

Predictors of Faculty Intentions to Refer Emotionally Overwhelmed Students to Counseling

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Mental health services within education have become vitally important in recent years after the violent acts at Columbine, Virginia Tech, and Northern Illinois University (Kraft, 2011). The National College Health Assessment conducted by the American College Health Association (ACHA) found that one in ten college students reported having seriously considered suicide in the previous 12 months (ACHA, 2009). One campus-wide strategy to promote student mental health is to educate individuals on campus who regularly come in contact with students (Wallack, Servaty-Seib, & Taub, 2013). The purpose of this study was to identify belief-based predictors of faculty members' intention to refer emotionally overwhelmed students to a mental health professional. The participants were 14 faculty members at a single Midwestern public four-year teaching university. It was hypothesized that faculty attitudes, subjective norms, and perceived behavioral control would predict intentions to refer students. The results showed faculty perceived behavioral control significantly predicted their intention to refer students ($\beta = .706, p < .05$). Identifying these predictors will assist gatekeeper trainers to design curriculums that will increase the likelihood of faculty to refer overwhelmed students. Identifying and connecting students to needed mental health services will improve campus communities.

Mental health services within education have become critically important in recent years after the violent acts at Columbine, Virginia Tech, and Northern Illinois University (Kraft, 2011). A survey conducted by the Association for University and College Counseling Center Directors found the number of students seeking counseling is continuing to increase, as is the severity of the presenting problems (Sieben, 2011). The National Survey of Counseling Center Directors found nine percent of students in 1994 were taking psychiatric medications and by 2012 the numbers had increased dramatically to 24 percent of students (Gallagher, 2012). Counseling centers have had to learn creative ways to serve students as budgets and staffing have not grown in proportion to student needs (Trip, 2010).

Several scholars report the number of college students suffering from depression and suicidal thoughts is increasing (Hunt & Eisenberg, 2010). The National College Health Assessment conducted by the American College Health Association (ACHA) found that one in ten college students reported having seri-

ously considered suicide in the previous 12 months (ACHA, 2009). The study also found that 93 percent of college students felt overwhelmed (ACHA, 2009). In response to these tragic incidents on campuses and staggering research findings, higher education institutions have begun to implement campus-wide mental health promotion and suicide prevention strategies (Kraft, 2011).

One campus-wide strategy to promote student mental health is to educate campus gatekeepers about recognizing signs of mental health concerns (Wallack, Servaty-Seib, & Taub, 2013). Gatekeepers are individuals who may come in contact with persons at risk for mental health concerns and have the opportunity to identify concerning behaviors. On college campuses, gatekeepers are those who regularly connect with students. Typically these individuals include faculty, academic advisors, deans of students, student affairs staff, and residence hall staff (Servaty-Seib et al., 2013). Gatekeeper training is focused on educating individuals to recognize signs of distress and offer referrals to mental health professionals when needed. Gatekeepers are vital in identifying overwhelmed and at risk students and assisting them in receiving early mental health treatment (Yufit & Lester, 2004).

Previous studies have shown that gatekeeper training is effective at increasing knowledge and skills about risk factors (Isaac et al., 2009; Pasco, Wallack, Sartin, & Dayton, 2012). A few studies have found that knowledge and skills are not the only factors that play a role in referring students to counseling (Becker, Martin, Wajeeh, Ward, & Shern, 2002; Servaty-Seib et al., 2013; Schwartz, 2010). Becker and colleagues (2002) found that although the majority of faculty have positive expectations for students with mental illnesses, some faculty are not knowledgeable and have negative expectations for students with mental illness. In this study, faculty who had the potential for stigmatizing discrimination or social distancing had greater discomfort, were fearful, and less likely to help students with mental illness. Servaty-Seib and colleagues (2013) studied resident assistants' intentions to refer students to counseling. They found that resident assistants' intentions to refer were influenced by their beliefs related to subjective norms and their self-efficacy in making a referral. Schwartz (2010) also found that the beliefs of faculty members played a role in intentions to respond to an acutely distressed student. Based on these few studies, it can be questioned if underlying beliefs are related to faculty intentions to refer students to a mental health professional.

