instructor Frazier reported during the interview that in 10 years at the institution, there have been 10 interactions with students with mental concerns – six students identifying in a formal capacity with accommodations through the institution, and four students identifying informally. It is important to note that this number of interactions given by Instructor Frazier was among the lowest number of interactions, particularly with an instructor who had been at the institution for 10 years and who typically teaches a full course load.

Throughout the interview, Instructor Frazier exhibited an interesting tension in that their approach to supporting students with mental health concerns was medical model oriented while simultaneously indicating a genuine understanding and support of students. Instructor Frazier exhibited the medical model in describing their understanding of students with mental health concerns:

What is my understanding? That, that's a broad question, I could answer that in a variety of different ways. It's a, I perceive it as a medical condition like any other that requires accommodation.

Here, Instructor Frazier directly positioned mental health as a medical condition and something that requires accommodation. Instructor Frazier recognized the broad nature of my question, but despite this, still continued to answer in a medical model oriented way that placed mental health as something that requires medical intervention and accommodation – ignoring the broad spectrum of individuals who identify as having a mental health concern, but manage it on their own and generally view it as a unique aspect of their diversity. In spite of exhibiting the medical model, Instructor Frazier did seem to have genuine consideration for students with mental health concerns. Instructor Frazier stated:

And I feel a sense of responsibility to make sure that they get the help that they needed, they trusted me enough to come to me, then I need to make sure that they get the help they need or else I'm not out of it. You know, I'm well in it until I feel like I can hand them off to someone that is more capable, or someone that is, you know, able to help them because if they don't have hope, I'm not just gonna be like, well, you know, get on the schedule. You know, got a test on Tuesday. See you then, you know, I can't do that.

In this passage, Instructor Frazier talks through the sense of responsibility felt when interacting with students with mental health concerns, highlighting the need to vet the capability and competency of other professionals before sending the student along to that particular resource. This accountability for students illustrates the sincere concern that Instructor Frazier feels in interacting with students with mental health concerns. This tension between the medical model

and genuine understanding and support for students was felt throughout the interview and was a distinguishing characteristic in Instructor Frazier's responses.

Linear Sums. Located in the third largest college at the institution, the Linear Sums department houses the smallest undergraduate program within the college. However, the department is still large, enrolling about 800 students each fall. Students in the Linear Sums department learn content in a variety of topics, including finance, corporate finance, record keeping, bookkeeping, and leadership skills. Students in the Linear Sums department take classes that advance a particular interest area and work their way through the program to a cumulative professional exam that they must take in order to be qualified in their field. Faculty in the Linear Sums department focus their teaching around organization and structure, as error in this particular field is detrimental when a student is finally placed in their respective career.

Instructor Brown. An Instructional Assistant Professor in the Linear Sums department, Instructor Brown has been with the institution for approximately seven years, teaching primarily larger general education courses to freshman and sophomore students. A younger instructor on campus and coming from the corporate world, Instructor Brown brings real-world experience into the classroom and through interactions with students. In teaching at the institution for seven years, Instructor Brown stated that they only had interactions with five students with mental health concerns, with all of them having formal accommodations through the institution. Similar to Instructor Frazier, little interaction with students with mental health concerns is worrisome, particularly in Instructor Brown's case where they had not interacted with any students outside of formalized accommodations. This could signify a potential discomfort that students are feeling in regard to communicating their mental health concerns with Instructor Brown. Evidence that this

discomfort exists for students is situated within one of the responses that Instructor Brown gave in working with this student population:

> And I have absolutely no problem whatsoever, working with students to make the class accessible to them. If they can't be in class because they are unable to get out of bed that day because of depression, or, like PTSD, things like that. I have no problems at all working with students who have those issues. What I see a lot, are students who say that they have problems like that, they say they have like, anxiety is a very common one. And I see that from students all the time saying I have anxiety; I have test anxiety I have whatever. Um, from my perspective, I have so many students, that the only ones that I can give special consideration to for those things are ones who have an accommodations card, who have gone through all of the correct steps because 100 students per class three classes a semester, I'm looking at 300 kids, and if it becomes the thing that gets them out of having to take a test that day, I'm gonna have 250 students.

Instructor Brown's response is revealing in a variety of ways. Foremost, Instructor Brown likens mental health to depression and PTSD. Though these are certainly two different mental health conditions, Instructor Brown pairs these two diagnoses with a symptom, that of being "unable to get out of bed". Again, though this is true for some students with depression and PTSD, it is also true for many other mental health concerns. This symptom, though innocent on the surface, becomes problematic in that Instructor Brown's top of mind responses of mental health (those with depression and PTSD) and the coupling of this mental health image with a rather impactful symptom of not being able to get out of bed, positions Instructor's Brown's response in a way that places mental health as needing to reach a certain level of severity before being validated. Moreover, Instructor Brown positions themselves as the judge and jury for that level of severity,

with a clear threshold being a symptom and set of diagnoses that is rather highly impactful. From here, Instructor Brown continues on, stating that many students talk about anxiety and test anxiety – so many, in fact, that Instructor Brown feels that the only way to mitigate the influx of students requesting unique consideration is to only work with students who have formalized accommodations. Though true to an extent, Instructor Brown's comments reveal that there are a large amount of students in class with mental health concerns that are simply not being supported, with Instructor Brown likely referring them immediately, due to the sheer amount, rather than making any sort of effort to support them. Though Instructor Brown is understood that specialized support cannot be handled for that many students, the comments at the end of Instructor Brown's response illustrate the tinge of cynicism that contaminates the entire response:

> …I'm looking at 300 kids, and if it becomes the thing that gets them out of having to take a test that day, I'm gonna have 250 students.

Here, Instructor Brown makes the assumption that the large amount of student who talk about anxiety and test anxiety are attempting to leverage their experience by trying to get out of an exam. This gives the impression that Instructor Brown feels that accommodations/mental health are a way in which students get out of the responsibility of being a student, a perception that is certainly detrimental to the student experience. Though Instructor Brown's approach with students was primarily medical model based and distrustful, as will be seen in the final department within this system, the Technical Systems department, other instructors within this grouping had quite opposite views.

Technical Systems. The Technical Systems department on campus is home to roughly 900 students, with each of those students being trained for a career in the technology field. The

department offers both undergraduate, graduate, and certificate programs. With a focus on practical real-world skills, the Technical Systems department prepares students to be adaptable, creative, and innovative in a highly evolving and rapidly changing technology field. One of the more diverse departments on campus the Technical Systems department has several faculty from a variety of different countries, offering students a unique opportunity to experience diversity compared to other departments. Again, emphasizing practical skills, both the undergraduate and graduate programs with the department culminate in an internship opportunity that students must complete before graduating.

Instructor Wilson. A newly minted Ph.D., Instructor Wilson is an international faculty who came to ISU fresh out of graduate school. A tenure-track assistant professor, Instructor Wilson has yet to achieve tenure at the institution but is highly published and has research interests in human-computer interaction and mobile phone application development. Relatively young, Instructor Wilson had a kind and soft spoken tone, and was one of the quieter faculty interviewed. Instructor Wilson teaches both undergraduate and graduate students, taking on a full course load most semesters. The hallmark of my conversation with Instructor Wilson was the individualized support that the instructor talked about, illustrated in particular by an interaction with a student with a mental health concern:

> Yeah, I do. There was a student that had talked to me after class, a thing, you know, this person, he couldn't, he could not speak in public. Yeah, he would have like some attack or panic attack. So, he asked me what? What can we do to help him? Yes, like that. Actually, we, actually we were talking about how we can solve the problem and since like, we do have presentations in the class and also group debate. And in so, so our initial potential solution is like, I put him either almost at the end of the semester to do the

presentation, so that way he could have a lot of time to practice and see how others do their presentation. However, we found this still didn't work for him and there was a lot of build up to the presentation. And I, you know, I had another plan, which was just to ask him to do it just in front of me. So, no others. This worked best.

In this situation, Instructor Wilson provided the student with individualized support, coming up with a solution to the presentation that met the student where they were at, while simultaneously still accomplishing the primary learning outcomes of the assignment and the overall course. Rather than making a decision for the student, ignoring their needs, or referring them to another office, Instructor Wilson took care of the barrier for the student and found a solution that was equitable.

Continuing along the theme of individualized support, Instructor Wilson felt that in providing individualized support to students, lots of details were never passed on to faculty, leaving faculty with little information to work with beyond the student providing the information directly. Instructor Wilson details this in-depth in the following explanation:

Like, it seems that they're afraid to share, share their problems, and is there any way like we all, us staff members, we can encourage them to speak up to us so that we can help them. Yeah, sometimes I wish there was like a, like a, like a central sort of like case management system or something. Yeah, faculty, all staff could like write little notes or something into. And then you know that like, if I, where instead of just me communicating something with you as a faculty member, like, you could be like, okay, let me go login and see if there's any information on john, student, John Smith. And then you see it, it's like, okay, this student struggles with this or learns this way or whatever,

sometimes I wish there was a little bit more information, like, ya know available to, to

faculty.

Here, Instructor Wilson suggested that faculty be given a case management system, of sorts, to track interactions with students and to have a "student profile" to reference. Though it is not possible to disclose a student's disability, both morally and legally (i.e., FERPA), Instructor Wilson's comments reveal that faculty may lack the knowledge needed to confidently work with students with mental health concerns. As the themes section in this chapter will later reveal, faculty training was a pervasive topic throughout all the interviews, and nearly every faculty discussed the need for increased training in some capacity.

Social Science

Similar to the professional grouping, the social science grouping consists of three different departments and three faculty members. Faculty rankings within this grouping include two tenured associate professors, as well as one instructional assistant professor. Departments under the social science grouping, in its purest form, can be characterized as focusing on human society and the study of social relationships. A wide range of majors exist within this grouping, with, broadly speaking, departments training students to develop skills in understanding human behavior, interaction, and culture. Faculty perceptions within this grouping were moderately impartial, with some instructors recognizing how they can change themselves to better the experience of students with mental health concerns and other instructors pushing back the impetus for change onto students (i.e., students must change themselves and adapt, rather than instructors and their classroom). The total number of years teaching at the institution for each of the instructors in this grouping is 32.

Creative Works. The Creative Works Department at the institution is well-known, with many notable alumni graduating from the department over the years. The college within which the department is housed recently received a multi-million-dollar donation from a notable alumni, changing the name of the college to that of the donor. Along with the Creative Works department, four other departments exist within the greater college that the department resides, enrolling 300 students total, with 97 of those students residing specifically in the Creative Works Department. Offering both undergraduate and graduate degrees, The Creative Works department focuses on training students in a holistic manner, offering classes that build creativity, community, diversity, and imagination, with many other disciplines at the institution intersecting, in some way, with this department. Additionally, faculty within the Creative Works department conduct research that focuses on aesthetic generally, ranging from archaeology to dance.

Instructor Wyatt. A full tenured faculty member, Instructor Wyatt has been at the institution for eight years. Instructor Wyatt's tone throughout the interview was confident and collected, talking extensively about their experiences with students with mental health concerns. Highly involved in the Creative Works field, Instructor Wyatt is a busy faculty member, assistant directing a degree program, organizing study abroad opportunities for students, researching, and teaching several classes. Of the many classes that Instructor Wyatt teaches, one introductory level class in particular is rather large, bringing in hundreds of students each year and functioning as a general education requirement for students. Instructor Wyatt reported that they worked with several students with mental health concerns each semester, bringing the total over eight years of teaching to around 25 total students.

Similar to Instructor Brown, Instructor Wyatt exhibited an interesting tension throughout the interview between process and support. Instructor Wyatt felt that if students did not go through the formal process for receiving accommodations through the institution, then they were much more likely to be lying about their experience.

> Yeah. But I'm more concerned about the students who come to me and my colleagues, who don't come to you guys, who will just say that I'm stressed, I'm freaking out, I'm worried about this, worried about that. And they're not the type who were, they're just using that sometimes as an excuse. But I had a I had a student, who, it was going to be a test day or something. And she says, well, I'm just going to take a mental health day, the student said. And I was thinking, well, that's nice, because I don't, you know, you don't get a mental health day, you know, like, are you kidding? Like, you got to come and take the test.

In this excerpt, Instructor Wyatt felt that the student was using their experience to get out of the exam. Though certainly a possibility, Instructor Wyatt did not state they questioned the student or talked through the situation with the student. Instead, the student reported to Instructor Wyatt that they needed a mental health day, and Instructor Wyatt met this request with cynicism, offering a "are you kidding" in their description of their feelings towards the student. This cynicism, though through many years of working with students can be valid, is toxic to any interaction with students with mental health concerns as they often encounter this sort of "non-believing" interaction on a daily basis. Instructor Wyatt furthered the cynicism in describing how they often interact with students with mental health concerns:

> But I do kind of have a frank conversation with them about the fact that faculty are humans. And that, you know, we have an, I challenge. I was challenged in school by

having dyslexia that it was always something I had to work with. And I kind of joke and I know it's not always funny, but I sort of joke that all faculty are somewhere on the spectrum, you know that it's, you'd have to be a little bit crazy to be a professor. And joke with that, that way that they understand that I'm not that, I don't consider someone who has learning challenges or mental health issues, is deficient in some way, that we're sort of all there.

Though well-intended, Instructor Wyatt diminishes the experience of students with mental health concerns by suggesting that all faculty are on the "spectrum" (i.e., the autism spectrum, often characterized as those with difficulty socially, who have repetitive behaviors, or who have challenges with nonverbal communication), offering the sub-textual sentiment to students that their experience is not unique and that everyone works through a mental health concern on some level. Though meant to put students at ease, when analyzed critically, this approach is problematic in that it works to make students question rather than empower themselves, as they ask, "If everyone is working through a concern, then why can't I work through mine?"

Despite the cynicism, Instructor Wyatt generally kept a supportive tone throughout the interview, recognizing more than most of the faculty that I interviewed that truly supporting students with mental health concerns on a college campus is an endeavor that must attack the system as a whole, both structurally and culturally.

Right. I mean, there's, I don't, I'm not delusional. I mean, we're not Harvard. We don't have a $900 billion endowment, right. And there is always money for situations that the institution deems important enough. And I think that's probably why they're (students with mental health concerns) increasing the numbers is that this isn't an option anymore. It's not like a perk, like a nice perk. It's, it's, it's a necessity.

Instructor Wyatt adds to this by stating later in the interview:

So, it can't be a solution, training faculty, but it has to be part of the kind of big picture. It needs to be, kind of a culture change, but needs to be kind of a shift that is recognized both in faculty training and an infrastructure for the student.

In these two passages, Instructor Wyatt leverages their cynicism, but in a positive way, suggesting that institutions put money towards initiatives that the institution deems important. Therefore, Instructor Wyatt believes that if mental health is to really be a true priority on a college campus, then the institution must put forth the monetary resources to do so. For Instructor Wyatt, this comment illustrates that Instructor Wyatt places mental health as something that must be addressed systematically, not just through faculty training. Instructor Wyatt furthered this point by stating that cultural change that values mental health must occur at the institution, which would influence both faculty training and the overall infrastructure (support services and resources for mental health) for the student.

Information Exchange. One of the oldest departments on campus, the Information Exchange department is home to a variety of programs that train students in intellectual, cultural, social, economic, and technologic development, dealing with issues of human symbolic interface – locally, nationally, and globally. The Information Exchange department offers both undergraduate and graduate degrees and is widely renowned. Of particular note within the Information Exchange department is its intro level course, which has over 75 sections, is required by undergraduates, and is unique in that it each section is taught by a fully stipend first or second year masters level graduate student. The intro level course not only educates hundreds of undergraduates each year, but also gives graduate level students a comprehensive teaching

experience unlike any other at the institution. The Information Exchange department is the largest within the college that it resides, with just under 1000 students enrolled each semester.

Instructor Torres. Teaching at the institution for five years, Instructor Torres held a calm and talkative tone throughout the interview. Embodying social justice during the interview, almost every response that Instructor Torres provided exhibited an inclusive and supportive tone, perhaps the most out of any other instructor in this study. As an instructional assistant professor in the Information Exchange department, Instructor Torres teaches an introductory level course that all freshman students are required take, meaning that many students in Instructor Torres' class are first time in college. On top of their teaching responsibilities, Instructor Torres is a doctoral student in education who studies students with disabilities. Instructor Torres stated that they had approximately three to five students with mental health concerns interact with them, most of whom did not receive any sort of formal accommodation through the institution.

A hallmark of the interview with Instructor Torres was the effort that was put in to understand the experience of students with mental health concerns. Instructor Torres did much more than refer students to appropriate resources, but instead, took the time with students to listen to their experience. What lead to this approach was Instructor Torres' own experience with anxiety, which was incorporated regularly throughout their teaching and support of students:

I, I didn't start experiencing issues with anxiety until I was in my master's program. And I don't think I really understood, like, physically what happens to your body, you know, and so I think that it was really easy for me to be like, well, yeah, like, lots of people are anxious. You know, if you have anxiety, maybe you just have a more difficult time coping and I totally get that that makes a lot of sense. And I never really understood, like,

oh, no, anxiety, it's not that at all. It's, you know, anxiety is a whole like upheaval in your, in your body that you, you really have to, like, have resources to handle.

Here, Instructor Torres share a personal and candid account of their experience with anxiety, recognizing that anxiety is much more than being anxious when it causes a substantial impact. Moreover, Instructor Torres states that resources are necessary in working through anxiety. Instructor Torres' candid sharing of their experience with anxiety was a common theme throughout the interview and shaped their approach with students.

Instructor Torres leveraged their own experience with mental health to create a space where students felt comfortable sharing about their experience in the first place. As Instructor Torres states:

Yeah, yeah. So, I think I think I've been very cognizant about really trying to create a space where students feel comfortable talking about their own experiences with mental health and mental health concerns. And I also try and make it a space because I think it's easy, especially in my class for students to say like, oh, hey, I have anxiety. So, I'm not going to do this one. And it's like, oh, you *do* have anxiety, and we're going to figure out how you're going to do this. So, I feel like, it's really easy for students to be like, here's, like, here's my excuse, my excuses. I cannot because I have this issue. And my answer is always that is a legitimate, like, that's totally legitimate to have that, however, what way can we create an option so that you can do this? So I'll like, I'll let students like, present just to me or present to the class or film themselves, or sit down and present or so or read or so like, I feel like I'm very like, my whole goal is I want you to, I want every single student in my class to grow from here.

