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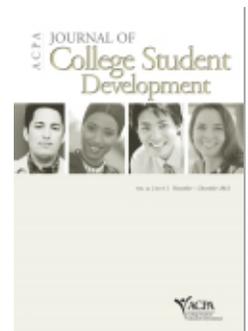
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Justin B. Hunt, Daphne Watkins, Daniel Eisenberg

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Correspondence concerning this article should be addressed to Lydia Killos, 204 Azalea Drive, Charlottesville, VA 22903; LydiaKillos@gmail.com

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How Do College Campuses Make Decisions About Allocating Resources for Student Mental Health? Findings from Key Participant Interviews

Justin B. Hunt Daphne Watkins Daniel Eisenberg

Given the significant burden of mental illness among young adults, colleges offer a promising venue for prevention and treatment, which can help set late adolescents and young adults on a path to success and wellbeing. Despite the potential benefits, there have been no published studies of how campuses decide about allocating resources for mental health. To address this gap, the purpose of this study was to characterize the decision-making process for funding of mental health services through qualitative interviews at 10 universities.

Mental disorders are as prevalent among college students as among same-aged nonstudents (Blanco et al., 2008), and these disorders

appear to be increasing in number and severity (American College Health Association, 2008; Gallagher, 2008). More than 65% of American high school graduates attend postsecondary education (U.S. Department of Education, 2008), and most lifetime mental disorders have first onset before or during the traditional college age of 18–24 (Kessler et al., 2005). Campuses have many means through which they can make a positive impact on the mental health of their students—college represents the only time in many people’s lives when a single setting encompasses their main activities—both career-related and social—as well as health services.

Colleges and universities are faced with

Justin B. Hunt is Assistant Professor in the Division of Health Services Research, Department of Psychiatry, University of Arkansas for Medical Sciences. Daphne Watkins is Assistant Professor, in the School of Social Work at the University of Michigan. Daniel Eisenberg is Assistant Professor, in the Department of Health Management and Policy in the School of Public Health at University of Michigan.

a dilemma about how to prioritize mental health services and programs in a challenging budgetary environment. How does mental health fit into the institutions' core educational missions, if at all? The data from the National Survey of Counseling Center Directors offers a partial answer to this question by characterizing what centers are doing to address the reported increase in students with serious psychological problems. For example, 68% increased the amount of time training faculty on how to respond to students in trouble and make appropriate referrals, and 42% increased the number of counseling center staff (Gallagher, 2008). These numbers are valuable as a broad overview of how campuses are responding to the current mental health challenges present on their campuses.

It is important to understand not only *what* college campuses are doing with respect to student mental health, but also *why* they make those decisions. An improved understanding of the decision-making process has several potential benefits including: (a) helping campuses to consider if they are using a process that is congruent with their overarching goals and values, (b) informing predictions about whether the expected outcomes are likely to be optimal, and (c) informing strategies to disseminate effective practices across campuses. Despite these potential benefits, however, there have been no published studies, to our knowledge, of how college campuses make key decisions about allocating resources for mental health. To address this gap in knowledge, we aimed to characterize the decision-making process for funding of campus mental health services through in-depth, key participant interviews with counseling center personnel at 10 US universities to gain their specific perspective. Through the generation and analysis of rich qualitative data, the purpose of this preliminary study was to improve the understanding of the decision-making

process by identifying facilitators to funding counseling center services. This research is an important first step in the formulation of hypotheses on how campuses fund practices and policies in mental health and what factors facilitate this process.

METHODS

We used in-depth, key participant interviews to gain insight into the campus-level decision-making process for the allocation of mental health resources. We chose the qualitative approach because it is suited to understanding a complex decision-making process that cannot be measured quantitatively. Using the principles of grounded qualitative research as our guide, we did not prespecify hypotheses, but instead, we aimed to generate hypotheses from the interview transcripts (Malterud, 2001; Patton, 2002).

We identified potential participants through our list of key contacts at each of the 13 institutions involved in the Fall 2007 Healthy Minds Study (HMS), an annual, national survey that examines mental health issues among college students from multiple institutions. The purpose of the HMS is to explore the following: (a) prevalence of symptoms of depression, anxiety, and disordered eating using validated instruments; (b) frequency of medication use and therapy/counseling for mental health; (c) factors that may facilitate or impede access to services, such as perceptions of stigma surrounding mental illness; and (d) relationships between mental health and other important aspects of wellbeing, including academic performance and substance use. These people were already invested in the student-level HMS data collection on their campus, so we assumed that they also would be interested in participating in a study of campus-level decision-making. Recruitment efforts included sending an

e-mail invitation to each one of the 13 key contacts and offering them a \$50 incentive for completing the interview. Ten out of 13 contacts agreed to participate in the qualitative interview process. Eight identified themselves as counseling center directors, and 2 identified themselves as the primary researchers in the counseling center.

