

# Promoting Student Wellness

Understanding Factors that Prevent Faculty  
Responding to Distress

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# Student Mental Health Concerns

- Student mental health concerns are on the rise
- A minority of students experiencing mental health problems seek mental health services
- Faculty and staff are on the front lines in terms of contact with students
- Students often exhibit visible signs of distress when they are in the midst of a mental health crisis
- But they don't always respond to student distress when they see them

# Faculty Mental Health Concerns

- Similarly, faculty rarely avail themselves of the resources to address mental health concerns
- Faculty report high levels of stress
- If we want to address the student culture of distress, we also need to understand and address the culture of responding to distress among faculty and staff

# Mental Health Concerns

- Conducted a survey to assess the common barriers to faculty responding to signs of distress in students and faculty
- Email sent to all department chairs in December
- $N = 178$  faculty responded to survey
- Faculty were asked to rate to what extent they perceived certain factors to be a barrier to them responding to a student or their own distress

# Campus Mental Health Concerns

- Faculty asked to rate to what extent they perceived certain factors to be a barrier to them responding to distress exhibited by a student or within themselves

5 point Likert Scale

Not At All a Barrier				A Major Barrier
1	2	3	4	5

# Campus Mental Health Concerns

- Statements were grouped into different categories depending on the type of barrier:

## Barriers to Responding to Student Distress

### Role Violation

*I was hired to teach/do research and engagement in my student's mental health and personal lives is not a part of that.*

# Campus Mental Health Concerns

- Statements were grouped into different categories depending on the type of barrier

## Barriers to Responding to Student Distress

### Competence

*I do not know what I should say if I were to approach one of my students about what I perceived to be a mental health concern*

# Campus Mental Health Concerns

- Statements were grouped into different categories depending on the type of barrier

## Barriers to Responding to Student Distress

### Vulnerability Re: Own Inadequacy

*I am worried about being judged if I don't handle this situation in the right way.*



# Campus Mental Health Concerns

- Statements were grouped into different categories depending on the type of barrier

## **Barriers to Responding to Student Distress**

### **Vulnerability Re: UCI Culture**

*I don't want to give them the wrong message that UCI is a safe space for students to show they are struggling.*