Beyond creating an environment in the classroom, Instructor Torres also worked to create a comfortable environment at the institution as whole, going so far as to develop an entire training with other staff on campus for working with students with mental health concerns:

> Um, so I have put together and led a faculty training for our department in how to accommodate students with mental health concerns. And this will be my third or fourth year conducting it. So, every summer in August, I along with a professional from the disability services office, and then I'm, then typically, it's either someone from counseling, or someone from Dean of Students who's like their representative.

Overall, Instructor Torres was heavily invested in student success and mental health and made this apparent throughout the course of the interview. Virtually every response that Instructor Torres provided was, in some way, framed around students and how to best serve them, making little mention of any personal benefit.

Human Society. Focusing on social change, the Human Society department at the institution teaches students how to be global thinkers, offering curriculum that helps students understand the "why" behind many pre-existing economic, political, and societal structures. Moreover, students work to build understanding regarding the meaning of the structures, not just why they exist. With just under 300 students enrolled each semester, the Human Society department is almost the smallest department within the college that it is housed, offering four undergraduate degrees, two master's degrees, and one certificate. With over 20 tenure track or tenured instructors, the Human Society department focuses on small class sizes from professors, rather than adjuncts. Due to the nature of the department, faculty within the department often cross over into other disciplines in their research and teaching, bringing about a particularly broad perspective.

Instructor Windermere.   With almost 20 years of experience, Instructor Windermere was the longest serving tenured faculty member interviewed in this study. Instructor Windermere stated that they worked with hundreds of students with mental health concerns over the course of their time at the institution, with most not receiving formal accommodation. Throughout the interview, Instructor Windermere was cordial, soft-spoken, direct, and compassionate. Compassion is of particular note during Instructor Windermere's interview, as this topic was overwhelmingly present through our conversation. Instructor Windermere described their level of compassion for students in the following statement:

> And I would say, you know, I would consider myself to be on the upper end of compassionate, open and flexible with students who will work with me on their needs and issues. I understand that we're all in a way, we're all the walking wounded, you know, and there's just different levels of that. And some people need more assistance, or they're in a more acute stage than other people. So, I do consider myself to be someone who has gone out of my way to help students.

This compassion was extended further by the fact that Instructor Windermere often incorporated elements of self-care into the classroom experience for students. Instructor Windermere went rather deep with this with students, going as far as having them assess their social and emotional intelligence and even meditate in class:

> So I will talk to them about self-care, and how nutrition and exercise and social intelligence and emotional intelligence and getting help reaching out and using the support systems, how those things can, can support their learning, and many of them have made great strides from realizing that something like meditation can really help them to manage their emotional state so that they can be more productive. And I've had many

students who have reported back and saying I'm doing better, and I'm using these techniques. And I sometimes will have the students take two minutes, and have the students close their eyes and just concentrate on their breathing. See if they can just focus on their breathing for two minutes and they usually like, in two minutes have agreed that they feel calmer on the other side of that.

With a guiding compass of compassion, Instructor Windermere used self-care techniques not only in the classroom (i.e., meditation), but in their direct interactions with students. Moreover, these interactions occurred, in the first place, likely *because* Instructor Windermere was incorporating these self-care techniques, ultimately creating a classroom that was comfortable for students to talk through their mental health concerns. In turn, this overt compassion and care for students often caused students to open up to Instructor Windermere as they saw Instructor Windermere as someone who really understood mental health and self-care. Evidence of this openness can be seen in one instance that Instructor Windermere shared, where a student discussed the murder of a family member with the instructor:

And a very memorable student that I worked with recently had a very unique situation in which his mother had, had murdered another family member. And he was, he had fallen into a depression. And I did everything I could for that student and talked with him at length, let him make up past material. And he pulled his grade up at the end of the semester, and I shared with him some meditation opportunities and some suggestions. And he wrote to me the following semester, and said, he was doing so much better and he was meditating daily, and he had gotten his life back together and, and so things like that happen that that are not going to fall under the typical accommodation's office.

Here, the candid example of the student's traumatic experience (and eventual success) illustrates that Instructor Windemere supports students in ways that are not typical for most instructors, both in the techniques used and the comfort that students feel in conversing with the instructor. All of which, of course, functions as a positive feedback loop of care and support. That is, as Instructor Windermere creates a classroom that supports students with mental health concerns, more students come to the instructor for support, sharing more stories and causing Instructor Windemere to offer more resources and techniques to address the needs of students. This cycle continues on and creates an exemplary support system for students that many other higher education instructors would be wise to adopt.

STEM

The last grouping, the STEM grouping, is comprised of four faculty members from three different departments. Faculty within this grouping include two instructional assistant professors, and two tenured associate professors. Departments under the STEM grouping focus on what are often considered the "hard" sciences, and work to teach students in the formal and natural sciences. In the STEM grouping, students work to build skills in analysis, working independently, logic, and data driven decision-making. Faculty the STEM grouping focused on student support, with a wide recognition of the role of diversity in describing disability and a framing of disability as created by society (i.e., the social model of disability (Siebers, 2011). The total number of years teaching at the institution for each of the instructors in this grouping is 49.

Organic Science. Residing in the largest college at the institution, the Organic Science department provides roughly 800 students each semester with an understanding of living organisms, including their structure, function, and how they work. Students in this Organic

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Science department build skills that ensure their success in a science-based career, using science to address particular societal issues such as cancer or climate change. That is, students in the Organic Science department develop an understanding of how they can create societal change through their science efforts. Upon graduating from the Organic Science department, students pursue careers in fields such as health care, conservation, and academia. As the second largest department in the college that it is housed, a substantial amount of faculty are employed under this department, with many of those faculty focusing on grant writing and research.

Instructor Gardner. Previously in student affairs, Instructor Gardner has been at the institution for a number of years but has only been teaching for roughly the last eight. An associate professor, Instructor Gardner is a well-known and well-liked instructor on campus, teaching a full course load, with a focus on the introductory level organic science course, of which Instructor Gardner manages (dozens of sections, each taught by a teaching assistant). Instructor Gardner was easy to talk with, cracked several jokes, had a tone of empathy, and used many expletives. Instructor Gardner had a certain ease throughout the interview, stating several times "I like to have fun" and "I have a good time" in reference to teaching students. Instructor Gardner stated that they had worked with roughly 30-40 students with mental health concerns over the course of their time at the institution.

Training was the trademark of the conversation between Instructor Gardner and I, with Instructor Gardner stating that faculty are not trained, in any formal capacity, to teach an entire course, let alone support students with mental health concerns. This lack of preparedness leaves faculty without the tools to meet student needs. Instructor Gardner's opinions were strong in this area, as they believed that the problem was systemic:

But one of the things that was frustrating to me is I didn't have any preparedness when that first student plopped down in my office and said, I'm really having a hard time, not with your class, but life. And it's like, what do I know about that? Right. And so now you're trying to have a conversation.

Instructor Gardner continued on, furthering the point by stating that new faculty onboarding needs to include training regarding working with students with mental health concerns:

I really think we need to have not just at our institution but in academia, period, much better onboarding for new faculty. That includes things like understanding how to teach, but also includes mental health concerns, what are the resources etc.

Instructor Gardner envisioned this training to be mandatory, and underscored the issue with statistics around suicide and medical school, likening the problem to lack of faculty training and students not knowing where to go for help:

We need to have the mandatory training because we're all going to ultimately work with someone grad student, undergrad colleague, whatever who has a mental health concern. And they're going to share with us, and we have to know how to responds to help the student. So, I would really be all for it. I really think we need it in higher education, you look at, you know, I mean, you know, suicide rates on campuses aren't as high as they are in med schools and things like that, but they're still unacceptably high because students don't know where to go for help.

Recognizing this gap in support in higher education, Instructor Gardner took it upon themselves to fill the gap through the ways in which they interacted and supported students, which could be characterized as relatively invasive when compared with other more "referral" based faculty members. For instance, Instructor Gardner suggested that many faculty are afraid

to get involved with a student with a mental health concern because they "are not counselors". Instructor Gardner countered this point by stating:

> Frequently you hear from faculty, but it's not my job to be a counselor. It's like, I'm not asking you to be a counselor, I'm asking you to recognize a sign or symptom. Yeah, and reach out and provide those resources. You don't then become responsible for the person you just have done what you can to help them along.

That is, Instructor Gardner viewed the "I'm not a counselor" argument as a cop out for faculty who did not want to get involved with the student. With that said, Instructor Gardner did recognize what they assumed to be faculty's trepidation in being a bit more invasive with students, which was causing harm to a student who is already in a relatively volatile situation. Instructor Gardner suggested that, to assuage this worry, faculty again be given training to work and recognize the "line of care" or "line of invasiveness" with students, and how that line can change situationally with each student. Similar to Instructor Gardner, a colleague, Instructor Malone, also felt that faculty generally lacked the knowledge required to supports students with mental health concerns, but viewed not training as the solution, but a shifting of how disability was viewed on campus.

Instructor Malone. Also, an associate professor in the Organic Science department who has been at the institution for eight years, Instructor Malone is primarily a professor, but also directs a science center on campus. Energetic and patient, Instructor Malone stated that they interacted with approximately 5-10 students with mental health concerns each semester. In their professorial role, Instructor Malone works extensively to improve the scientific literacy of nonscientist members of the public, with many of those individuals being pre-service teachers.

This goal for Instructor Malone extends well into their director of the science center role, which works with community organizations to spread and increase scientific literacy.

Although my interview with Instructor Malone was one of the shorter interviews that took place, a particularly unique perspective was uncovered during the interview that no other participant detailed. This perspective was disability as diversity. A central tenant of disability theory, throughout all of the interviews, there was not a single instance of any instructor viewing disability as diversity with the exception of Instructor Malone. Though many instructors certainly approached disability in a way that was socially just and inclusive, none went so far as to consider disability as a unique aspect of diversity. Rather, all other instructors, outside of Instructor Malone, described disability in a medical model oriented way, placing disability as a medical condition rather than something that is a unique aspect of who students are as individuals. Instructor Malone appeared to agree with this sentiment:

Okay, so, I mean, to be honest, I see this as a diversity issue. And I hear a lot from my colleagues who were more begrudged, that, you know, back in the day, we didn't have to provide individualized attention and they're just bitter that they have to do that now. You know, and, you know, I, my response to that is always back in the day, the student body was essentially one demographic, white males who were Christian, middle class households who, you know, they, they were straight, they weren't you know, it's like it was one demographic, you know, and there were others that maybe differed in one of those descriptors. But for the most part, it was white men teaching white men, and they had, they shared life experiences and culture and language. And, and so therefore, they did receive individualized attention. It was just individualized, one demographic, excluding everyone else. And now that we're finally not excluding everyone else, it

means that we have to change the attention we provide. We can't let it be individualized to one single demographic. And by doing so, by providing that privilege of individualized attention to a multiple, like a multitude of identities, it means that we have to be more skilled. You know, the, the job is harder now than it was 20 years ago or 30 years ago. And I don't know, I mean, I kind of wish that it would be seen as a diversity issue. And realize that, you know, we are, requests to provide individualized attention to students with mental health issues or any other difference is not a anything beyond what students have always been given in a system that has privileged white men. That's kind of my issue. Is that it is a diversity issue, and there has always been this individualized attention. It was just only given to one demographic.

Instructor Malone articulates clearly the changing landscape of higher education. Here, Instructor Malone suggests that those instructors who may be less patient when working with students with mental health concerns needs to understand that college students are a changing and developing demographic that is much more diverse than previous generations. This diversity leads to a diverse set of needs that are to be met, included within those being students with mental health concerns.

Beyond their description of disability as diversity, Instructor Malone was very candid, upfront, and humble throughout the interview in regard to their knowledge base about mental health. As Instructor Malone specifies:

Yeah, I mean, I feel unprepared. I think there are. You know, I recognize mental health concerns is like a legitimate health problem that is under resourced, like under diagnosed even when it is diagnosed, people don't get all of the treatment they need, whether that be medication or counseling or combination of both. And, um, you know, I genuinely do see

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it as a health care issue. Um, but I also feel woefully ignorant in the details, like how different conditions present themselves and affect people's lives and you know, so yeah, that's kind of where I am.

Instructor Malone further elucidates this point:

And this is where I feel woefully unprepared because I don't really know what the description of the clinical condition is. But I do know that I would feel nervous about any tests that I'm not prepared to take, you know, so there is some level of like, you prepare yourself for a test and that alleviates some of that nervousness.

This candid reply gave a feeling of authenticity to Instructor Malone's responses as a whole and worked to establish legitimacy that Instructor Malone truly lives by the values that were espoused during the interview.

Mobility Science. The third largest department on campus in terms of student enrollment, the Mobility Science department at the institution enrolls over 1,000 students each semester. Connected to the recreation center at the institution, the Mobility Science department teaches students the science behind movement and recreation, giving students a thorough understanding at the intersection of the human body, life science, and exercise (given this intersection, many students pursue careers in fields with individuals with disabilities). Given the department's physical connectedness to the recreation center, students within the Mobility Science department are immersed in the field from the start. Due to the size of the department, a large diversity in type of faculty exists within the department, with many faculty not having tenure or a tenure-track position. However, this diverse faculty pool brings a substantial amount of real-world experience to the classroom, giving students practical skills to take with them into their careers.

Instructor McCarthy. Though having taught for significantly longer, Instructor McCarthy has only been at the institution for five years. Currently pursuing a doctorate in education, Instructor McCarthy is one of many faculty in the Mobility Science department that are currently non-tenure track and/or do not have a doctorate. Instructor McCarthy talked extensively about their experience with students with mental health concerns throughout the interview, giving off a compassionate and inclusive tone, while simultaneously describing her approach with students as very frank. For instance, Instructor McCarthy stated "I'm that straight shooter who's gonna, if you've messed up, I'm gonna look you dead in the eye and go, you screwed that up. But it's okay. Because school is a place to screw things up and learn". Additionally, Instructor McCarthy was clearly well-versed in the disability field. Not only had Instructor McCarthy been substantially published in the disability field, but many of Instructor McCarthy's courses centered directly around disability. Evidence of a disability knowledge based was apparent in Instructor McCarthy's response about their level of understanding of students with mental health concerns:

> I think part of it is having appropriate coping mechanisms, right. So, the skill set to be able to unearth something that has to be taught. So, I think its nature and nurture, right. So, some of us are just more predisposed to mental health issues, but some of us also have better coping mechanisms. Some of us have to be taught those coping mechanisms. So, I think it is a little bit of that. But it depends on what you know, as well as what you're willing to reach out and find out. And there's such a stigma in our culture with mental health, that sometimes students just either they're not aware or they are afraid to talk about it. So, disability can sometimes become what you talk or don't talk about.

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This insightful response from Instructor McCarthy shows tremendous awareness and understanding of students with mental health concerns, clearly illustrating the instructor has substantial knowledge in working with this population of students.

Beyond their knowledge of disability, Instructor McCarthy made an extensive effort to create a classroom environment that was supportive of students with mental health concerns, which often lead to a large number of students seeking the instructor out for support. Instructor McCarthy discusses this approach:

But that has me thinking of conversations I've had with colleagues, and my colleagues do say, they're like, wow, you have a large number of students who come to you with this (mental health concerns). And I said, you know, but I do things to make that happen. To be honest, I always mentioned in the classroom like, hey, this is this is colleges a new time for you. This is when you might be experiencing some things, if you need to talk, please come by. I had a course that I actually, we would do a depression screening. And that was part of the nature of the course, we talked about it regularly, as the class was literally about how to make recreation more inclusive. So, one of the populations we went through was mental health. And so, we, they did a depression screen. And if anyone was screened, I'd email them and say, hey, just so you know, your results showed this, here's some resources on campus. And then I would have students pop by. I also, my father committed suicide. So, I'm also very open with that story.

Here, Instructor McCarthy works to create a classroom environment that seamlessly supports students with mental health concerns without being overt. This approach works to destigmatize mental health as it does not feel othering for students, but rather, feels like a natural part of the course and something that is familiar and talked about. Additionally, Instructor McCarthy

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sharing in class about their father is particularly powerful and furthers mental health destigmatization by breaking down power structures in the classroom between instructor and student, giving students a chance to share with their instructor a similar experience.

Quantitative Patterns. The Quantitative Patterns department at the institution trains students in quantitative problem solving, pattern finding, logic, critical thinking, and general understanding of numbers. Students build skills in these areas for eventual careers in engineering, public education, academia, finance, business, and information technology. The department offers undergraduate, graduate, and doctoral programs, emphasizing teacher education in a majority of the sequences within each of those programs. With over 400 students enrolled each semester, the Quantitative Patterns department educates a solid population of students, again, with most of the students within the department studying to be teachers in the K-12 system. Faculty within the Quantitative Patterns department are typically further in their career, with many of them achieving associate or full professor rank. Additionally, faculty within the department have typically been at the institution for many years, bringing with them copious institutional memory and established ways of thinking.

Instructor Silva. The veteran of all of the instructors interviewed, Instructor Silva has been at the institution for nearly 30 years as an instructional assistant professor. Primarily teaching introductory level classes. In those 30 years, Instructor Silva indicated that there really was not much interaction with students with mental health concerns until the last 10-15 years, furthering the point that Instructor Malone made that students are becoming more diverse, and thus, bringing with them more diverse concerns to the institution. Therefore, during the last 10-15 years, Instructor Silva stated that they interacted with roughly 20 students with mental health concerns per semester, both with formal accommodations and without. Having worked with a lot

of students with mental health concerns, Instructor Silva took a primarily referral-based approach in interactions with students:

> Well, you know, even like, in a more normal semester, you know, our chairperson always has a meeting in August with all faculty present, I mean, I could, I could conceivably see your office rep being represented every other year or so with a five minute reminder of, you know, websites and, you know, where you just kind of notify the faculty of, you know, how to get in touch with you guys if they have questions or something.