The key participants represented an information-rich, purposeful sample, as they were all leaders in their local counseling centers and were highly involved in the decision-making process surrounding funding of their center. The participants worked at a variety of institutions: some were located at research intensive, doctoral degree-granting universities, others at smaller regional, public universities. Three of the directors were housed in private universities, 7 in public institutions. The universities were geographically distributed across the United States, with representation by at least one university from each of the four census regions (Northeast, South, Midwest, and West). The research protocol was approved by the University of Michigan Institutional Review Board.

One MD-level member of the research team conducted the telephone interviews. The average length of the telephone interview was 70 minutes, and each was audio-tape recorded. We used a semistructured interview approach. Each interview section began with a broad question, and probes were subsequently used to encourage participants to elaborate or clarify their statements as needed. After the transcriptions were verified for accuracy by the interviewer, the data were entered into Microsoft Excel for data reduction and analysis. Because Microsoft Excel has been validated as reliable software to facilitate qualitative data organization and retrieval (Stockdale, 2002; Swallow, Newton, & Lottum, 2003), we used the software to manage and organize the interview data for this study.

In the first stage of analysis, we aimed to immerse ourselves in the data by reading each transcript twice and annotating important emergent concepts in the margins. As specific concepts inductively emerged, we created codes to define these concepts. The coding team (two of the authors) independently coded transcripts and met as needed to reach consensus on the final codebook (Britten, 1995; Patton, 2002). Following the constant comparative method of qualitative analysis, we compared the coded text to identify sub-themes and broader overarching themes, while constantly refining our coding structure (Mays & Pope, 1995; Patton, 2002).

RESULTS

From the 10 interviews, four primary mediators in funding increases emerged from the interview transcripts: (a) crises related to mental health, (b) data, (c) activism, and (d) upper-level leadership.

All of the participants emphasized the strong effect that both national and local crises have on the decision to increase funding for mental health. Administrators appear willing to fund mental health services if they believe it will help avert a crisis on their own campus. One participant described this dynamic in more detail:

The thing that happens with mental health is that it gets people's attention when bad things happen . . . so you kind of get people's attention and they give you stuff and then it . . . goes by the wayside. It's very difficult to keep the attention, and it's not . . . like, "Well, we don't want to deal with mental health," it's just that they're very busy with other stuff.

Participants described situations in which crises had had a definite effect on funding, but most stated that it was usually a combination of both crisis aversion and hard data that

ultimately influences funding decisions. One director described this dynamic eloquently:

Historically, it has been . . . a combination of data that I provide through my interview report and crises. . . . The data, I think, is important because it keeps people's awareness of what the challenges are. . . . We haven't really had the resources that we've needed to deal with the increasing level of mental health challenges . . . but we really wouldn't get money for the positions until we have a student kill himself, so that was very reactive.

Participants mentioned two different sources of data used to influence funding decisions: (a) internal data on service use and satisfaction and (b) external data for benchmarking. A wide variety of internal data are collected by counseling center services, including patient volume, wait list length, and number of suicide attempts and completions. The participants mentioned that these figures are useful when requesting increased funds:

We keep track of the number of requests for services, and if you go back over the last 10 years, it's pretty much an upward line . . . each year we get more requests for services. We keep track of things like that, and that's important because it lets people know that we are being asked to do more and more . . . with similar amounts of resources. Things like number of hospitalizations that we have each semester, people have an interest in that, things like number of suicides, people pay attention to that, suicide attempts, suicidal students, I always include those things in our end-of-the-year report.

Connecting mental health to the academic mission of the university involves using internal data on satisfaction with services and how the services helped students to stay in school. One director described the use of these data when formulating an argument for improved funding:

We do a satisfaction survey which is general satisfaction, but also some specific questions about how . . . counseling helped you stay in school, has the counseling helped you perform academically. . . . Counseling is good in and of itself, but it also helps students in tangible ways that relate to the university mission. . . . For counseling centers and Student Affairs that is the reality. We're not just a mental health agency.

Although internally collected data was mentioned most frequently by the participants, some also described the use of external data for benchmarking and facilitating increases in funds. This approach, and its associated challenges, was explained by one of the participants:

I would say that we attend conferences and we read about what's happening out there in the world and that those things do have an impact. . . . One of the challenges . . . is that they're often not generalizable, which is kind of the point of the research effort that we're putting together so that findings generated from one center are based on the same data standards as all the other centers so you can take those and compare them. . . . And then you can say, "Geez, we're up 30% on this measurement issue B, and yet these other campuses aren't." So then we can go to our funding sources and say, "Look, we're up but they're not, give us more folks. Or give us more money."

In conjunction with crises and the use of data, mental health activism on campus also emerged as a primary factor for increased financial support from higher administrators. Throughout the interviews, the activism of students, parents, and counseling center staff was described as having a strong effect on funding allocation. One participant reported encouraging student activism because he knew how powerful it could be:

One of the things we did was we helped . . . the students who were doing the activism . . . some really amazing student activism, including this one particular student who went public about some of her mental health background and wrote just a really great piece in the school newspaper about three years ago.