# Campus Mental Health Concerns

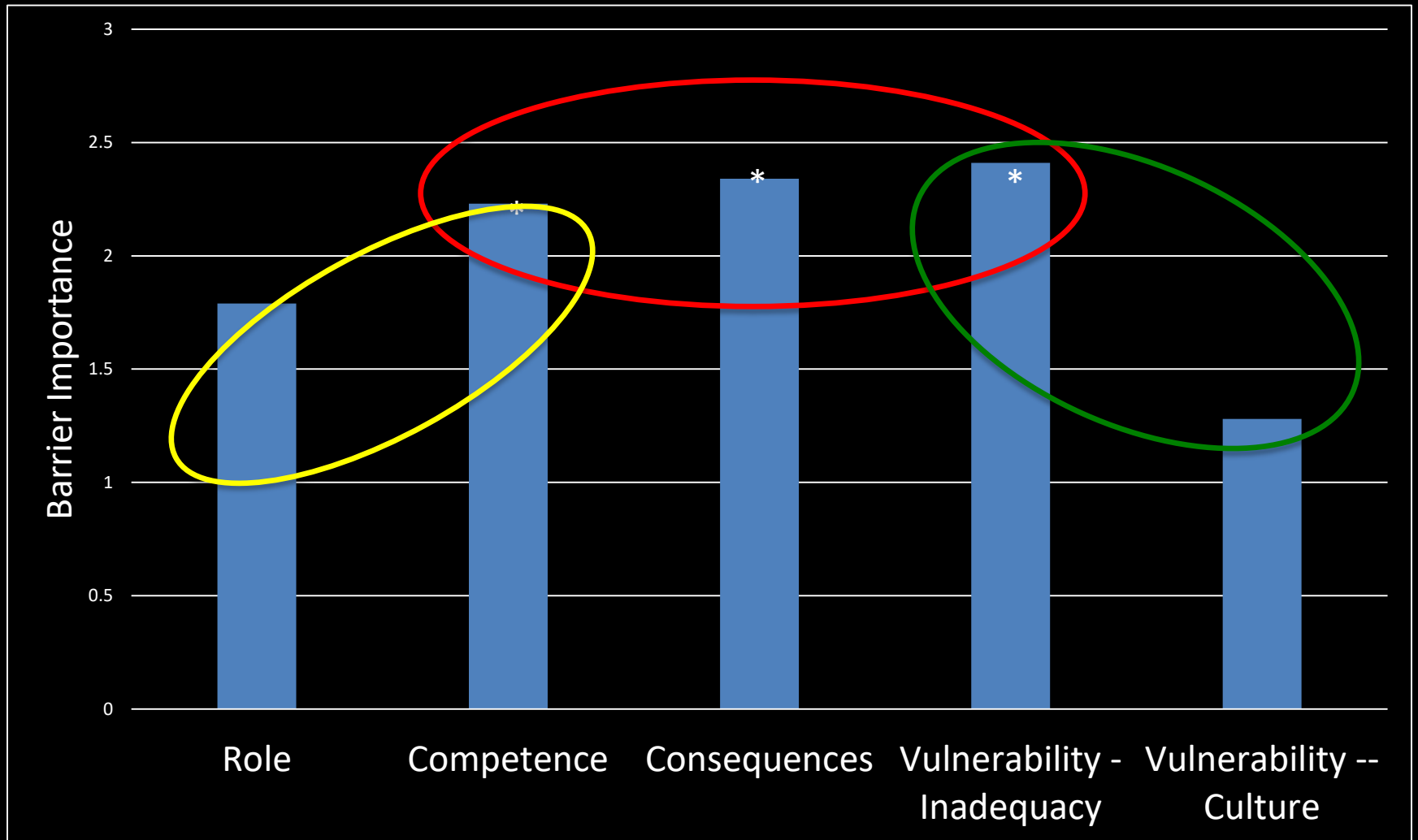
- Statements were grouped into different categories depending on the type of barrier

## Barriers to Responding to Student Distress

### Unintended Consequences

*I do not want the student to be offended.*

# Results



# Results

\*\*Faculty avoid because of concerns about:

- 1) Competence
- 2) Unintended consequences
- 3) Being judged for not responding well to student distress

\*\* Faculty less likely to be prevented from responding distress based on

- 1) Role-related or
- 2) Culture-related concerns

# Recommendations

## How to address this?

**Need to alleviate faculty anxiety about helping through:**

- 1) Education regarding tangible ways to help**
- 2) Explicit messaging regarding non-judgmental stance of administration:**

*Faculty will not be judged for attempts to help that don't land well  
Just lending an ear is an intervention for a student  
Any attempt to help is better than no attempt*

# Responding to Faculty Mental Health Concerns

- Statements were grouped into different categories depending on the type of barrier

## Barriers to Responding to Own Distress

### Efficacy

*I don't think that the resources at UCI will be useful in improving my mental health.*

# Responding to Faculty Mental Health Concerns

- Statements were grouped into different categories depending on the type of barrier

## Barriers to Responding to Own Distress

### Coping

Talking about problems only makes them bigger.

# Responding to Faculty Mental Health Concerns

- Statements were grouped into different categories depending on the type of barrier