In this passage, and similar to other instructors mentioned in this chapter, Instructor Silva's recommendations suggest a slight lack of awareness in regard to the student experience. Though faculty may need reminders regarding the resources available to students, this does little to truly support students, as evidenced by a direct experience that Instructor Silva shared where the referral approach leads to the student falling through the cracks:

> Yeah. Okay. And so anyway, and she wanted to, like sit down and, and set up a time to talk to me and this and that and, like, like, make plans for the semester about how this was gonna play out and so, my email to her was she needed to contact the disability office. I said, that's your first step. I go, you talk to them, and they will outline how to interact with your professors and, and so on. So, we can talk about the classroom experience at that point. But I, I said, there's really nothing for me to discuss with you at this point until you've taken that first step. And as it turned out, she never followed up with me and never presented me with a card or anything like that.

As evidenced by Instructor Silva's interaction with the student, the referral approach does not always work, leading to, for some, needs not being met and ultimately a barrier to success. Even

more worrisome, as the conversation about the referred student continued on, Instructor Silva let me know that the reason for the referral to our office was because they felt the student was lying:

> She ended up doing fine in the class and never asked me for any kind of accommodation, but I think she was trying to see what I would allow. And I have a feeling maybe, and I'm not saying she was trying to manipulate, but I think in the past, maybe she gotten professors to agree to do certain things for her like more times on tests and this and that without working through the channels.

Giving Instructor Silva the benefit of the doubt, the student, who disclosed that they had Post Traumatic Stress Disorder (PTSD), could have potentially been lying. However, this judgement call by Instructor Silva could have easily been controlled for by simply having a conversation with the student, asking them about their experience, and listening – something that Instructor Silva not only did not do, but actively avoided as they immediately referred the student to the disability services office.

TABLE 2

Main Themes and their Description

Main Theme	Description
Integration of mental health in the classroom/job duties	• Describes extent to which faculty integrated mental health into their classroom and overall interactions with students with mental health concerns • Faculty who used caring, mentoring, advocacy-type language regarding students had a tendency to incorporate mental health into the regular classroom conversation • Faculty that had less of an integration of mental health into their job responsibilities tended to be less supportive of students with mental health concerns
Faculty concerns for managing the line of care	• Line of care refers to the figurative line with which faculty managed their level of invasiveness in interacting with students with mental health concerns • Line of care was unique to each instructor, as well as malleable for some and rigid for others • Faculty who saw the line of care as more malleable often shared stories of more in-depth support, interaction, and strategies used in interacting with students. • Faculty who saw the line of care as more rigid often had less notable experiences, less in-depth conversation, and less incorporation of mental health in their classroom.
Opinions of training	• During the interviews, a specific question was asked about training, which stated "What are your thoughts about faculty training or professional development to prepare their courses for students with mental health concerns"? • Faculty who recognized the need for more systemic understanding of students with mental health concerns (e.g., ways to make their classroom more inclusive, knowledge regarding the othering and discrimination of students with disabilities) had more positive perceptions • Faculty who felt training only needed to occur on a more surface level (e.g., training that discusses where to refer students with mental health concerns) had more negative perceptions

Section Two: Themes

Data analysis for this exploratory cross-case study was conducted primarily by hand to develop a case study description for each grouping of academic departments at the institution under study. Interviews were conducted to gather the data, and a thematic analysis occurred. Braun and Clarke's (2006) six phase thematic analysis framework was employed to conduct the data analysis, with in-vivo and pattern coding being the primary coding techniques used to develop themes. In working through Braun and Clarke's framework, three principal themes emerged that work to understand the perceptions that faculty have of students with mental health concerns (a) integration of mental health in the classroom/job duties, (b), faculty concerns for managing the line of care, and (c) opinions of training. These themes function to bind the departmental groupings and faculty profiles above and are representative across each grouping. Below, evidence of each theme is given within each grouping.

Integration of Mental Health in the Classroom/Job Duties

Faculty perceptions of students were deeply tied to whether or not faculty integrated mental health into their classroom and overall interactions with students with mental health concerns. That is, those faculty that tended to use more caring, mentoring, advocacy-type language regarding students had a tendency to incorporate mental health into the regular classroom conversation, as well as virtually all aspects of their faculty role. For those faculty that had less of an integration or simply did not integrate mental health into their job responsibilities as a faculty member, a blatant shift in language, towards the negative or less supportive, was apparent.

Technical. Within the technical grouping, faculty shared many responses that indicated that mental health was a regular part of the classroom experience. Faculty under this grouping

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utilized language in interacting with students such as "I care about you", "How are you feeling today?", and "Thank you for sharing that experience". These positive phrases worked to understand students in the given moment and attempted to meet students where they were at emotionally. One faculty member within this grouping, Instructor Miller, in describing a situation with a student who said that they felt as if they were about to have an anxiety attack and was emotionally unloading on the faculty member, stated that "Students won't remember what I say, but they will remember how I make them feel". This faculty member recognized the human experience in interacting with students with mental health concerns and worked to recognize that it is not so much what is said during an interaction, but how a student feels when they leave that interaction. This recognition and general cognizance of "feeling" in an interaction with a student with a mental health concern illustrates that mental health is incorporated into this instructor's everyday role because it shows a respect of what students are going through and meets those students where they are at.

Another faculty member within this grouping, Instructor Wright, also illustrated integration of mental health in their regular responsibilities as an instructor, particularly in the classroom. They did this by calling on their personal experience with mental health and incorporating that into their approach with students in class. For example, the participated stated:

> Well, I have a son who was diagnosed with depression and anxiety, so I understand what students are going through to some extent. But then you know, some of the disability areas we cover, even ADHD can sometimes be you know, fall into that category as well. But the anxiety and the depression, I was pretty familiar with. I know that, you know, the large classrooms weren't great for everybody or sometimes the, you know, structure of the class and working with other people, you know, because we would do some in class

group work. Working in large groups wasn't always beneficial for some of my students. I also, you know, I mean, I had students who wouldn't show up for a couple weeks because of, you know, their depression, you know, and so reaching out to them finding out and making our own accommodations sometimes you know, or extension, you know, I mean, I understand it from a personal mom standpoint, living with someone who is diagnosed with both depression and anxiety but also just from seeing it in my daily classes.

Additionally, when I asked Instructor Wright to be more specific as to how they creates an environment where mental health is accepted in the classroom they stated:

I think it's just trying to be approachable, trying to be supportive. I don't know that everybody does that. That's just how I operate with students in general, I think.

Similarly, Instructor Miller shared the sentiment that being approachable and supportive were key strategies for how they created an atmosphere where mental health concerns were valued and students with those concerns could feel comfortable in their class. Here, Instructor Miller suggests that creating a classroom where mental health is a part of the regular conversation really starts with a realization by faculty that students with mental health concerns exist on campus at all. Instructor Miller detailed:

Um, well, I guess I would have to say, I just I think that the reality is that we have students with mental health concerns on this campus, and I think the quicker we can come to that reality, the better support we can offer for students. And I think acknowledging, and just recognizing them is kind of the first step. And then after that, it's just sort of feeling supported by the university. And I feel like I feel supported by the university if I have questions, or if I'm not sure I know who to contact. So, I do feel supported. But I also feel like, you know, there's a lot we can still do. But I think there's a

lot that many of us are doing to support students. And I think making sure that students

feel that and know that they're supported for me is probably the biggest thing.

Together, these responses from this grouping suggest that faculty work to integrate mental health in their classroom and general job duties as a faculty member. In doing this, faculty under the technical grouping create an environment for students with mental health concerns that is based in the social model of disability, as it places emphasis on the student experience, meets the students where they are at, and allows students to share their experience regarding their mental health free of judgement. Moreover, faculty responses in the technical grouping (e.g., language such as "meeting students where they are at") show that faculty work to view disability as diversity rather than something that "ails" a student or that they "suffer from", calling again on the social model as their lens for interacting with students with disabilities.

Professional. Contrasting the other groupings, the professional grouping in regard to the integration of mental health in the classroom/job duties left much to be desired. For instance, one faculty in this grouping, Instructor Brown, mentioned that they did not really have many significant interactions with students with mental health concerns and had only, by their memory, been able to remember interacting with five different students with mental health concerns, despite their over seven years teaching at the institution. This was not surprising, given that Instructor Brown described the mental health concerns in the following capacity:

Okay. So, I guess the, for mental health concerns, I would think generally, like, anxiety to the point where you lose normal function. So, anxiety to the point where you can't take a test, or you can't focus in class. I've had like, PTSD, so those kind of mental problems, I guess concerns that aren't easily controlled or need some assistance to help to be controlled so that they can participate fully in the class.

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Here, the Instructor Brown likened mental health to both something that was "abnormal" and something that is a "problem" that needs to be "controlled". While certainly mental health can influence a person to the point where they themselves may feel out of control, Instructor Brown's framing of mental health as a "problem" in conjunction with the need to be controlled creates a dangerous recipe for stigmatization and exclusion that students clearly feel in interacting with this faculty as evidenced by their lack of interactions with this population of students over the years.

The medical model approach to students with mental health concerns continued on with other faculty in this grouping as well. When asked what their thoughts were on students with mental health concerns, Instructor Frazier exclaimed:

So, I'm more than willing to work with students and I don't have a problem at all with working with students, helping them to get through those concerns that they have. But in my opinion for my classes, it has to be a documented case. I don't like to say, oh, sure you have whatever. And it's not just anxiety because you see this with students all the time. It's grandparent deaths.

In this instance, Instructor Frazier appears to meet students with mental health concerns with trepidation. Though this trepidation is informed by Instructor Frazier's previous experience with other students who abused the system (i.e., lied about grandparent death), this approach nonetheless illustrates a greater negative perception at play that students with mental health concerns are faking it or are lying about their diagnosis. This point was bolstered further by additional comments Instructor Frazier made later on in the interview:

Yeah, that's really interesting. And I think I, I don't know this could be me being old but it's like, and as a parent, I feel like there's a lot more recently about paving the way for the

kids and I would I there's like a term for it now. Not helicopter parents, but like, hate like

paver parents or something like that.

So whenever anxiety comes up, it's not a common feeling for kids anymore to be anxious

about something because everything that way has been cleared for them so much that,

you know, when they experience something that's really difficult without someone there

to hold their hand throughout the process, it can it can cause anxiety.

Instructor Frazier's medical model approach to disability continues, suggesting that students with

mental health concerns, in the contemporary, have been given such an easy path that they lack

the grit and determination to charge through, or even worse, pass the task of determination onto a

parent to help the student through. That is, Instructor Frazier believes that anxiety often times

comes from having to deal with difficult experiences that were not previously dealt with on their

own, but rather, often times by a parent. In sum, this faculty makes it clear that many of the

students with mental health concerns that interact with them will be met with, at the very least, a

layer of skepticism and cynicism that is toxic to any sort of attempt at an inclusive and socially

just educational environment. In turn, this faculty, and the others under this grouping, in their

lack of integration of mental health in the classroom and their role as faculty, are doing students

a tremendous disservice by further othering and stigmatizing a potentially central aspect to their

identity – a sentiment that many authors within the perceptions literature would undoubtedly

agree (Fossey et al., 2017; Sayle, 2016; Sniatecki, Perry, and Snell's, 2015; Sweener, Kundert, &

May, 2002).

Social Science. Faculty responses under the social science grouping indicated that an

effort was consistently made to integrate mental health into their faculty role. The driving force

behind this effort, for one faculty member, was their perspective on mental health, which they

viewed as another unique characteristic that makes up who students are. This diversity perspective was readily apparent in Instructor Torres' telling of a situation with one of their students:

> I had a student named Elena, a couple, couple semesters later, who had anxiety and used it in such a way that was so powerful. She had her documentation but then she also would like give speeches about it. And she really used it as a, she really, I struggle with saying, use it as a part of her identity, but I think understood that it was a part of her experience. And she really capitalized on it. And we had a lot of conversations where she would talk about, like, I have, you know, a pretty debilitating anxiety disorder. And I don't know if I'm ready to talk about that with the class, but I also want to talk about this topic. And so, we would have conversations about like, you, you know, that's okay. And you are welcome to share with the class as much as you want as much as you're comfortable with.

Here, Instructor Torres understood that anxiety was a part of the student's experience, and that it made up a unique aspect of who they were as people and was not something that should be "cured", "take away", or "fixed". But rather, Instructor Torres clearly created a classroom environment and comfort with this student that integrated mental health, so much so that the student was empowered to give speeches regarding their mental health and share it with the class, creating an almost positive feedback loop that continued to produce the positive mental health environment as the student shared their experience with others.

The sharing of personal experiences was not just unique to students, but also extended to faculty as a way to integrate mental health into their classroom. Instructor Windermere did just that, by stating that they called on her personal experience with mental health in their family while teaching. They stated:

So, I think I have a sensitivity to mental health issues. I have mental health struggles in my own family. I have siblings who are only, you know, ya know. It took until midlife for them to be diagnosed, which is interesting because it's sometimes, a lot of times, these conditions are not even diagnosed in people. Right, but, but I have brothers with schizophrenia, who were eventually diagnosed and so I have some sensitivity to what that, that is like and how that can even appear, people can be more or less functional depending on how severe their cases. And I use these personal experiences to inform and guide my teaching and work with students.

The sharing of personal experience was common for other faculty as well. With one faculty, Instructor Wyatt detailing the following:

I think, for me, the most impactful typically are when, and again, I've already said this too, but I kind of present who I am to students and I think that there's a perception especially for first generation students that faculty are just like not humans are like they don't want to interact with you. And so I talk about where I come from, my home town, I come from a farming family you know, like I have dyslexia myself, I've had all these things that I'm a completely normal person, you can come and speak to me. So, students do kind of come speak to me.

Here, this Instructor Wyatt states that they not only share specific information about who they are and where they are from, but they go as far as to disclose their personal diagnosis to the class. This clearly paid dividends for Instructor Wyatt in terms of student comfort, as they continued to detail a story regarding a student who needed support:

But, I do get students who come and will sit with me in my office and just say, you know, I had a student this past semester, whose father had passed away in the summer and just

felt tremendously overwhelmed that she had left her mother when she didn't feel like she should right, she felt, she knew that it would happen when she would come to college, it was cancer and so it wasn't a total shock, but, but she still felt just tremendously overwhelmed by the fact that her entire life had changed. And not only the death of her father, but leaving home moving to college doing all these things. It's just overwhelming, right? She didn't want to go to mental health services, but she just would talk about it with me a little bit, you know, she would just come and talk to me and, um, and we would just sort of eventually get to the study questions eventually. But she just would kind of unload a little bit and because I think I let her do that she knew she could come, and it wasn't a big deal.

As evidenced by Instructor Wyatt and other faculty, the sharing of personal experience appears to humanize faculty, as well as create a general comfort for students with mental health concerns to talk about their diagnosis, their abilities, and seek support via faculty to work through their experience. As faculty are on the front line of defense for supporting students with mental health concerns, this sharing of personal experience appears to be vital. In turn, this sharing of personal experience helps students, whether they recognize it or not, destigmatize their mental health concern and bring it down to a level with which they can talk about it, ultimately placing the mental health concern as a diversity characteristic rather than something that should be cured – a notion that Siebers' (2011) disability theory would certainly agree with.

STEM. Similar to those faculty within the technical grouping, faculty within the STEM grouping can be characterized as integrating mental health in the classroom in a similar capacity, by simply showing care to the student by asking them how they were. That is, responses under this grouping included phrases such as "I hope you are okay", "would you like to talk?", and

"swing by my office so we can chat". Faculty responses in this grouping were rather insightful, as most of the experiences stemmed from simple tactics and practices. This is important, as many faculty throughout all of the interviews often would refer students with mental health concerns to student counseling on campus, or some other more direct resource. While this referral was often appropriate, it can sometimes leave students feeling othered or pushed aside, as Instructor Gardner described perfectly:

> But the response so often is, go to student counseling, and that just feels so like, degrading, and there's just so much stigma attached with that and sometimes I don't know if faculty are even open to hearing that. So, I think just need to do a better job of destigmatizing that. And just being better about just understanding where students are coming from.

What Instructor Gardner highlights is that while referral is good, it is not always the answer, and the very fact that this faculty feels that many other faculty often refer too much or are trained to refer too much (instead of building skills to work with these students) illustrates that faculty are cautious or unsure about working with students with mental health concerns, so there first reaction is refer rather than listed. However, if faculty take a moment to integrate mental health into their classroom, through simple tactics such as asking a student how they are, a lot of good can happen for students. Such was the case in the following response where Instructor McCarthy described their situation with a student who was being aloof and evasive and in which they confronted the student rather than referred them:

> So, towards her last semester, she was just not herself, she would come to class and not be kept up. I mean, she was always someone before that that was very well put together. And so, I just asked her, but I would just say, hey, Katie, are you okay? I mean, it's just

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that simple. And she was like, and I finally after class would catch her and say, hey, you just don't seem like yourself. And that's when she was like, started crying and said I'm not myself, you know, I've had this traumatic thing happen, and then I said hey, do you want to come by the office and talk? Would you rather I give you some resources, what's going on?

A different faculty in this grouping, Instructor Gardner, shared a similar point of view, likening faculty's apprehension to ask students how they are doing to faculty being worried about moving outside of their role as faculty and into the role of a counselor. Instructor Gardner stated:

Frequently you hear from faculty, but it's not my job to be a counselor. It's like, I'm not asking you to be a counselor, I'm asking you to recognize a sign or symptom. Yeah, and reach out and provide those resources – a simple how are you doing. You don't then become responsible for the person you just have done what you can to help them along.

In this situation, Instructor Gardner became frustrated with other faculty at the institution, feeling as if they try to get out of helping students by referring them, when really all it takes it is a simple question of how you are doing. This approach, though simple, encapsulates the key sentiment that faculty within this grouping had and how they integrated mental health in their classroom and daily job responsibilities as an instructor. By asking students how they are, students have an opportunity to be heard, comfortable, and brought into the system of support that faculty could provide. Furthermore, by inviting students to share their feelings, faculty likely chipped away at the power dynamic often at play between a professor and a student. With that said, though showing true care for a student often does more good than harm, the line of care can be one that is tricky and can often pull faculty outside of their traditional faculty role. That is, working with students with mental health concerns, faculty must constantly manage their role as

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instructor, questioning where that role begins and ends with a student. Thus, faculty certainly have a have copious worry and feel challenged at managing the "line of care" that they must walk in supporting students.