Other participants emphasized the importance of advocating for their services by conducting outreach activities, participating on campus leadership committees, and attending to their centers' reputations. One participant described his promotional and outreach activities on campus:

One of the things that we did that I think was pretty important . . . was to sit on an advisory board . . . called the University Senate. . . . My focus was on mental health and I used it to educate the people at that table, which were faculty, staff, and students, and of course the president was always there. . . . Another thing I would add that really . . . helped a lot was that we got involved with the American Foundation for Suicide Prevention . . . and we . . . started using a video they developed, a 20-some minute video that they developed specifically for college students on suicide prevention, which is a wonderful . . . movie for college students, and we started showing that to all of the . . . labs of our Health Ed classes. It was a major undertaking for our staff . . . but it really heightened people's awareness of what was going on.

Other directors admitted that they do not have to worry about advocacy as much as they did in the past because the parents of the millennial generation will contact high-level administrators directly if they feel mental health is not being addressed appropriately on campus. One participant discussed this intriguing dynamic:

I think the major facilitators are . . . what our constituency is perceived as clamoring

for, and parents of this generation have definitely clamored for more mental health resources. . . . Even if we didn't ask them, they would tell the vice president or the president that their son or daughter wasn't able to get services in a timely fashion and then that gets noted.

Finally, perhaps the most powerful facilitator for increased funding is having upper-level leadership with an appreciation of the importance of mental health to overall academic success. Often the leaders possess this perspective because their background is in counseling or other clinical work, and they have risen in the university ranks to hold their current position. This common situation was described by one of the participants:

Prior to my being the director, our former director had been here 27 years, and he had very brilliantly placed himself as the head budget person for the whole division. So he always managed his own budget, and he managed pretty much everybody else's budget, and so his last year here he was made associate vice president, so things were very smooth under his watch because he always had counseling in mind, you know, number one priority.

DISCUSSION

In this exploratory study, our primary purpose was to gain an improved understanding of the campus-level decision-making process surrounding the distribution of mental health resources. Through the use of qualitative data analysis techniques, we identified facilitators to funding of counseling center services. Four common facilitators to funding emerged: (a) crises related to mental health, (b) data, (c) activism, and (d) upper-level leadership. This research is an important first step in the formulation of hypotheses on how campuses develop and fund practices and policies in mental health and which factors are most influential in this process. The overarching

goal is to improve understanding of the organizational behavior of campuses so that evidence-based practices, as they are developed, can be disseminated and sustained.

Qualitative analyses such as in this study can provide insight into *why* college campuses are responding in certain ways and *how* they make decisions about the funding of mental health programs and policies. These exploratory analyses naturally lead to the formulation of hypotheses on how campuses fund practices and policies in mental health and which factors most influence this process. After collecting additional school-level data, these hypotheses can subsequently be tested through quantitative methods informed by these qualitative insights.

Although several novel themes emerged from this study, the findings must be interpreted in light of one primary limitation inherent to qualitative work. We interviewed 10 counseling center leaders from 10 US institutions, and our findings may not be generalizable to counseling centers in other institutions. Also, we offer only one perspective on campus-level decision-making: the perspective of leaders within counseling centers. To achieve a complete understanding of this process, future interviews of upper-level administrators in student affairs will be helpful to understand the competing priorities when allocating funds. Nevertheless, we began to understand how funding decisions were made on these 10 campuses and to appreciate the diverse approaches used. Future quantitative studies of counseling center directors are required to describe the prevalence of the facilitators described in this paper and to test their statistical association with campus-level funding for mental health.

This research also has several strengths. We interviewed a group of counseling center leaders who represented a diverse array of institutions with differing sources of funding

(public vs. private), geographic locations, and academic emphases (research vs. teaching). Despite this diversity, the counseling center directors shared common experiences, which are reflected in the unifying themes on factors in receiving mental health funding. Finally, we used several recommended strategies to ensure the reliability of the findings, including the standardized use of an interview guide, audio-taping interviews, independent preparation of the transcripts by professional transcriptionists, and the standardized coding and analysis of the data by two separate and experienced qualitative researchers (Patton, 2002).

Given the significant burden of mental illness among young adults, colleges offer a promising venue for prevention and treatment, which can help set late adolescents and young adults on a path to success and wellbeing. Considering that mental health is a foundation for student wellbeing and academic success, all colleges and universities, regardless of their interest in mental health, have an incentive to promote this agenda. To seize this opportunity, it is important to first improve the research base and then coordinate a more cohesive response informed by the evidence. Participants in this study defined several facilitators to funding; their responses reflect the reality on their campuses and provide improved understanding of the decision-making process regarding funding for college mental health. To implement evidence-based practices on campus, increased funding will likely be needed and campus mental health administrators will need to possess a strong sense of what drives funding for mental health.

Correspondence concerning this article should be addressed to Justin B. Hunt, Assistant Professor, Division of Health Services Research, Department of Psychiatry, University of Arkansas for Medical Sciences, 4301 West Markham Street, #755, Little Rock, AR 72205; huntjustinb@uams.edu

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