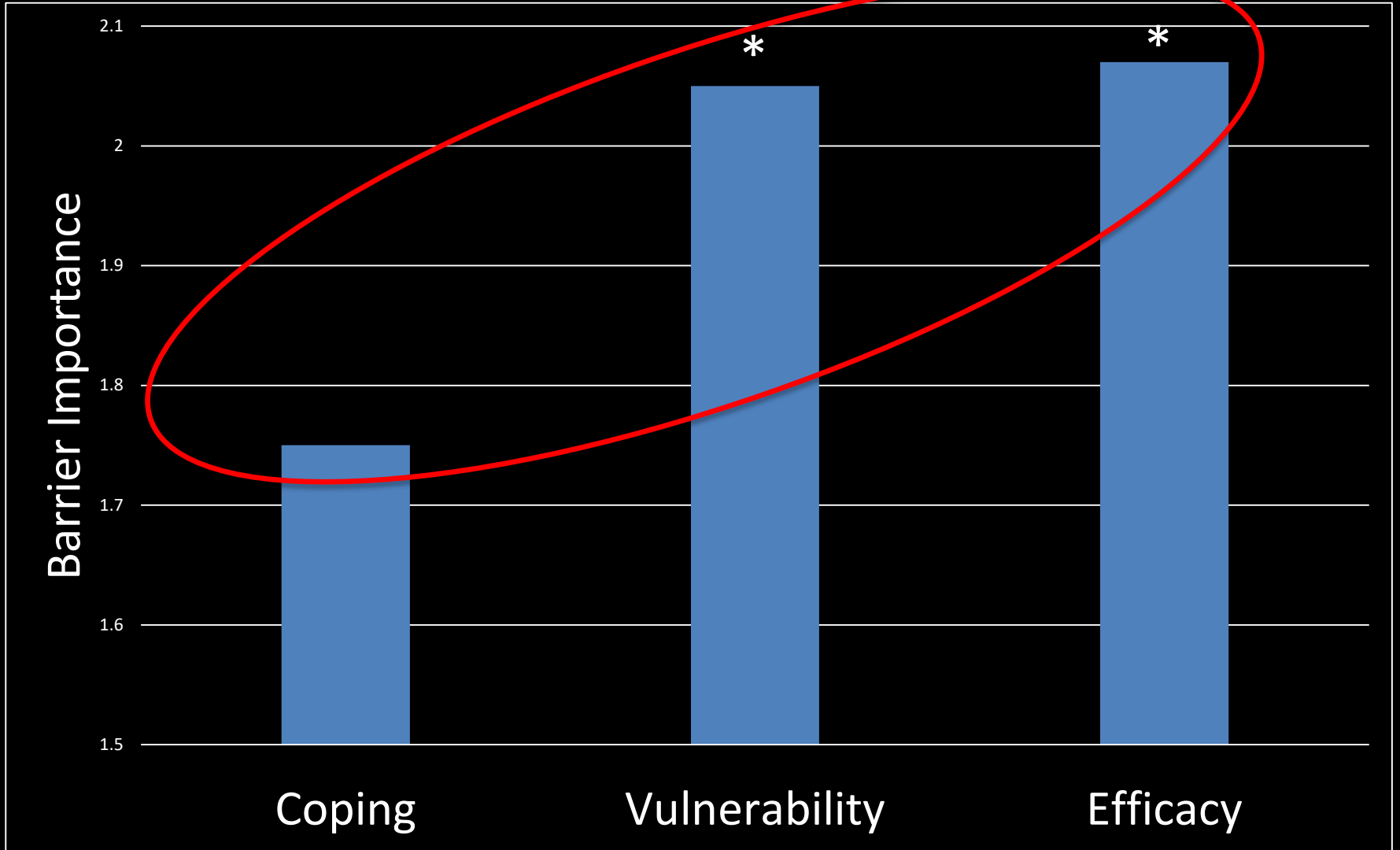
## Barriers to Responding to Own Distress

### Vulnerability

*I am worried about being judged if others discover I'm struggling.*



# Results



# Results

- Faculty believe that addressing their mental health needs by seeking help is the right thing to do, but they are prevented from doing so by vulnerability and efficacy-related barriers

# Recommendations

## How to address this?

- 1) Address Efficacy Barrier by Providing more information regarding resources on campus for faculty mental health needs**
- 2) Address Vulnerability Barrier through Top-Down Initiatives from Chief Wellness Officer and Dept Chairs Discussing Own Struggles, Self-Compassion, and Stress Reduction**

# Overall Results

- Barriers to responding to students greater than barriers responding to own distress,  $t(161) = -8.44, p < .001$ .
- Strong positive correlation between perception of barriers to responding to student and barriers to responding to faculty distress,  $r = .54, p < .001$
- Suggests a two-pronged approach addressing both student and faculty barriers is important

# Conclusions

- Responding to student distress:
  - Faculty perceived incompetence, fears of judgment key
- Responding to own distress:
  - Faculty perceived lack of resources, fears of judgment key
- Strong positive correlation between the two means a two-pronged approach is essential