Faculty Concerns for Managing the Line of Care

Throughout a majority of the interviews, faculty indicated their difficulty, or at the very least, challenge with managing the line of care when interacting with students with mental health concerns. Line of care refers to the figurative line with which faculty managed their level of invasiveness in interacting with students with mental health concerns, with the line being unique to each instructor, as well as malleable for some and rigid for others. The way in which faculty managed this line of care was revealing in terms of the perceptions those faculty held of students with mental health concerns. That is, those faculty who saw the line of care as more malleable often shared stories of more in-depth support, interaction, and strategies used in interacting with students. Those faculty who saw the line of care as more rigid often had less notable experiences, less in-depth conversation, and less incorporation of mental health in their classroom.

Technical. For the most part, faculty within the technical grouping had a relatively malleable line of care in interacting with students directly. With most faculty sharing experiences that detailed strategies beyond simple referral, including asking beyond surface level questions to students, reaching out to them directly to see how they were doing, and taking the time to talk through an emotional moment with a student. For instance, Instructor Miller shared a story about one particular student they helped through a particularly heavy emotional moment:

Um, well, I mean, the one that's coming to mind to me specifically, is I have had a student who had I mean, some significant trauma, I don't, I guess, I don't know, like how specific without saying names that I can be, but there was, you know, definitely some

things leading up to where she was mentally. And the semester that we teach is, is pretty nerve racking. I mean, it's very stressful for students. We're very upfront about that. It's a tough semester, but we will walk right beside you, we will do whatever it takes, you know, as long as you're doing what you need to do, we will be there to support you as kind of our, you know, philosophy. And so, this student in particular, there was some competence things, just a lot. You know, even from the beginning I knew we had talked, she shared that you know, she gets really anxious and she's nervous and so you know, I had kind of taken her on as a student that I directly worked with when I would go into schools. And so as the semester kind of progressed we would talk every so often and just kind of it got a little more every time and she finally just one day kind of I was there for a while and she just kind of did that dump and unload of what was going on how she was feeling she thought maybe she had had an anxiety attack and so you know, we're just going to talk and it was one of those things where I was like, I'm going to get you resources. If you want to go right now I will go with you to campus, we can go you know, we can, I can follow you up there we can you know, go get you an appointment, we can make a call. I said I can at least get them on the phone. I don't know that I can like, be on the phone with you. Unless you really need that or want that, but I thought that she was nervous about taking that first step. And she kind of said, okay, I'm gonna wait, I'm going to do it. But I gave her all the resources. She was very grateful, very thankful the whole time, she was just always sharing.

In their story, Instructor Miller shared their approach with this student, which involved a fair amount of in-depth support for the student that included not just a passing along of resources, but a thorough talking through of feelings and an offer to work in tandem to get counseling services

set up. The line of care, then, for Instructor Miller, was rather flexible, and shifted and changed as the interaction with the student developed, revealing an empathy towards the student that certainly trends towards positive. Instructor Graves discussed a similar pliability in their line of care, detailing that, due to the field with which Instructor Graves worked in, more invasive student support came naturally and was a place of comfort:

> You know, that's natural for most of us, that's how most of us have been trained, right? That's, that's a very comfortable place to be is in that you know, in that kind of therapeutic role. It gets super sticky, especially like we've had students who have, you know, expressed suicidal ideation. And so, it's like walking that line of like, are they safe? Are they unsafe? And how far do I go into, like making sure that they're safe? Before I refer out, you know, because again, like, I'm skilled enough to do that, but like, where does my role end? And whether somebody else will pick up the phone anytime, you know, like not, not stopping my role too soon, where the students not being taken care of either.

In this passage, Instructor Graves called on their experience and academic field to support students, illustrating that in their work with students this instructor integrates mental health support. Furthermore, Instructor Graves detailed that they go beyond the surface, going as far as asking students if they are safe, opening the door to an interaction with students that is beyond the scope of other groupings (particularly the professional grouping).

Though most faculty in the technical grouping had a line of care was malleable and flexible, some faculty were relatively rigid in their line when it came to others helping students on campus – particularly other faculty members. Instructor Montgomery suggested this directly,

stating that other faculty who are not trained in mental health support should immediately refer students rather than attempt the conversation themselves. As Instructor Montgomery specified:

Um. I am a little leery to that because faculty are not therapists and social workers. Right. And so, I don't go into my class prepared, preparing to meet the most downtrodden students. I mean, I show up, I'm authentic. I do what I do. Folks are having a difficult time grasping the information, then we have a conversation. If the conversation leads to, I'm having thoughts of, blah, blah, whatever, then I am a licensed clinical social worker. So, I know what to do. However, it's a slippery slope. So, do I think it's important that faculty across the board know, how, have the resources. Yes. So, if you are experiencing this, contact so and so, if you're noticing this, contact so and so, but to be, to arm or have a professional development on, you know, first aid, mental health first aid…

Here, Instructor Montgomery's discomfort with faculty working in-depth with students with mental health concerns suggests that Instructor Montgomery feels that most faculty should have a rigid line of care, and that this line should not be changed or be made more malleable. Another instructor in this grouping, Instructor Wright, however, disagreed. Instructor Wright felt that the line of care could and should be made more malleable if faculty were given a small amount of training and general awareness regarding students with mental health concerns. Instructor Wright stated:

But if instructors aren't aware of what signs to look for, or what they can do, or what, you know, how at least, at the very least, how depression or anxiety or both manifests itself, among our, you know, our student population, then this is problematic. We have 20,000 kids, plus at this institution. We probably have a very large population of students that do have anxiety and/or depression on campus. They're sitting in every class. They really are,

especially now. I mean, more kids are diagnosed with it now than ever, and that number

keeps increasing. I do think it would be a good idea, even if it's just sent out through

department heads or, you know, meeting I don't know how, you know, you would

facilitate that on a college campus. But I do think that would be beneficial. I think you'd

still have resistance from some instructors, but…

Generally, within the technical grouping, faculty had a flexible and pliable line of care, often supporting students in a relatively indiscreet and direct way that worked to get below the surface layer. Despite the comfort in this more flexible line of care, it was still a challenge for instructors within this grouping to manage the line, as they tended to take on a lot of responsibility for students and their success. Contrasting this grouping, the professional grouping presents a much more rigid and strict line of care.

Professional. Within the professional grouping, the line of care in interactions with students with mental health concerns was primarily defined by rigidity. Within this grouping, responses consisted primarily of instructors detailing how they were hesitant to support students if they did not have formal accommodations put in place, or instructors who were concerned with offending students during an interaction that involved the student's mental health. Words and phrases such as "worry", "uncomfortable", "privacy", and "follow it to the letter" were used throughout the interviews with the instructors in this grouping. One instructor, Instructor Frazier, details their rigidity in their line of care in the following statement about a student who was trying to get their accommodations for an exam, but did not follow the right steps:

Oh, so as far as like following the accommodations, again, I follow it to the letter. And

even when it's things like, students who need extra time on an exam, well, I had one

student who forgot to sign up to take his exam. And he had to take it in the rest of the

class, with the rest of the class. And I asked someone, I said, should he be given extra time in the class? And they said, no, it's his responsibility to sign up for the exam. If he doesn't, then he has to take it with the rest of the class. And I said, should I give them more time? And they said, only if you give it to everybody else in the class too. And so, I was like, okay, I gotta follow the rules. I know this kid has taken his exam at accommodation services. I know that he's done it before, but he didn't follow the criteria. And so, he had to take it with the rest of the class. So that's all I can do.

Much like other faculty in this grouping, the line of care for Instructor Frazier is clear cut – if students do not follow the processes in place, then they will not receive their accommodations. Though this is not an incorrect approach, it is different than other groupings, as instructors in other groupings were much more flexible in working with students, such as Instructor Wright in the technical grouping.

An additional faculty member in this grouping, Instructor Brown, was particularly rigid in their approach in working with students with mental health concerns. For Instructor Brown, the rigidity was primarily a symptom of fairness for all students. However, a deeper analysis of Instructor Brown's responses exposes their reasoning. As Instructor Brown states:

Right, nothing like that. So, when it comes to any accommodation, the best I can do is the best I can do. You know, in trying to be fair, and that's why I follow the accommodation card to the letter, and I have to have one because otherwise it's not fair. And I am not a judge of anyone's mental health. That's, I'm not trained to do that.

Here, Instructor Brown details their rigid approach with students, as they state that they follow accommodations that are specifically identified by the institution in an effort to be fair to students across the board. Moreover, Instructor Brown suggests that they are not the judge of

anyone's mental health, so it up to the disability services offices to mandate the accommodations. Instructor Brown later contradicts this sentiment, placing a blatant judgement on a student they interacted with:

> Anyway, if there was something that was more concerning, then maybe some additional guidance, like, for example, this past semester, I had a young lady with pretty severe depression. And it was to the point where she would leave class all the time, she would come into class late, and I didn't know what was acceptable. I didn't know what was, what I was expected to do about that. If anything. So, she, you know, she would come in late or she wouldn't show up at all. Or she just looked, you know, ragged.

Despite Instructor Brown's rationale for a rigid line of care being to avoid judging students' mental health, the passage above contradicts this, as Instructor Brown makes assumptions about a student's diagnosis, even going so far as to call them "ragged". This judgement occurs because, in this passage, the situation does not involve Instructor Brown directly. In the first passage, Instructor Brown details their experience with following accommodations and facilitating the accommodations process for students. In the passage where Instructor Brown calls a student ragged, Instructor Brown is hardly involved, only observing the student from a distance within their class (rather than directly interacting with them). Thus, Instructor Brown is only concerned with not judging students when it is a situation that directly involves them, in which case, Instructor Brown places the institution and its "processes" as the scapegoat to relieve them of their responsibility in supporting the student.

Not all faculty within the professional grouping kept a rigid line of care for negative or selfish, but rather, did so out of privacy and comfort for the student. Instructor Wilson stated:

> I don't I don't push hard. Because their privacy. So, if they want me to help, I would like

to help. Yeah, but I wouldn't want them to feel uncomfortable. Like I don't want to know what exactly happened. Ya know.

Here, Instructor Wilson has the student's best interest at heart, managing a rigid line of care that works to negotiate the line of privacy and comfort for students. Regardless of intent, students that interact with Instructor Wilson are still subject to this rigid line, not necessarily receiving the depth of support that they need. Furthermore, Instructor Wilson's rationale and rigidity reveal that faculty do not know how to work with students with mental health concerns and support them in a way that is comfortable for them to openly talk about their experience.

Social Science. Unlike the professional grouping, data analysis of faculty within the social science grouping indicated that faculty have a rather flexible line of care, one that often invites students into an interaction to share about their experience with the faculty rather than being sent to the institution's disability services office. Faculty in this grouping shared their line of care for students as one of relatively high involvement, with faculty extending themselves to students rather broadly, in a way that was comparable to the technical grouping. Faculty within this grouping regularly found themselves in situations indicative of a highly involved and flexible line of care, including interactions such as the student emotionally unloading on them, walking the student over to student counseling services, and the student sharing deeply personal stories with the faculty. Despite this line of care theme across all faculty within this grouping, two vastly different perspectives on this line were apparent. These perspectives were a feeling that most faculty do not know how to walk the line of care and the idea that only students who want to get help can get help.

Within the Creative Works department, Instructor Wyatt's line of care was on the upper end of involved, allowing students to unload and talk extensively about their experience.

Instructor Wyatt illustrated this involved line of care in their description of the effort it takes in interacting with some of the more complex students with mental health concerns:

> But it's the students who really have severe mental health challenges, medicated with the doctor, all those sorts of things. Those are the ones I find most challenging because it feels intractable. You can't usher them anywhere, you know that. They're very much at your will, because I eat, that's what, that's what ends up happening Zach, is will you allow this Dr. Wyatt, will you allow *this* Dr. Wyatt? And so, it really becomes your level of tolerance for that student. And yeah, there aren't any clear, and there aren't any clear rules about, I mean, I've been told frequently you can say no. But I'm not that person like, I don't want to say no, I want to, again, I'm an advocate for my students, I want to do what I can. That's, those are the I think taxing, taxing situations.

Despite having this involved line of care themselves, interestingly, Instructor Wyatt did not feel that other faculty were equally qualified to have a similar line of care. Instructor Wyatt stated:

> So, so I think it's so important because a lot of faculty come here have little teacher training. They come here really having limited knowledge about how to handle all of this, right? I mean, we do value teaching and a lot of us, a lot of different departments, we hire people who maybe taught a bit out of graduate school and have had more teaching experience and what not. But the reality is that you, you just learn this (supporting with students with mental health concerns) as you go, it's part of it. And so, I think acknowledging the fact that faculty come in and are challenged by different kinds of student body, different kinds of teaching and all of this, that they need that help. Because I mentor a couple of new professors and they will come to me and say, you know, what do I do in this situation?

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Here, Instructor Wyatt felt that not all faculty necessarily had the expertise or experience to help students with mental health concerns, despite engaging in a rather involved line of care themselves.

Similar to Instructor Wyatt, Instructor Windermere also felt taxed in working with students with mental health concerns due to the highly involved line of care that left them feeling overextended with students:

> It's been exhausting over the years. I have many many students. I have extended myself for the students that were coming to me. And it in it, it is very it takes a lot of life energy to, to reach out and try to be available to so many students and to reach out to them to try to catch them before things go downhill in their in their semester. So, it's, I believe, I believe in doing our best to help students and it is exhausting and tiring to do so. And it's important to do so.

Instructor Windermere, however, was a little more accepting of faculty than Instructor Wyatt, giving faculty the benefit of the doubt in their support of students stating that a threshold is often reached where faculty can only do so much before the student must step up and help themselves:

> So, you know, sometimes I have students, they'll come in the first week even and they'll talk about their accommodations or they'll tell me I have this condition. So, it makes me you know, means I have anxiety and I don't want to be called on, for example. And then I had a student like that actually, his attendance, unfortunately, was really, really poor. And so, he didn't do that well in the class, even though I know he wanted to do well, I know he was interested in the material. But stress or something kept him from even coming to class, so I wasn't going to call on him. He, when he was in class, he actually volunteered to speak because he was trying to push himself, but he was in class only so rarely, that he

wasn't able to, and maybe outside of class maybe wasn't able to keep up as well. So, yeah, so what, what am I to do? What can I do? I can't do much for a student like that. No. You know, and so I don't know. That's something, it's good for you to gather these perspectives because in, in theory faculty could help, but if the students not reaching out or even coming to class, how can the faculty help?

In this passage, Instructor Windermere suggests that many faculty hit a roadblock in working with students with mental health concerns. That is, regardless of the level of faculty involvement, faculty reach a point where they have done all they can do to support the student, leaving it up to the student to take the initiative to help themselves. As will be seen in the last grouping within this theme, the STEM grouping, the point at which faculty feel they can do nothing more to help the student is vastly different depending on the faculty you talk to.

STEM. Faculty within the STEM grouping can be characterized as having a line of care that trends towards the flexible and involved, with some faculty in this grouping exhibiting involvement that is likely considered extreme. Data analysis of faculty responses in this grouping reveal phrasing such as "difficult to balance the line of care", "knowing when to insert yourself into a student's life", and "overhelping". STEM faculty generally felt rather worried about the line of care in that they constantly wondered if they were doing enough or doing too much. This struggle played out in several ways for faculty in this grouping, of which can be seen through faculty's telling of some interactions with students with mental health concerns, as well as their general process for determining the line of care.

Instructor McCarthy, in the Mobility Science department, talked through their process for managing the line of care by using a specific strategy called "creepy treehouses". The sharing of this approach by Instructor McCarthy illustrated that the instructor was highly cognizant of the

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line of care, going as far as to implement a specific approach to make sure that they were managing the line appropriately. Instructor McCarthy detailed the approach:

> So, there's also a fine line. And how involved do I get with the student or not? Right, so there's this idea in communication called creepy treehouses. I don't know if you've heard of it, but it's a great philosopher, great theory, and that ideas as a student, they have these spaces that they don't want us involved in right. So, if I cross into that space, is that appropriate or not? And I think it is a really just a fine line of learning. How do you identify warning signs, I guess is what I'm always looking for. How do you offer help, but offer that in a way that is acceptable? And offer that in a way that is acceptable but isn't creepy because they don't necessarily need that from their professor who's so much older than them.

In using this "creepy treehouse" approach, Instructor McCarthy detailed a situation with a student that was expressing suicidal ideation:

> And then I've had it on the other extreme to where I had a student who sent me an email, once, I've had several of those, I had a student who sent an email one day that I can't take it anymore. I'm just over it with school. You might not see me tomorrow. And so, of course, I quickly emailed her back and was like. What do you mean I may not see you tomorrow, are you not feeling well, and she basically was saying that she was going to commit suicide. So, I contacted campus police, or whatever they called, like the safety folks. And they called and did a mental health check on her. So.

Here, Instructor McCarthy kept a distance with the student while simultaneously responding quickly to the student, inquiring about their health and safety, which likely saved the student's

life. Rather than refer or forward the email onto another office, Instructor McCarthy took the time with the student, managing the line of care in an incredibly effective manner.

Another instructor within the STEM grouping, Instructor Malone, also detailed an experience with a student with a mental health concern (in this case, anxiety). Here, Instructor Malone describes their internal dialogue of worry regarding the line of care, ultimately coming to the conclusion that they do not exactly know where the line always is with students, but that talking with them through the issue is central:

> I mean, I think there's a lot of a lot of self-diagnosis, ya know, like, I'm nervous about this, and so I have anxiety. So, I do have lots of questions. I did when I was teaching more often, have many conversations with students about kind of drawing that line between I'm feeling anxious about a test versus I have anxiety, you know, like, the clinical condition. And this is where I feel woefully unprepared because I don't really know what the description of the clinical condition is. But I do know that I would feel nervous about any tests that I'm not prepared to take, you know, so there is some level of like, you prepare yourself for a test and that alleviates some of that nervousness. And so, where that line is, I don't really know. But I also find myself trying to help students find that line. So, they know what they're in control of, you know, what can they address through preparation? And then also what is like crossing over into like a healthcare issue?

Important in this passage is the conversation that Instructor Malone had with the student. Here, Instructor Malone states that they help students find the line of care when working through a mental health concern by asking them several questions about what is going. This interactive communication helps Instructor Malone home in on the line care more closely. An additional

example of this interactive communication was shared when Instructor Malone detailed a heartbreaking situation with a student:

> My other office like my biology office is in, like right off the corner of the quad. But I was in there working one day and I just started, I heard screaming. And I looked out into the quad and there was a girl who kind of just collapsed right there like by the flagpole, was like wailing, you know, and she was on her phone. And I just said, I said to myself, someone died. I mean, that was the only thing I could have explained it, right. It was winter. And I just ran out there without a coat. I was not thinking, and I helped her, I like picked her up, you know, got her off the ground and just brought her into my office. She's still like, hysterical, you know, trying to calm her down, talking things through. Her father died. He died. And so, I put on my coat and walked over to the Dean of Students who immediately turned us around and sent us across the hall to counseling. Um, and I mean, by that time I kind of had tears in my eyes, I really felt for this student, you know, and so as I was leaving, I like knelt down because she was like, kind of bent over in the chair, I knelt down just to make eye contact with her. And I was just saying, okay, I'm gonna leave now, you know, she saw the tears. And she was like, oh my god, I don't know, she was very, she was, she became concerned for me, you know? I know. But I mean, I think. I don't know.

Here, Instructor Malone's line of care was highly involved, recognizing the situation, taking the student in, and engaging in an interactive communication in an effort to calm the student.

Perhaps the most prominent example of the faculty struggle as it relates to the line of care can be seen with Instructor Gardner. Also, in the Organic Science department like Instructor Malone, Instructor Gardner is a highly involved faculty member who goes above and beyond to

support students with mental health concerns. Quite understanding of the student experience, Instructor Gardner has a "does what it takes" attitude to support students, often taking this responsibility on personally rather than sending the student off to an office. With that said, because Instructor Gardner was so involved with students, they talked candidly about their struggle in managing the line of care with students. A situation with a student illustrates this point:

> One was the student who was a student in one of my classes, who disclosed during office hours that they had had quite a history of mental health challenges, self-harm, self-harm from the standpoint of like cutting and things, not just suicide attempts. That they were on a wide variety of medications and were, you know, seriously struggling in there. And, you know, we talked about what resources ISU had and were available. The student basically took the list of resources, but was also already seeing someone but not, in my opinion, on a frequent enough basis. But I never, of course, verbalized that. You know, and we talked about things from the class perspective, you know, here are ways that you can reduce your anxiety as it comes to the class. You know, being better prepared for exams, here's ways that you can do it. And we, you know, we talked about those kinds of things. In my next interaction with the student, they way over shared some things that had happened a year previously. I expressed at that point, first and foremost, my empathy that these things happen. I mean, they were horrific experiences for this particular student that clearly added to the level of challenge that this student already had. But that sharing those things with me was, you know, not really, the appropriate place to do that, and why don't we get you other help? And so, I put the student in contact with counseling services. But in a follow up conversation, the student basically said, yes, I made contact. They listened

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to what I said and kind of tried to lump me into this group. And there are so many other things going on that I didn't feel like that was going to be worthwhile to me. So in March, this student sent me a couple of emails that I had concern about, threatening, not threatening from the standpoint of like suicide or anything along those lines, but talking about you know, it seemed like the cutting behavior might be an acceptable way and hadn't been doing this and that this might be acceptable way to deal with all these stresses and anxieties. I actually told this particular person; you need to talk to your counselor. And if your counselor says that, you know, I would be an appropriate resource to prevent you from cutting, then I will share my cell phone number with you.

Instructor Gardner continues on:

And if you get into a situation you can text me, call me whatever the case maybe I can act as a resource for you. So, I actually got an email from the counselor saying, I appreciate that you brought this up. I do think since you recognize you are not a counselor, I don't want you to act as a counselor, but if you can act as someone who can intervene and point her back toward me, you know, please do so. I shared my cell number and basically contact became so frequent that it was I mean, it just was I went, you know, to, I went to sleep every night going, am I going to get texts at two o'clock in the morning again, and it just became, you know, too much and I didn't feel like I was helping. It then became, I don't know how to get out of this situation. So, I emailed the counselor back and shared some things. We kind of came up with a strategy. And that strategy is what led to a text in the middle of the night, saying, basically, well, I've just taken a whole bunch of pills which led to my phone call to, you know, PD. So that one to me was, where I went further than I should have. But it was so, it was also sort of reinforced, it does not justify

my actions, but it was sort of reinforced by the person's counselor as well, saying because you have firsthand experience working with a kid in this that, you know, it could be useful for this particular student to use you as a resource. And as it turns out, they just created a larger mess than if I would have kept on the other side of that boundary, right?

In this in-depth story, Instructor Gardner talks through their struggle in managing the appropriate line of care with a student who was going through some significant mental health challenges. Instructor Gardner's approach would not be recommended and was certainly an instance of overhelping, but it drives home the thought that faculty really are at the front line of working with students with mental health concerns, pulling in faculty in ways to be supported that places faculty in quite precarious situations, causing faculty tremendous difficulty in managing the proper line of care that a student should receive – even when that faculty's line of care is flexible, pliable, and highly involved.

The faculty experiences within this grouping raise the question, is it possible to get too involved? I think a certainty that can be stated based on the perceptions provided under the line of care theme is that the line of care is drastically different for many faculty, but does trend towards a middle of the road approach that sometimes includes a higher involvement than what faculty would really like to get into. The safe approach is certainly to follow the perspective of those faculty within the professional grouping, who followed accommodations to the letter and passed students with mental health concerns immediately on to other offices. However, this approach, while safe, does little to meet the needs of students and really support those students that are interacting with faculty. If the professional grouping is considered low involvement and the STEM grouping is to be considered high involvement, the question is to be considered, what is the line of care for faculty and is there even an answer?

Opinions of Training

The final principal theme that the data analysis revealed was training. Faculty perceptions were uncovered when faculty would share their opinions regarding training to prepare instructors to support students with mental health concerns in their classes. During the interviews, a specific question was asked about training, which stated "What are your thoughts about faculty training or professional development to prepare their courses for students with mental health concerns" (See Appendix A). In asking this question, faculty gave a myriad of responses, distinguishing between the type of training and what the training should actually cover. Some faculty felt that training should be mandatory, but only cover the relevant offices that work directly with students with disabilities/mental health concerns so that faculty can refer students appropriately. Other faculty went much deeper in their suggestions, indicating that training needs to be developed that teaches faculty how to create a classroom environment that is more conducive to students with mental health concerns. Each of these varying responses and approaches reveals and eludes to certain perceptions that faculty hold within each grouping. That is, those faculty who recognized the need for more systemic understanding of students with mental health concerns (e.g., ways to make their classroom more inclusive, knowledge regarding the othering and discrimination of students with disabilities) had more optimistic perceptions than those faculty who felt training only needed to occur on a more surface level (e.g., training that discusses where to refer students with mental health concerns).

Technical. In offering their suggestions for faculty training, faculty under the technical grouping were quick to recognize that faculty training regarding students with mental health concerns is not something that can be solved by way of a short professional development session or simple department visit from a mental health professional on campus. Rather, faculty under

the technical grouping recognized the complexity that is supporting students with mental health concerns and had a variety of suggestions for educating faculty to support these students. Faculty responses under this grouping generally suggested a recognition that faculty need to be armed with more tools to support students with mental health concerns. However, one faculty member, Instructor Montgomery, expressed substantial trepidation in arming faculty with the tools to support these students, suggesting that not all faculty care about this population of students:

> Yeah, people, people will be people. And I bet you if you had a professional development training on, you know, supporting students with mental health needs, whatever that looks like, or whatever that really means. You're going to have, you're going to have folks that want to know and then you're going to have folks who are like, I didn't come here to try to figure out mental health and students like, I'm going to teach my class and they'll figure it out.

Instructor Montgomery continues, stating that people care about what interests them:

> People that want to talk about ethics, are people that are ethical and study ethics, and that it's part of their discipline, or it's part of their core, whoever they are, right? I'm not going to go to Harley Davidson, with my husband who loves motorcycles, and learn about motorcycles, because I don't give a shit.

In this passage, Instructor Montgomery expresses some cynicism, suggesting that it is human nature of individuals to be attracted to what interests them. That is, faculty that are interested in ethics will be drawn to the field of ethics, and faculty that are interested in mental health will be drawn to mental health. For Instructor Montgomery, this cynicism came from their field of study, which integrates mental health support throughout. As someone qualified to talk about mental health in a professional capacity, Instructor Montgomery felt that arming faculty with the tools to

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support these students would be detrimental to the student, as Instructor Montgomery recognized that supporting this population of students is complex and involves a proper understanding of formal counseling and clinical techniques – something a majority of faculty do not possess. Therefore, despite recognizing the need for more systemic understanding of students with mental health concerns, Instructor Montgomery felt that arming faculty with anything above a referral would be detrimental to the student with the mental health concern:

> I mean, refer out you know, you're not the professional. So, if you're noticing whatever, ya know, the mental health concern piece is so broad, that that's why I'm like, looking up and trying to figure out like, how do I address it? Because, not being able, like having a processing disorder, right, is completely different than, you know, having a panic, panic attack. And then from a panic attack to crying all day and not wanting to go to bed, like, right, those, there's, I would treat each one of those diagnoses so different. So, I would just refer out like if you're noticing this and ask the question like how are you doing? That's good. The faculty should recognize the issue and refer out.

Though within the same department, the department of Community Advocacy, Instructor Graves offered a different approach than Instructor Montgomery, suggesting that faculty being on the front line of support for students with mental health concerns warrants them to be armed with specific "mental health first aid" tools. Instructor Graves details:

> Right, yeah exactly. Like, or, you know, I mean, there's a number of students who don't want to go to counseling for whatever reason, you know, that's not their preference. And they are talking to a faculty or they are talking to an advisor or they're talking to somebody else on campus because that's who they feel comfortable with. And not that that person should serve in a role of counseling. But do faculty feel like they have the

tools to respond to those students without, ya know, just send him to counseling, you know, it just feels like that's the only response that has been given. And I'm not sure that that's sufficient to address all the answers. I don't know what the answer is. But it feels like there needs to be something else, like arming faculty with mental health first aid.

Later on in the interview, Instructor Graves gave further understanding to their answer by suggesting that immediate referral of student and training faculty to immediately refer can often be stigmatizing, which Instructor Graves felt that the university could, in general, do a better job of:

> I think, I guess my two cents would be that I think we need to do a better job on campus of destigmatizing. I think one of my concerns about the "go to counseling" approach is that, that makes it feel like it's something icky, like, I can't talk to this, so you need to go away. Yeah, that can feel very stigmatizing sometimes, I think. And so, I think just doing a better job of, you know, mental health is no different than physical health. And if you came to me and told me that you have cancer, my response would be oh, my gosh, I'm so sorry. How are you doing? And that shouldn't be any different than if you come to me and say, I have anxiety or I have depression or, you know, I'm having panic issues. But the response so often is go to counseling, and that just feels so degrading.

Here, Instructor Graves recognizes the complexity in supporting students with mental health concerns, challenging the system of support as a whole, indicating that a simple referral based training would not be enough. Rather, Instructor Graves recognizes the deep identity issues that often come along with students with mental health concerns (and students with disabilities as a whole). This recognition lead Instructor Graves to offering, later in the interview, a rather

innovative training suggestion on how higher education as a whole could be restructured to be more supportive of students with mental health concerns:

> So, I don't know, something like mental health first aid should be more, you know, should be provided to faculty. I don't, I don't know. You know, I don't know. I mean, I almost wonder about, like, decentralizing some counseling and putting more like counselors like in the academic departments, so they're more available to students. Or even like, by college, you know, like four or five counselors are assigned to a college. And then, you know, then students know that these are the people that you can access in that particular college, so you've got maybe a little bit more of a relationship with them. You know, because to me, counseling services at the institution is a little bit elusive. It's like, I know it's there. But I only know a couple people over there, you know, like, I don't really have like good relationships with anybody. But if you had people in your department or in your college, you know, maybe that you would have those closer relationships with them.

The opinion of Instructor Graves was echoed in a different interview with an instructor within a different department. Instructor Wright, within the department of Individualized Needs, also expressed the complexity in working with students with mental health concerns, detailing that many faculty are not aware of the experiences that students are having on campus. In particular, Instructor Wright saw the issue as generational:

> And this is a generalization and an assumption on my part, I would probably say longer term instructors who have been teaching longer probably don't have the experiences with as many diagnosed students or just with that they've been there long enough. Everything's regimented. I mean, I follow the same plans. I know what my plans are. But I think there

needs to be an awareness among the faculty that students with mental health issues are on this campus and are having experiences and need support.

Instructor Wright believes that many faculty who have been on campus for a substantial period of time, may be new to supporting students with mental health concerns as this is a relatively new population on campus. Therefore, Instructor Wright posits that faculty training should start with an awareness of this population, later detailing more specifics about what this type of training actually looks like:

> There are probably people all over campus who have the expertise to teach people about this, we need to use or should use the resources that are available on campus. I bet you could get some students maybe, they wouldn't disclose everything, but there needs to be training because they're (students with mental health concerns) everywhere. They're sitting in every class. They really are, especially now. I mean, more kids are diagnosed with it now than ever, and that number keeps increasing. And I don't mean, you know that I mean that in the best way possible. They are in our classes, and they're going to continue to be in our classes. I think we also, and if anything was learned from this past semester, we have to show empathy and grace to our students. Students who didn't typically experience anxiety and depression, became very anxious and they might not have a diagnosis of it, but became very anxious on what was going to happen this past semester. Their lives were disrupted in ways I can't even imagine.

Instructor Wright's proposal of faculty training places training as starting with a simple awareness, or even a description of, who the students with mental health concerns population is on campus. If this is done, then Instructor Wright feels that faculty who may not think to typically support this population of students will now realize just how pervasive and ubiquitous

these students are. Similar to both Instructor Montgomery and Instructor Graves, Instructor Wright recognized the deep issues of identity that are intertwined with students with mental health concerns. That is, each of the instructors in this grouping understood training as working to address the system of mental health support as a whole at the institution, taking personal responsibility for supporting these students and challenging the current system of support as one that can often be othering and stigmatizing to students. This understanding shows a clear care and genuine want for students with mental health concerns to be successful.

Professional. Giving the least in-depth responses in regard to faculty training, faculty within the professional grouping illustrated a lack of knowledge as it relates to supporting students with mental health concerns. This lack of knowledge was represented not only by the short responses, but the simplistic nature of the responses. That is, faculty responses were often black and white, extremely surface level, and lacked recognition of the intersectional nature of disability, particularly in comparison to other groupings under the opinions of training theme. Nowhere was this lack of knowledge more apparent than in Professional Sciences faculty member Instructor Frazier's response. In their response, Instructor Frazier posited that training for faculty regarding students with mental health concerns should be similar as state-mandated ethics training, a training that is required by all state level employees in which this institution resides. The ethics training, which casts a wide umbrella of knowledge over the topic of ethics, is done via a PowerPoint, and does not include any in-person interaction and because everyone does the same training, is tailored toward a massive audience. Despite this, Instructor Frazier suggests this type of training to be the best approach:

Yeah, what I think would probably be the best training approach is if you did something similar to the ethics training, but not mandated, which is something that is online that

somebody could go through, like a tutorial with perhaps links because I think if you try to gather people, it's going to be much more cumbersome. And this is the way that it can be automated, freeing up your office's resources, and then also people can do it at their, at their leisure, I think that that would be a more palatable approach to that. And, and maybe not every year.

Instructor Frazier's response to training indicates a clear lack of knowledge regarding students with mental health concerns. First, Instructor Frazier suggests that the training be elective. Though an elective training could undoubtedly be effective, Instructor Frazier's use of the term "elective" places this training in a hierarchy that is not at the top of the list. Second, Instructor Frazier details that getting faculty together in-person would be much more "cumbersome". Though an in-person training would certainly require more work, the fact that Instructor Frazier called the training cumbersome exemplifies an exasperated perception that the instructor has towards the training in general. Finally, Instructor Frazier indicates that the training should not be offered every year. Again, Instructor Frazier's sentiment throughout the passage is echoed by this statement alone, with the instructor placing minimal importance on the training – so little that it does not need to be required every year. This demonstrates a clear lack of knowledge and wherewithal as it relates to the population of students with mental health concerns on a college campus, as evidenced by the fact that the population is drastically increasing (U.S. Department of Education, 2016; U.S. Department of Education, 2019) and virtually every faculty in all other groupings within this study indicating a high importance on this type of training.

Instructor Frazier was not the only faculty member within the professional grouping that indicated a lack of knowledge in their responses to training. Another instructor, Instructor Wilson, when asked about training, did not suggest a training but instead indicated that a

"warning" for when students with mental health concerns would be entering the instructor's classroom:

> Oh, so actually, it would be nice if we can get some training ahead of time. So, so if we have an issue in class, it would be nice if we can get some kind of like, a warning. Yeah, warning, that would be nice. So, also, I had another student, he had some health problems, like mental health, he like, when he talks sometimes, he cannot make sense. You can hear his voice change, and he cannot continue. So yeah, yeah, actually I really don't know what to do, should I interrupt him, or should I let him go and I don't know.
>
> So, if we can get some instruction or information about it before that would be nice.

Though Instructor Wilson's suggestion about providing advanced notice to faculty of a student with a disability in their class would not be possible due to confidentiality, the response exemplifies that Instructor Wilson, like Instructor Frazier, feels unprepared to properly support students with mental health concerns - feeling as if they need a warning before the student enters their class. Furthermore, Instructor Frazier's simplistic response does little to move beyond the surface, only asking for a warning, rather than any sort of strategy, tool, or knowledge that bolsters accessibility, inclusion, or awareness. Additionally, the fact that the instructor used the word "warning" is a subtle indicator that this instructor interacts with students with mental health concerns on a level of caution and watchfulness, a phrasing that is problematic in interacting with any student, regardless of the population, but is particularly worrisome for students with mental health concerns.

Surface level responses continued throughout interviews with other faculty within the professional grouping, particularly with Instructor Brown, who viewed training for students with mental health concerns as relatively simplistic. That is, Instructor Brown suggested that training

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should include information regarding accommodations and little else beyond what students receiving accommodations responsibilities are in using their accommodations. Instructor Brown describes their approach:

> Are they responsible for contacting me and this was a bigger thing this past semester, with the online stuff it was. Are you going to want extra time for your final, and I found myself reaching out to like, and again eight students. And I reached out to them because they didn't reach out to me. And I think it was because we didn't see each other every day. So, I didn't know if I had to give them that extra time because they didn't have to set it up to go to the accommodation's office, they were taking it on their computer. But did I need to give them additional time, they didn't know that they needed to contact me to get additional time. So, it was just me remembering who had taken the exams with you guys in the past. So, training should include things like, you know, what is the student responsible for? And what are the, what is the instructor responsible for? And that might be beneficial to all parties concerned. Just because then I know that, you know, if they didn't contact me, then I'm not on the hook for giving them extra time.

Instructor Brown expands on this response later in the interview:

> Um, I think it I think you'd find different answers from all across the board because some people would like to have additional training and some people think that their job is enough, right, and they don't need any additional work added. As far as what I think, some things that would be really helpful and if not trainings and resources for faculty, so maybe explaining what the rules are, because I, that's the, I've had to call and say, okay, they want to take this exam at a different time than the rest of the class.

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In these passages, Instructor Brown's training opinions revolve exclusively around compliance, making sure that the faculty and the student each understand their responsibility in the accommodations process. At no point did Instructor Brown expand beyond this simplistic thinking to include any issues related to identity, inclusivity, accessibility, or other complex intricacies in interacting with and supporting students with mental health concerns.

The simplistic, black and white opinions of training across faculty responses within the professional grouping reveals some undesirable perceptions of students with mental health concerns. The simplistic and compliance-oriented answers illustrate rather limited thinking towards this population of students and does little to support beyond what is required by law. Perhaps what the responses from faculty within this grouping reveal most is the deeply held assumptions that these faculty have of students with mental health concerns, assumptions that center around medical model thinking that 'others' these students rather than places them as members of a wonderfully diverse student population.

Social Science. When asked about faculty training to support students with mental health concerns, social science faculty came to the general consensus that training is important, needed, and must work to be naturally embedded into the everyday responsibilities of faculty and the greater department and institution in which they represent. Faculty in this grouping used phrases and words such as "embedded training", "social justice", "intentional training", and "student's voice". At the present, faculty within the social science grouping did not believe training had yet been established in an embedded fashion at the institution, but they did believe that the institution was starting to take training for faculty to support students with mental health concerns seriously. Two faculty members, Instructor Windermere and Instructor Wyatt, each felt

that an effective way to implement a system of embedded training at the institution was during faculty orientation. As Instructor Windermere stated:

> I think that a handout would be, would be helpful during faculty orientation, because faculty are so busy, and they're stressed. They have so many things they're expected to do and dealing with students with additional needs, it takes time, and I think faculty want to help their students and, and I personally have a lot of compassion for students that struggle, but to keep things manageable, you know, some kind of helpful handout that might say, here the variety of things that that you might be facing, or that students might be dealing with. And here are the kinds of accommodations they might have, the variety of accommodations they might have. Here's what they, here's what you're allowed to know. And here's what you can only know if they share with you. So that the training, maybe the training could be during faculty orientation, where you might have a student talk to faculty and talk about how it's a student's right to not tell you what their emotional health, mental health issue is. And, and that student could share their perspective on how to best support students with mental health concerns, and some of the flexibility and adaptability this requires from faculty. But it so laying out like the range of best practices might be helpful in a handout, rather than like requiring multiple hours to be certified or something like that. Um because we were asked to do so many trainings as well, so I think that something during faculty orientation is helpful.

Here, Instructor Windermere posits that faculty training should be placed during faculty orientation, offering the perspective of a student with a mental health concern, as well as a helpful handout that faculty can take with them when they leave that training. Implementing this

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type of training was also shared by Instructor Wyatt, who prefaced their suggestion of training during orientation with a justification that each faculty's PhD experience is different:

> I think, you know this already Zach, but everybody's PhD program is different, and every faculty has different knowledge, based on their field, around supporting students with mental health concerns. I really believe like learning is a lifelong, you know, experience in that if I, if I just sort of think I'm doing everything fine then I'm not the, I'm not the person I think that I am, you know that I think that we really do have to adapt. And so, I think that there's from my personal perception, it's extremely important that the university offer opportunities for faculty to learn about students with mental health concerns. But I think that sort of sorry, it's a garbage excuse for faculty to say, "it's annoying that I have to do so many trainings". Yeah, guess what, you know, you decided to be in academia, and academia is focused around our students. And so you can choose to be whoever you want to be with the students. But to say that that's like too much. I just, I think that's garbage. I think.

Instructor Wyatt continues on in their suggestion:

> And again, I don't know because I haven't been a new faculty for a long time. But I think, you know, one of the solutions is that when new faculty orientation is being set up, and we also have to think about our NTT's and transfer faculty who come in mid-year or things like that anybody who's student facing should, it should be known to them from the start that mental health, racial inequity, social justice issues, these are all credibly important parts of our institutional understanding and our role as faculty. And there's always they're always resources, right? And it's not until their second or third year that you start to kind of get your sense that you are, you know what you're doing as a faculty.

The sort, the subtle things start happening. The subtle questions about what do I do with students this way? You know, and how do I, you know, anti-racism my class? How do I do these sorts of things? Yeah, it's a layering process. But a faculty know from the beginning that it's a constantly provided resource. So, I don't think it has to be seen as like, add to the plate, I think it has to be kind of part of the menu of options. And if it's a consistent part of the menu of options, faculty will know it's there. And they will seek it out when they get to that point in their career when they feel like they can.

Here, Instructor Wyatt adds to Instructor Windermere's suggestion by bringing understanding to the faculty experience indicating that faculty each come from a different discipline with different embedded assumptions. That is, Instructor Wyatt recognizes that faculty each bring different ways of doing and knowing to a given interaction with a student. Because of this, knowledge regarding support of students with mental health concerns will vary. Because of this, Instructor Wyatt feels that training during faculty orientation would be most effective – giving faculty a new set of assumptions and ways of knowing and doing as they transition into a new institution. Placing mental health at the start of this transition sets the stage for this type of support to be second nature for faculty as they work with students.

Another faculty in this grouping, Instructor Torres, was particularly well-versed in training for students with mental health concerns as, which was previously stated, they had developed a training at the institution themselves for this population of students. With this background knowledge on training for faculty regarding students with mental health concerns, despite being in support of faculty training during orientation, Instructor Torres did offer a critique in regards training approach based on their experience as a teaching assistant in graduate school:

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And so, what I got during training, when I was a TA receiving training, was a list of phone numbers. And that was, it was like, when you need something you can call. Yeah, and good luck if you need to find them or something. And so, I think it was probably printed and I'm sure I threw it away. Like hopefully I recycled it. I don't know. I put it in a binder here. And in four years when my husband and I moved, I recycled that binder. Like that's what happened, I'm sure. And so, I really saw a big, excuse me, I really saw a big issue with lack of training about how to accommodate students with disabilities in general. And so that's what I did my thesis on accommodating students with Communicative Disorders in the classroom, and then saw oh my gosh, we're really big thing. Like, that's when I especially started noticing, like, wow, we really need more training about mental health. Um, but I also think that I am not, I wouldn't advocate for just like, general training, because I think that it can also be done badly. Like, I think that when, when training isn't done, isn't done intentionally and isn't done with a lot of forethought, it kind of becomes a joke.

In this response, Instructor Torres details their experience with being trained as a new faculty member during orientation, detailing that it was not done well and became somewhat of a joke, as Instructor Torres ended up not using the provided training materials, ultimately throwing them away years later. However, later on during the interview, Instructor Torres offered an insightful and articulate response about how to specifically create effective training environments, again offering the sentiment that training must be embedded and a part of the regular happenings and discourse of the institution:

It's time consuming, you know, but I think it's so worth it to create embedded "training environments", where, you know, I think they think that there's a couple things that are really necessary. I think that you have to hear from experts, and I think that the stories of the people who are being, who are really witnessing what's happening, whether their teachers or their students is being talked about, um, and then I think a huge part of that is, I think that it helps kind of put like a name and a face to a game plan. You know, because I think that teachers often struggle with, like, okay, my student came to me, I'm not a counselor, I don't want to, I didn't sign up to be a counselor, but I also love my student and I want to help my students, and now I don't know what to do. And so, and I in our department, I am a big advocate of like, the more resources you have, the more resources you can offer to your student. And I feel like I have I've gotten some pushback of like, this, you know, is you needs to stop pushing us to be counselors. We're not counselors, they need to put more funds into counseling, they need to put more funds into, you know, these departments that need them. And my thought there is, well of course they do but then my thought there is yeah, but as a teacher, you are on a pedestal and you are often the, you know, kind of first line of defense, you know, and I think that if my students came to me and said, like, hey, I'm really struggling. And I said, like, oh, that really sucks. I would go talk to counseling, because they can offer these services for you. They're located right over there. Do you want me to walk with you? I'm free. You know, like, I have absolutely walked students to counseling. I also think, so I think, training that's done well and is embedded in the general faculty role as just something they automatically do, I think can absolutely really increase self-efficacy in teachers. I also think that it kind of helps explain. And I don't, I don't know if it necessarily changes

attitudes. I, I didn't start experiencing issues with anxiety until I was in my master's program. And I don't think I really understood, like, physically what happens to your body, you know, and so I think that it was really easy for me to be like, well, yeah, like, lots of people are anxious. You know, if you have anxiety, maybe you just have a more difficult time coping and I totally get that that makes a lot of sense. And I never really understood, like, oh, no, it's not that at all. It's, you know, it's a whole like upheaval in your, in your body that you really have to, like, have resources to handle.

Instructor Torres provides insight into what an effective training for faculty regarding students with mental health concerns would look like, detailing that the training must be embedded, must include the student voice, and must include relevant faculty and staff across campus that have experience working with this population of students. Moreover, Instructor Torres provides a sentiment similar to Instructor Wyatt, as well as other instructors throughout these interviews, that today's academia is focused around students, and there may be instances in which support for students goes beyond a line of care that is outside that of the instructor's immediate purview. Providing training in this area, then, particularly training that is embedded, works to normalize mental health by making mental health a normal and consistent part of the discourse within the instructor's classroom, ultimately extending beyond these bounds and working to shift the conversation in the instructor's department and institution as a whole.

STEM. All faculty within the STEM grouping possessed an opinion of training that suggested that training was needed for all faculty at the institution. Further, faculty responses under this grouping generally consisted of faculty suggesting that mental health training be mandated, should involve informing faculty of key signifiers of students needing mental health support, and that mental health is generally under resourced. Two of the faculty, Instructor

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Gardner and Instructor Malone, both stated that training on how faculty can best support students with mental health concerns should be mandated across the institution. Instructor Malone expanded on this idea of mandated training, stating the following:

> We have done a few trainings in the course of the last year because of some things that have happened in my department, especially brought up by grad students regarding mental health, their mental health concerns, as well as mental health concerns of some of the undergrads, so we've done some training, but it's always, hey, if you want to, and realistically to me, this should be mandatory for everyone. We have other mandatory trainings in the school, if you're going to work with certain materials, you have to have, you know, certain training and you have to take the certification exam and I'm not saying by any means we need a certification exam, but we need to have the mandatory training because we're all going to ultimately work with someone grad student, undergrad colleague, whatever who has a mental health concern. And they're going to share with us, and we have to know how to responds to help the student.

Here, Instructor Gardner not only posits that training should be mandatory but provides a rather succinct and insightful rationale for this mandated training that recognizes the large-scale impact that a mental health training would have, tying in the pervasiveness of the students with mental health concerns population on a college campus. Instructor Malone furthers the point about mandated training, positing that the trainings should give faculty the resources to identify when a student is struggling and point them towards the right direction to get help. Instructor Malones states:

> Institutionally provided trainings are important. I mean, we're mandated to do lots of things. If this is truly beneficial, then it should be something that is mandated also. If the

institution believes in faculty/staff having the tools to help people deal, with at least recognizing symptoms or worries in students and pointing them in the right direction with mental health things, then we need to have a mandatory training. Yes, you've got trained in this, we get trained in a lot of other things, why would we not do this?

Instructor Gardner's colleague, Instructor Malone, expands on this mandated training topic, suggesting that not only should faculty be responsible for being trained, but too should be trained on how to best advocate for themselves:

I think it's definitely needed. I also though, think that it needs to have a mirror training for students where they're getting the same information, so that they can have a meeting of the minds and really talk the same language and describe the same condition and you know, helping students to understand what that threshold is, in addition to, faculty, it would really put faculty in position to where they can actually help students, you know, if they all, if all of us realize that there is this normal nervousness about tests versus anxiety, like, that really helps us to have conversations with students about, okay, you know, how can you get over your nervousness? How can you prepare for the test so that you're less nervous? Versus, you know, why is it that you're you start sweating and your blood pressure rises when you walk into the room? You know, I mean, things like that. But it's like, it would just be nice if everyone kind of had this general understanding, so that we could communicate with each other. I mean, ultimately, I think that's how faculty help students is sitting down and communicating with them. Yeah, but if only one of us is trained, you know, it doesn't, doesn't help to facilitate that communication

This shared responsibility of training by Instructor Malone made a lot of sense and was the only faculty during the interviews that put any sort of responsibility on the student in regard to their

advocacy, empowerment, and general role that they play in managing their own support for their mental health. Connecting back to the previously mentioned line of care theme, Instructor Malone's responses lead to the suggestion that the training should center around helping faculty understand where the line of care exists, which to Instructor Malone, involves training faculty on signs that students with mental health concerns may need some mental health assistance. As Instructor Malone stated:

> So I think, you know, part of the training is to help us figure out where that line is between our job and not our job, you know. I think for faculty, this training involves face to face workshops that help us understand what a student with depression or anxiety actually looks like – how that manifests. I don't know, I think faculty appreciate things when they're online because you can do them at any hour. But, um, being engaged, it's just so much better face to face.

Similar to Instructor Gardner and Instructor Malone, Instructor McCarthy from the Mobility Sciences department also indicated that training should be both mandated and should include both an awareness about students with mental health concerns and an understanding of the key signs when a student needs mental health support. However, Instructor McCarthy takes the thoughts of Instructor Gardner and Malone a step further, recognizing that training must also include ways to recognize the tacit assumptions that we all hold, and how those tacit assumptions can influence students' level of comfort in talking about their mental health. Instructor McCarthy details:

> Yeah, I think training is should be required. I think some of training is training people and empathy and understanding though too right, so you can be trained in awareness, like key signs, what to look for, I think that's important, but also trained in how to develop an

environment of acceptance, right. So I would agree with you that training is necessary, but if I have all this training in the world, but I think it's bull, it doesn't matter, I can, then, I'll just go through the motions and pretend like this is important because I was told it was important without having a true environment of understanding. So I think there's explicit and implicit things that are there, you know, there's kind of those tacit assumptions that if you're in my classroom, do, is it really safe to talk about a mental health concern? Or not?

Here, Instructor McCarthy builds on the responses of other instructors in this grouping by realizing the deep-seeded and complex nature of working with students with mental health concerns, recognizing the assumptions that society often makes about mental health and how those assumptions can come to the fore in the classroom setting. Together, the responses from each of the faculty within the STEM grouping shed light on the perceptions that these faculty hold. By suggesting that training be required rather than elective, that faculty be trained on how to recognize mental health concerns, and that training focus on an environment of understanding, faculty within this grouping have shown that they are working towards the social model of disability by appreciating the perspective of students with mental health concerns and recognizing that it is potentially their own assumptions and bias that create the impact of the disability for students.

Summary

The purpose of this chapter was two-fold. First, using the case study methodology, this chapter presents an exploratory look into the experiences that faculty had of students with mental health concerns. Through the cross-case study approach, faculty profiles were outlined and then grouped into a cluster of academic departments, based on likeness. These groupings allowed the reader to digest and understand each case in a clear and concise manner. Outlining the cases

through these groupings served to highlight the varying similarities among the individual academic departments and the faculty that make up these departments.

Second, using the thematic analysis framework, specifically in-vivo and pattern coding, 3 primary over-arching themes emerged from that data analysis process. Despite a variety of participants and fields of study, there are many common elements that bind the experiences of each of these faculty, ultimately illustrating the perceptions that these faculty have of students with mental health concerns. In Chapter 5, I discuss the conclusions that are derived from these over-arching themes presented in this chapter.

CHAPTER V: DISCUSSION OF FINDINGS, RECOMMENDATIONS, AND LEADERSHIP

APPROACH

The overall purpose of this study was to explore the perceptions that faculty have of students with disabilities. Specifically, I wanted to understand faculty perceptions of students with mental health concerns, and compare those perceptions across varying academic departments. Given the general increase in the number of students with disabilities pursuing a post-secondary degree, as well as the rise in the number of students identifying as having a mental health concern, I found it vital to further understand the perceptions that faculty have of this population (American College Health Association; Lipson, Lattie, and Eisenberg, 2018). An additional impetus for this study was the lack of research on the topic, particularly in the area of perceptions of students with mental health concerns. Addressing this gap in the literature was fitting, given that mental health has become a highly relevant issue within higher education. Finally, I wanted to conduct this study in an effort to bring in the faculty voice and allow them to share their experiences regarding students, which as Chapter 4 in this study suggests, are abundant and insightful. To address this purpose, the following research questions guided this study:

What are the perceptions that faculty have regarding students with mental health concerns?

What experiences have faculty had with students with mental health concerns?

Grounded in the case study methodology, an exploratory approach, with this study I was able to offer an insightful and intriguing compare and contrast of the perceptions that faculty had across different academic departments – or in this study, across departmental groupings. In taking on this cross-case study approach, I analyzed the data using Braun and Clarke's (2017) thematic analysis technique. The analysis comprised primarily in-vivo and pattern coding. After

coding I analyzed the data for themes. The data revealed three concise and over-arching themes that illustrate the perceptions that faculty have of students with mental health concerns. This final chapter of this dissertation includes a discussion of four primary conclusions resulting from the three primary themes generated in Chapter 4. In addition, I discuss the findings from this study in relation to the findings from studies conducted by other scholars. I outline the conclusions and then close the chapter with the implications of the study, recommendations for higher education administrators that will include some key issues to address regarding students with disabilities, as well as a potential leadership approach to address these issues.

Conclusions

Conclusion 1: Faculty Have Mixed Perceptions

Aligning with much of the existing literature on faculty perceptions of students with disabilities, this study suggests that faculty generally have mixed perceptions of students with mental health concerns. Much like other studies, the perceptions within this study varied among a variety of different factors, including disability type, accommodation type, and level of faculty understanding of students with mental health concerns.

Much of the perception literature focuses on disability type, often focusing on visible versus invisible disabilities **(**Fossey et al., 2017; Sayle, 2016; Sniatecki et al., 2015; Sweener et al., 2002). Within these studies, the findings suggest that faculty tend to have the most positive attitudes towards disabilities that are visible rather than invisible, leaving a less than ideal environment for those who have a disability that is invisible or, at the very least, not impactful on a day to day basis. However, results of this study suggest that this is not the case, as the overwhelming majority of faculty indicated supportive, inclusive, and affirming tones and responses throughout the interviews. Particular evidence of this can be seen under the integration

of mental health in the classroom theme, where a majority of the faculty (eleven out of the fourteen faculty including, Instructor Wright, Instructor Torres, and Instructor Malone) worked to incorporate mental health naturally into their classrooms and interactions with students.

Literature on faculty perceptions of students with disabilities also looked at faculty's willingness to accommodate students with disabilities. The findings in these studies reveal that faculty willingness to accommodate correlates to the extent to which the accommodation is perceived to be a threat to the academic integrity of the course. For instance, both Nelson et al. (1990) and Vogel et al. (1999) found that faculty were more willing to accommodate students for accommodations such as extended exam time versus accommodations such as providing students assignments in advance, as the latter accommodation was a threat to the academic integrity of the course. However, literature reveals that faculty can still hold a negative attitude of students even if they have a high willingness to accommodate. Such was the case in Wrage (2017), where faculty detailed their frustration in having to work with students with certain disabilities, despite being willing to accommodate. Echoing these findings, the data in this dissertation suggest that some faculty hold perceptions about certain mental health diagnoses. For instance, several times throughout the interviews faculty mentioned their experience with students saying they had anxiety, with faculty often describing the hesitancy that they deal with in working with students who have this diagnosis, as there is an overabundance of students who make this claim and the word anxiety can be used as both a formal diagnosis and an adjective to describe how one feels. This hesitancy, for many faculty in this study, often lead to cynicism (as mentioned by Instructors Brown, Instructor Wyatt, and Instructor Montgomery) which translates, for students on the receiving end of this cynicism, as a negative perception based on the diagnosis that they identify with. When it came to what can be seen as "more substantial" diagnoses, faculty had

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different perceptions that were often more positive and supportive. Such was the case with Instructor Brown in the following example:

> And I have absolutely no problem whatsoever, working with students to make the class accessible to them. If they can't be in class because they are unable to get out of bed that day because of depression, or, like PTSD, things like that. I have no problems at all working with students who have those issues. What I see a lot, are students who say that they have problems like that, they say they have like, anxiety is a very common one. And I see that from students all the time saying I have anxiety; I have test anxiety I have whatever. Um, from my perspective, I have so many students, that the only ones that I can give special consideration to for those things are ones who have an accommodations card, who have gone through all of the correct steps because 100 students per class three classes a semester, I'm looking at 300 kids, and if it becomes the thing that gets them out of having to take a test that day, I'm gonna have 250 students.

Here, Instructor Brown views PTSD and depression as diagnoses that are more "impactful", thus this instructor is much more willing to support the student when compared against students who identify with something, in Instructor Brown's eyes, as common and minimal as "anxiety". This mixed perception was common across many of the faculty that were interviewed for this study, not just with Instructor Brown.

Explaining this mixed perception further, however, are scholars Baker et al. (2012) and Zhang et al. (2010), who suggest that faculty hold these varying perceptions of different disabilities due to a lack of knowledge and experience with and about disability. In turn, these authors, as well as Wrage (2017) posit that this lack of understanding by faculty leads to ableist perceptions that creates barriers to student success and maintain a structure of inequity for

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students by invalidating their identity, something Siebers' (2011) disability theory would certainly say is driven by the medical model of disability. This study's findings uphold Baker, Wrage, and Zhang et al.'s stance that lack of knowledge creates negative perceptions as the instructors in this study that had less experience with students with disabilities, referred students more quickly, viewed accommodations from a compliance standpoint, had a rigid line of care, and integrated mental health in their classroom less, often had a general lack of knowledge of the disability field or students with disabilities and/or mental health concerns in general. This lack of knowledge lead to these less inclusive and less supportive practices.

Conclusion 2: Higher Education Simultaneously Hinders and Supports Students with Mental Health Concerns, Ultimately Influencing Faculty Perceptions

Throughout the interviews, faculty fell on a spectrum in regard to their level of invasiveness in supporting or advising a student with a mental health concern. I termed this spectrum, line of care. For some faculty, this line of care was flexible and for other faculty the line of care was rather rigid. This spectrum of care exists for a reason, and, when analyzed under this study's theoretical framework of disability theory, is influenced by the larger system of higher education that faculty work within, bringing with it a host of assumptions, stereotypes, and ways of doing (Dolmage, 2017, Evans et al., 2017; Kerschbaum et al., 2017; Kim & Aquino, 2017). This works to explain the line of care that faculty within the professional grouping exhibited, which was rather rigid, firm, and often was seen as rather unsupportive. That is, faculty within the professional grouping often followed accommodations to the letter and over-referred students to other resources (often in an effort to relinquish responsibility in having to work with that student). This hindering mentality in working with students with mental health concerns, as Dolmage (2017) would suggest, is due historically, to colleges and universities

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taking a compliance-oriented stance towards access for students with disabilities, defining access as a constant push towards ensuring equal opportunity for students with disabilities. Stemming from a legislative mindset, equal opportunity typically refers to access from the perspective of visible barriers as it relates to the physical accessibility of a building, entity, program, classroom, or education (Evans et al., 2017). These barriers can include ramps up to buildings, accessible walkways, accessible websites, and/or various classroom issues such as inaccessible desks or dim-lighting. Though the equal opportunity definition of access is helpful in its sentiment, critical scholars would posit that this definition ignores equity. Critical disability scholars, such as Dolmage (2017), Price and Siebers (2011), and Piepzna-Samarasinha (2018) would argue that access in the contemporary is much more than the physical visible barriers that limit students with disabilities everyday experience of an education. Rather, under a critical lens, these scholars contend that true access needs to recognize the ableist assumptions that colleges and universities have about students. Thus, before any sort of specific physical barrier can be reduced or eliminated, critical scholars posit that institutions need to recognize the ableist assumptions that they hold, how those assumptions manifest, and why those assumptions exist. Dolmage tends to this point directly in his broad rhetorical analysis of higher education, suggesting that, historically, people with disabilities have been marginalized at colleges and universities, having traditionally been the subjects of study rather than the purveyors of knowledge. Dolmage furthers this point, suggesting that the primary reason for this othering of people with disabilities is due to the representation that higher education places of disability. As Dolmage states, students with disabilities are typically defined "primarily through their disabilities by others" (p. 5) in ways that represent disability "as needing to be cured or killed or eradicated, as needing to be overcome or compensated for, as an object of pity or charity, as a sign of an internal flaw or a

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social ill or signal from above, as isolating…" (i.e., the medical model of disability) (p. 5). Various structures work to keep this mentality in place. For instance, the lack of universal design in classrooms, how accessibility, because it is typically an afterthought, has to be retrofitted to an existing problem (serving as a constant reminder to students with disabilities that they are an afterthought), and how accommodations come with a motivation to comply rather than support (Dolmage, 2017). Thus, higher education, through its compliance oriented framework, works to hinder students with mental health concerns and influences faculty perceptions accordingly, such as those particularly within the professional grouping in this study.

Despite the professional grouping's rigidity and compliance-oriented mindset, other groupings within this study exhibited much more supportive perceptions. These more supportive perceptions included faculty exhibiting a line of care that was much more flexible and malleable, placing them as generally more invasive in supporting students. For instance, Instructor Windermere (social science grouping, Human Society department) and Instructor McCarthy (STEM grouping, Mobility Science department) both went out of their way to help students, being proactive in reaching out to students, connecting with them, asking them regularly how they were doing, and inviting them into office hours to talk. This more flexible line of care does more than just support students, but actively works against the compliance oriented framework that is so ingrained in higher education and deeply influences faculty perceptions of students.

Reflecting on my own experience as a coordinator in a disability services office, I recognize the point that Dolmage (2017) and other scholars make, that access issues in higher education are often handled primarily through accommodation via a motivation of compliance. That is, in coordinating accommodations, I recognize that the very system that I am apart of exists to comply with federal legislation rather than to tend to the specific needs of students. For

instance, to receive accommodations, students are often forced to tell their story several times, disclosing their disability (whether they want to or not), how it has been diagnosed, how it impacts them, and how accommodations can be implemented to "fix" this "problem" that they have in some way. Accordingly, disability and its impact only become "real" when the disability has to be proven, over and over, to administrators, entities, and the courts rather than being something institutions naturally see as a unique part of the identity in which someone has and supporting them through that. Instead, students with disabilities become othered as they must go through the rigors of proof to verify something that is a part of their identity and contributes to their way of knowing. Ultimately, institutions only address access if they are told to, further solidifying the accommodations for compliance viewpoint and ultimately influencing the perceptions that faculty have as they will typically fall in line with the institution's overall stance towards students with disabilities.

Taking a deeper dive into the identity issues (specifically self-disclosure of a disability) that result from accommodations for compliance is Kerschbaum et al. (2017), who states that "The act of self-disclosure following institutional policies becomes a bureaucratic institutionalized tool to address disability that continually clashes with who they are, what they want to achieve, and how they want to participate in the IHE" (p. 285). Here, Kerschbaum et al. articulates the detrimental effect of accommodations for compliance, stating that compliance is a way for institutions to establish power over students, ultimately naturalizing exclusion by forcing students to disclose their disability and provide substantial paperwork to prove their disability if they want to receive accommodations. That is, accommodations are a natural part of any higher education institution, all of which force students to disclose their disability (and thus, force students to identify with having a disability) if they wish to receive the support they need. The

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paperwork that students must provide is a unique barrier worth particular attention that sustains this inequity, as many institutions force students to provide documentation that often comes in the form of expensive psychological testing and/or bureaucratic medical care hoops to jump through (Dolmage, 2017; Kerschbaum et al., 2017). The institution in this study is no exception to this rule, as students are required to provide substantial documentation of their disability after they self-identify as having a disability. A residual effect of accommodations being set up in this way, of course, is the fact that many students with disabilities do not end up self-identifying with their disability services office as they do not want to identify as having a disability or do not have the necessary paperwork to receive accommodations (a situation in which I have encountered with students countless times). In turn, an inequity is fostered, as many students who could utilize the support of accommodations offices are not given that support due to the barriers of forced self-disclosure and disability paperwork. Thus, self-disclosure and "proof" paperwork of a disability maintain accommodations for compliance, working to limit the number of students with disabilities that receive support and reify a power structure that others these students, inequities that certainly impact student success. At the institution in this study, evidence of this inequity can be found in the numbers of students with disabilities receiving accommodations, with approximately 4.5% of undergraduate students receiving accommodations for a disability, a number far lower than the nearly 20% of undergraduate students nationally that identify with having a disability (U.S. Department of Education, 2019). Thus, the mixed findings of this study inspire a conversation that though higher education appears on the surface to support all students, when we look beyond this veil of support, we uncover a system that simultaneously hinders students with mental health concerns, ultimately influencing faculty perceptions of these students.

Conclusion 3: Faculty Perceptions Vary, but not Necessarily Based on Academic Discipline

One of the primary purposes of this study was to explore the perceptions that faculty have of students with mental health concerns, comparing these perceptions across academic departments. The findings and conclusions of this study indicate that faculty perceptions varied on an individual faculty basis. This spectrum of perception came through in many forms, be it in regard to the line of care, integration of mental health in the classroom, or the way in which faculty responded to questions regarding training. However, despite faculty perceptions varying on an individual basis, given the findings and conclusions of this study, no particular grouping exhibited an entirely clear set of positive or negative perceptions. Though each grouping has a generally positive or negative sentiment, even for groupings that were primarily positive, certain negative perceptions were still apparent. Evidence of this can be seen in the STEM grouping, which can generally be seen as rather supportive and inclusive, but still contained exclusive and limiting language from faculty such as Instructor Silva, who took a mostly referral approach and was relatively cynical in their responses – detailing that they often felt students with mental health concerns leveraged their disability to "get what they wanted". Thus, a conclusion in this study can be made that faculty perceptions certainly do vary, but in comparing those perceptions, academic discipline does not necessarily influence perceptions on a consistent enough level, either positively or negatively. As this study is the first of its kind that compares students with mental health concerns across academic departments, this data cannot be cross-referenced. Given this lack of research, a clear need for future research in this area is needed, with that future research doing well to take this lack of variance among academic departments into account.

Conclusion 4: Faculty Perceptions are Tied to the Incorporation and Implementation of Inclusive Practices

Whether faculty knew it or not, inclusive practices were often an element of their classroom and/or interactions with students with mental health concerns. Inclusive practices, such as those faculty that integrated mental health into their classroom, worked to create a comfortable and accepting environment for students to share about their experience and seek support for their mental health concerns. Instructor Torres serves as an excellent example of inclusive practices, as this instructor consistently integrated mental health into the classroom experience for students, going as far as allowing students to incorporate their experience with mental health concerns in their classroom assignments. Instructor Graves also exhibited inclusive practices to supporting students with mental health concerns, as this instructor took on a "mental health first aid" approach with students, often intentionally bringing them in, seeking conversation with them, and actively checking up on them to see how they were doing. Conversely, Instructor Frazier (and other faculty within the professional grouping) did not integrate mental health in the classroom, going as far to suggest that students with mental health concerns have mental health concerns as a result of society creating an "easy path" for them (e.g., the instructor mentioned helicopter parents as handling tough situations for their child), ultimately taking away the needed grit and determination that previous generations of students have had. Instructor Brown was another faculty who lacked inclusive practices, as this faculty was quick to refer students rather than make a concerted effort to adapt their classroom in a way that was tailored to different learner types, particularly students with disabilities. Thus, those faculty that incorporated inclusive practices into their work with students held more supportive, socially just, and optimistic perceptions. This inclusive approach can be loosely linked to

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universal design, as it works to integrate students of varying needs into one holistic system. In an effort to fully explain this link to universal design, it is necessary to provide some background knowledge and context regarding universal design.

The concept of universal design is rooted in the social model of disability. That is, universal design is an approach to design that assumes disability is created through the environment rather than the individual (Wieseler, 2018). Clarifying this, Siebers' (2011) disability theory distinguishes between an impairment and a disability, suggesting that an impairment is the biomedical condition that an individual has, but does not become a disability until the environment impacts the individual's impairment in such a way that a barrier is created (Wieseler, 2018). Framed in this way, disability does not exist if the environment does not create any sort of disabling effect. In turn, universal design builds access into the design from the start, working to tailor the design to be usable, to the broadest extent possible, by the most amount of people without any sort of adaptation, accommodation, or specialized equipment (Evans et al., 2017). Though first applied to architectural design, universal design has since been implemented to improve instruction, with three frequently used approaches being universal design for learning (UDL), universal instructional design (UID), and universal design for instruction (UDI) (Evans et al., 2017). Universal design can be implemented to virtually any product, service, or aspect of the campus environment. Examples of universal design include accessible entrances, adjustable height and orientation classroom desks, campus websites that can be easily navigated by screen reading software, doors with automatic openers, and class structures that allow students to select a variety of options for completing a course (i.e., choice between completing a paper, taking a test, taking on a service-learning project, etc.). Thus, the ideal universal design structure at institutions would be an active recognition that the things we design (be it classrooms, courses,

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buildings, instructional techniques, etc.) should include the widest range of citizens in mind (Dolmage, 2017). This means that institutions should create spaces that work to foster community, build barrier-free environments that take into consideration the positionality of people with disabilities, tailor policies to make them as inclusive as possible, and limit the number of "hoops" that a student must jump through in order to receive a particular support (Dolmage, 2017).

If an effective fix to access could be found through a concerted effort of universal design, then why, given the findings of this study, do not all faculty take on universal design practices? Evans et al. (2017) suggests that institutional culture is to blame, positing that institutions will utilize universal design techniques depending on the perspective that a particular campus holds towards students with disabilities. That is, if individuals on campus view disability as an environmental barrier the *institution* is responsible for addressing, then universal design is much more likely to be implemented than if individuals believe that disability is a *particular student's* problem to solve. Unfortunately, as the findings in this study have shown, the medical model of disability is common across faculty (and higher education as a whole), significantly limiting the holistic widespread implementation of universal design and sustaining student inequities under it (e.g., Instructor Frazier). That is, in higher education, campus and learning environments are often designed for only a limited number of learners because disability is viewed as something the individual should address, rather than the institution and its environment. Moreover, students looking to receive support for their disability in higher education must self-identify with their disability services office and self-advocate to gain accessibility to campus. Accommodations being set up in this way illustrates that providing access for students is the responsibility of the student. Here, a clear parallel can be drawn to the medical model, where the lack of community

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responsibility illustrates that disability again is something that is individual problem that students with disabilities themselves should take care of.

<center>**Implications of the Study**</center>

Throughout this dissertation process, I have had the privilege of growing my knowledge about students with disabilities. As such, this final section of this study affords me the opportunity to pass on my knowledge gained throughout this process to other higher education administrators in the hopes of better informing best practices for working with students with disabilities. Specifically, I offer three primary issues, which this study inspired, as a starting point to address in order to better the environment for students with disabilities and positively influence perceptions regarding this population of students. Rather than simply offer the three issues, I also provide a potential leadership approach to addressing these issues, all informed by scholarship.

Recommendations for Higher Education Administrators

Pulling from leadership scholarship, the following section will take a leadership approach to address three key issues facing students with disabilities in their higher education pursuits. These key issues are centering universal design, providing opportunities for faculty and staff to work with students with disabilities, and conducting more disability-related research. Utilizing social justice leadership and grassroots leadership, I will outline specific strategies that leaders can be put in place to respond to these issues. After providing a brief discussion on social justice leadership and Kezar and Lester's (2011) grassroots leadership approach, I will outline the three primary issues and will employ the leadership approaches to address these issues.

Social justice leadership. Because the medical model of disability places disability as the responsibility of the individual, inequities are perpetuated as education creates policies,

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procedures, and structures in a way that ignores the experience of students with disabilities. To reframe this thinking, scholars have argued for the social justice approach to disability, suggesting that disability is created by the environment rather than the individual (Evans et al., 2017). In turn, and pairing nicely with this study's theoretical lens, a social justice approach to disability suggests that the onus of responsibility on access for students with disabilities should be shared by all individuals, disabled or not (Evans et al., 2017; Haegele & Hodge, 2016). Thus, in an effort to implement social justice, combat ableism, and eliminate the medical model of disability, disability scholars have furthered the research on social justice by developing a leadership approach through social justice (Bogotoch, 2002; Furman, 2012; DeMatthews & Mawhinney, 2014; Theoharis, 2007). Put simply, social justice leadership seeks to actively address inequities for marginalized groups, working to better the condition of education in which those students reside (DeMatthews & Mawhinney, 2014). As DeMatthews and Mawhinney (2014) state "leaders with social justice orientations investigate, make issue of, and generate solutions to social inequality and marginalization due to race, class, gender, disability, sexual orientation, and other forms of diversity" (p. 846). Framed in this way, leaders utilizing a social justice leadership approach actively recognize the inequities facing students of marginalized groups and work to eliminate those inequities. This active recognition comes in the form of constant interrogation of policies, procedures, and structures that guide institutions while simultaneously perpetuating inequities for students and further marginalizing them (DeMatthews & Mawhinney, 2014). As social justice leaders actively recognize and interrogate policies, procedures, and structures, they respond to the inequities found through action by implementing new practices that create equity (DeMatthews & Mawhinney, 2014; Theoharis, 2007). To take action effectively, Furman (2012) suggests that social justice leaders must be action-oriented,

leading with a heightened awareness regarding issues of oppression, exclusion, and marginalization. In turn, as action-oriented leaders, social justice leaders create change at an institution by raising concerns, championing equity, and most importantly, challenging others within the organization to think about social justice and the various ways in which an institution may be marginalizing their students (Furman, 2012). This change, as DeMatthews and Mawhinney state, translates into schools being more inclusive, resulting in a change in the culture of the institution. Thus, in order for social justice leaders to effectively implement change into the institution that alleviates inequities for students with disabilities, not only do they need to be guided by social justice, but their actions need to create systemic change at the institution. To explore this change and the processes behind it, one approach that can be taken is through Kezar and Lester's (2011) grassroots leadership.

Grassroots leadership. Challenging top-down leadership efforts, Kezar and Lester (2011) argue that leadership is not something that is done by a few individuals at the top, but instead, many leaders can be found at the grassroots level at institutions. These leaders, Kezar and Lester suggest, often have little formal authority and work from the bottom-up. Kezar and Lester urge that leadership is about change and challenging the status quo. To make their point, Kezar and Lester suggest that grassroots leaders must act as tempered radicals, acting within the institutional system to achieve change in more subtle ways rather than through overt confrontation. It is through these subtle ways of leadership that the potency of Kezar and Lester's approach is emphasized. That is, under Kezar and Lester, leaders manifest at all levels of an institution and work in subtle ways through a variety of strategies that achieve a particular cause. This is particularly important for students with disabilities, as the everyday work that faculty and staff do on an individual level with these students (e.g., advocating, facilitating accommodations)

has a tremendous impact on the overall climate towards disability at the institution. Kezar and Lester's grassroots leadership approach is particularly valuable as it can work to create and sustain change at the institution.

As Evans et al. (2017) states, leaders that are interested in changing how students with disabilities are viewed in higher education must be "supported from the bottom up and the top down" (p. 443). With grassroots leadership, Kezar and Lester argue that anyone has the potential to be a leader and that leadership is a collective bottom-up effort. In illustrating their approach to leadership, Kezar and Lester (2011) offer up the stories of several different grassroots leaders who achieved success, identifying various tactics and strategies along the way that grassroots leaders use to advance their cause. They contend, "…grassroots leaders within institutionalized educational settings have created unique strategies, tactics, and approaches to navigate power and experience unique obstacles and conditions" (p. 25). One such strategy that can be employed to address the problems in this exam is the "educational strategy" (p. 99). Kezar and Lester argue that this tactic is especially effective and most widely used because it is directly linked to the educational mission and goals of the institution, and therefore, it is harder for more formal power holders to oppose (Kezar & Lester, 2011). This places the educational strategy as particularly beneficial in creating change at an institution, as grassroots leaders can leverage the power of the existing culture at the institution by implementing strategies that are directly tied to the mission and goals of the institution, making it hard for others at the institution to criticize change efforts. Tactics under the educational strategy are persuasion and influence, raising consciousness, and creating networks and coalitions. Using this educational strategy, specific leadership strategies can be implemented that create change at the institution and a culture where disability is treated as a campus-wide responsibility. Thus, the three primary issues that higher education

administrators should work to address to better the environment for students with disabilities, through this potential leadership approach, include centering universal design, providing opportunities for faculty and staff to work directly with students with disabilities, and conducting more research on disability in higher education.

Centering Universal Design. As universal design is centered, the need for accommodations will slowly diminish, and students with disabilities will gradually no longer have to be forced to disclose their disability or be given accommodations that are centered around compliance rather than their specific needs. To center universal design through the educational strategy tactic of persuasion and influence, grassroots leaders can use indirect forms of influence that work to persuade others and create legitimacy. At colleges and universities, one such way in which this can be done is tapping into grassroots leaders within disability-related departments on campus and have them engage in grant writing. For instance, faculty grassroots leaders in disability-related departments could research and write grants that specifically support universal design. By writing and obtaining grants that work to support universal design on campus, legitimacy would be gained that serves a persuasive purpose that draws in other faculty, staff, and administration across campus. As Kezar and Lester (2011) state in referencing the participants in their book, "Repeatedly, we heard stories of grassroots leaders who felt as though successful grant seeking was one of the only ways to gain the attention of central administration" (p. 127). Moreover, through grant writing, grassroots faculty leaders would build academic clout that aligns their purpose with the norms of academic work and with the educational mission of the institution. This helps gain involvement from other faculty and staff within the institution. As Kezar and Lester state, "The more that leaders tied the effort to the educational mission, the less that faculty and staff were open to criticism or constrained from being involved" (p. 102). In

turn, the slow build of persuasion and legitimacy that grant writing creates allows grassroots leaders in the academic departments to collaborate with other departments on campus that may have a preexisting vested interest in universal design. For instance, grassroots leaders could work with their faculty technology center. Potentially co-authoring grants with a department such as this would serve as one means to spread awareness regarding universal design and work to begin centering universal design at the institution. If faculty partner with non-academic areas on campus, such as disability services offices, the academic clout built by successful grant writing becomes doubly important as the disability office on campus is a division of student affairs (bridging the gap between student affairs and academics). Ultimately, if awarded grant money, legitimacy and persuasion is furthered, as the funds could then be used to acquire universal design resources or potentially hire professionals that have expertise in universal design that faculty and staff can turn to in making their courses and spaces more inclusive. Eventually, through this grassroots approach, universal design would be more widely considered and implemented at the institution and accommodations would be less needed. Accordingly, students with disabilities would face fewer inequities as spaces would be more inclusive, seamlessly allowing for the integration of diverse learners into a given space. As the wake of this effort trickles across campus, departments would feel a greater responsibility towards individuals with disability, naturally combatting ableism and the accompanied othering of students.

Provide Opportunities to Work with Students with Disabilities. Throughout this study, it was readily apparent that many faculty lacked the knowledge and true understanding of students with mental health concerns (and students with disabilities generally). Thus, an additional issue that higher education administrators should work to address is the lack of understanding and knowledge towards students with disabilities. As Evans et al. (2017) states,

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institutions perpetuate beliefs "that disabled people lack the knowledge or objectivity to determine for themselves what they need, what are the most appropriate or effective accommodations, and how best to build inclusive communities" (p. 441). To challenge this belief, grassroots leaders need to provide opportunities for faculty and staff to work directly with students with disabilities in an effort to gain insight into their lived experience and how best to support them. To do this, grassroots leaders can turn to Kezar and Lester's (2011) creating networks and coalitions tactic. For this tactic, grassroots leaders place emphasis on creating change through personal interaction with other faculty and staff, joining in and using existing networks within the institution to further a cause. At institutions, to sustain a culture of shared responsibility towards disability, grassroots leaders within the disability services office should become involved across campus, particularly in employment-based shared governance bodies, both within the institution and the local city. As a member of shared governance, disability service professionals could bring a unique perspective centered on accessibility for students with disabilities to a platform that makes wide-scale decisions at the institutions (both academic and student affairs). Moreover, through getting involved in shared governance, disability services grassroots leaders would develop relationships with others in the shared governance bodies, snowballing their coalition building efforts into other areas across campus. This grassroots approach is especially potent as it is conducive to involving students in the change process. One such example of this has taken place at the institution that I work at with a student who worked to bring audible signals to a heavily-trafficked campus intersection. The student, who has a visual impairment, could not tell when it was safe to cross the street. Noticing this, disability services staff built a coalition with the student, leveraging their existing network with the local town council's governance body. In connecting this student with the council, the student was

able to find direction in what needed to be done to get the audible signals added, which included the student talking to the council about their experience, petitioning signatures from university stakeholders, writing a formal letter to the council about the necessity for the signals, and meeting with other university shared governance bodies. As a result, the council agreed to add the audible signals to the intersection, which were recently completed September of 2019. What this example illustrates is that building coalitions and networks with faculty, staff, and students allows faculty and staff to connect with students with disabilities on campus and understand their experience. This action-oriented grassroots approach by disability services staff allows for a ripple effect of shared responsibility towards individuals with disabilities to be realized, increasing the overall inclusivity of the institution (and in this case, even the town) that eliminated the need for any navigation-related accommodation and increased understanding toward disability. Through networks and coalitions, opportunities can be provided to work directly with students with disabilities that allow individuals to actively recognize the ways in which students are marginalized on campus, challenging disability as an individual endeavor and placing it as a social one – ultimately reducing inequities for students.

Areas for Future Research: Conducting More Research on Disability in Higher Education. A final issue that higher education administrators should address is the lack of research on disability in higher education. As noted throughout this study, research on disability in higher education is largely limited (particularly in the area of perceptions), with other scholars in the field agreeing with this sentiment (Dolmage, 2017; Higbee, Katz, & Schultz, 2010; Siebers, 2011). Moreover, much of the research on disability is rooted in medical model thinking, giving little regard to the ways in which the environment disables an individual (Evans et al., 2017). Therefore, future research would do well to take on a social justice approach that

positions students with disabilities as being disabled by their environment, rather than through an individual "medical condition". To do this, future research regarding faculty perceptions should expand on the findings of this study by oferring additional metholdogies, both qualitative and quantitative, that work to further uncover the perceptions that fauclty have of students with disabilities. Additionally, future research on faculty perceptions should work to expand research into a wide array of different research sites, including public, private, and community colleges of varying sizes and type. This wider breadth and scope of research would work to give clarity to the faculty perceptions that are held of students with disabilities, which as this study and other studies reveal, is rather mixed. Given this study's findings that perceptions are mixed, future research would also do well to focus on perceptions related to accommodation type and other more specific mental health diagnoses.

To achieve this future research through a leadership approach, grassroots leaders can utilize Kezar and Lester's (2011) tactic of raising consciousness. Raising consciousness is the act of bringing consistent increased awareness to a particular issue in a subtle manner and behind the scenes. In regard to faculty understanding and knowledge of students with disabilities, grassroots faculty tied to the disability field could engage in disability in higher education scholarship and effectively raise consciousness around students with disabilities. These faculty could again partner with other disability-related departments on campus and, even better, faculty that are not directly engaged in disability research. In conducting more research in this area, faculty and others involved would naturally gain more understanding and knowledge about these students, eventually influencing their attitudes towards disability. From a professional standpoint, conducting more research on disability in higher education creates academic capital for faculty (Kezar and Lester, 2011). As Kezar and Lester posit, academic capitalism "refers to the trend of

universities and faculty toward market participation and market behaviors to increase revenue and for faculty to subsidize their pay with grants and outside contracts" (p. 126). That is, faculty profit and build their career through their academic work, with more publications resulting in more personal success. Faculty could leverage the power of academic capitalism to persuade other faculty across academic departments to be involved in the research. Through this research, faculty will naturally gain a greater appreciation and respect for individuals with disabilities, with the residual effects of this research working to sustain a culture of shared responsibility toward disability.

As covert and subtle grassroots leaders, Kezar and Lester's (2011) approach to leadership is highly oriented towards social justice leadership. Grassroots leaders pave the way for action, bypassing the bureaucratic obstacles and snail's pace timeline that defines higher education. Through action, grassroots leaders leverage the little resources they have to sustain a culture of shared responsibility towards disability by actively recognizing the ways in which the academy marginalizes students with disabilities. Be it centering universal design through persuasion, creating networks that bind together faculty, staff, and students with disabilities, or building academic capital through disability research, grassroots leaders are the engine that drives social justice leadership and its push to sustain a culture in which ableism and the medical model do not define students with disabilities. In addressing these key issues with the help of Kezar and Lester's grassroots leadership approach, a shared campus responsibility toward disability is implemented and sustained, bettering the environment for students with mental health concerns particularly, and students with disabilities generally.

Summary of the Study

This study explored the faculty perceptions of students with mental health concerns across different academic departments. Faculty participants in this study were generally candid, thoughtful, and reflective in their responses and discussing their experience with students. Resulting from these conversations, Chapter 4 presented three primary themes. Based on these themes, this chapter outlined four main conclusions that were discussed in relation to the work and findings of other scholars. The implications of this study are meant to provide recommendations to faculty, staff, and higher education stakeholders of any type who seek to better understand the experience of students with disabilities, specifically those with mental health concerns. In understanding the perceptions that faculty have, it is my hope that better classroom environments, inclusive curriculum, and socially just initiatives are created and implemented.

Given the qualitative nature of this study and the previously outlined methodology, the results of this study may not be directly transferable to all higher education professionals. However, the conclusions described in this chapter certainly go a long way in providing insight into recognizing the perceptions that individuals hold of students with mental health concerns, providing much needed additional context in working with this population, who so often seek faculty out as the first in line to deliver support. Further, as was established throughout this study, this scholarship is considered to be a contribution to the faculty perceptions literature given that there are so few qualitative studies that describe faculty perceptions and virtually no qualitative studies that concern students with mental health concerns specifically.

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APPENDIX A: INTERVIEW PROTOCOL

Introduction to Study

This study is investigating the perceptions that faculty have of students with mental health concerns. I am interested in the particular experiences that you have had with students with mental health concerns, as well as the general knowledge you have regarding mental health.

Participation in this study is entirely voluntary and may be stopped at any point during the interview. All names and identifying information in this study will be changed to ensure confidentiality. Participation in this study requires informed consent. I have provided a consent form that should be signed if you choose to participate. Please read the form carefully before you sign. I will also provide you a copy of your singed consent form.

With your permission, I would like to record this interview. Recording the interview allows me to engage fully into our discussion. Do I have your permission to record the interview so I can transcribe it later? After the interview, I will write up the transcript and send it along to you for review. All feedback regarding the transcript is welcomed.

If at any point you wish to contact me after the interview, my contact number is 309-267-4568. Do you have any questions before we begin?

Can we begin the interview?

Interview Questions

Participant Name: _____

Participant Title: _____

Participant Department: _____

Date: _____

Time: _____

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1. How long have you been teaching?

   1A. How many times have you had students with mental health concerns enrolled in your courses?

   1B. How do students identify typically? (through SAAS, other ways)

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2. Generally, what is your understanding of mental health concerns?

   2A. What are your thoughts about serving students with mental health concerns?

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3. What are your thoughts about faculty training or professional development to prepare their courses for students with mental health concerns?

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4. Can you describe an experience or experiences that you have had with individuals with mental health concerns? What was it like? How was the interaction?

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5. What suggestions or comments do you have in working with students with mental health concerns?

   5A. What can be done to support faculty in working with this population?

   5B. Is there anything else you would want to add to this conversation?

Thank you for your time today. Is it okay if I reach out again should any other questions come up?

APPENDIX B: INTERVIEW QUESTION MATRIX

Interview Questions

Interview Questions	Background Information (Participants Profile)	Research Questions	
		1:	2:
1. How long have you been teaching? 1A. How many times have you had students with mental health concerns enrolled in your courses? 1B. How do students identify typically? (through SAAS, other ways)	X		
2. Generally, what is your understanding of mental health concerns? 2A. What are your thoughts about serving students with mental health concerns?		X	X
3. What are your thoughts about faculty training or professional development to prepare their courses for students with mental health concerns?		X	
4. Can you describe an experience or experiences that you have had with individuals with mental health concerns? What was it like? How was the interaction?		X	
5. What suggestions or comments do you have in working with students with mental health concerns? 5A. What can be done to support faculty in working with this population? 5B. Is there anything else you would want to add to this conversation? Thank you for your time today. Is it okay if I reach out again should any other questions come up?			X

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