The purpose of this study was to identify belief-based predictors of faculty members' intentions to refer emotionally overwhelmed students to a mental health professional. To the researcher's knowledge only two studies have explored this, using quantitative approaches (Lee, 2013; Servaty-Seib et al., 2013). These studies explored resident assistants' and K-12 teachers' referral intentions and the aim of this study is to identify predictors among higher education faculty members. By detecting these predictors institutions can better prepare faculty to identify and refer students to seek counseling. Also, educators who train gatekeepers can use this information to develop curriculums that increase the likelihood faculty gatekeepers will identify and refer students to a mental health professional. Lastly, identifying these predictors will eventually assist overwhelmed

college students in receiving much needed mental health services. The research question of this present study was as follows: What are the belief-related predictors of faculty members' intentions to refer emotionally overwhelmed students to mental health professionals?

The theory of planned behavior (TpB) developed by Ajzen (1991) provided the theoretical grounding for this study. According to this theory, an individual's intention to engage in a particular behavior is influenced by their (a) attitude toward the behavior, (b) subjective norm, and (c) perceived behavioral control. Further description of Ajzen's theory will occur in the following section; however this theory provided constructs for belief-related predictors, which allowed for the hypotheses to be drawn. It was hypothesized that: First, faculty members' *attitudes* towards referring emotionally overwhelmed students to a mental health professional (MHP) would be a significant predictor of intentions to refer emotionally overwhelmed students to a MHP; second, faculty members' *subjective norms* associated with referring emotionally overwhelmed students to a mental health professional (MHP) would be a significant predictor of intentions to refer emotionally overwhelmed students to a MHP; and third, faculty members' *perceived behavioral control* over referring emotionally overwhelmed students to a mental health professional (MHP) would be a significant predictor of intentions to refer emotionally overwhelmed students to a MHP.

Literature Review

The review of the literature first explores the current challenges of college mental health services. Secondly, it discusses how campuses are striving to meet the needs of students and university communities through gatekeeper training. Lastly, the theory of planned behavior (Ajzen, 1991) is presented as a conceptual framework to guide future mental health promotion and training on university campuses.

Current Challenges

Most chronic and lifelong mental illnesses have an onset between the ages of 18 to 24, the conventional college age (Kessler et al., 2005). The expansion of psychotropic medications has been a major development in assisting these individuals with chronic mental illnesses. Research has shown the effectiveness and safety of psychiatric medication, which has resulted in a large increase in usage since the 1990s (Kraft, 2009). According to the National Survey of Counseling Center Directors (Gallagher, 2012), 87 percent of directors from 293 institutions stated they observed an increase in the number of students coming to campus already taking psychiatric medications. In 2012, 24 percent of students utilizing the counseling center were already taking medication, which is up dramatically from nine percent of students in 1994. Students who have major depression, anxiety, attention deficit/hyperactivity disorder (ADHD), schizophrenia, and bipolar disorder benefit greatly from psychotropic medications. The use of these medications has "allowed many students to remain in or return to school to complete their education. In earlier times, many such students would have dropped out of

school and never returned. The change for some of these students can be dramatic and life affirming (Kraft, 2009, p. 273).”

Other students with mild depression, adjustment disorders, or generalized anxiety do well without medications or best with a combination of mild medications and psychotherapy. College mental health centers today continue to be multidisciplinary so that students receive many treatment options, including psychiatry for medication management and/or psychotherapy from a psychologist, social worker, or counselor (Kraft, 2009).

Current research not only suggests an increase in psychiatric medication usage, but also an increase in the number of students seeking mental health services and an increase in severity of mental health problems. The National Survey of Counseling Center Directors (Gallagher, 2012) reported 88 percent of directors have seen a significant increase in severe psychological disorders among their students. In addition, 92 percent of directors reported the number of students seeking help at their centers has been rapidly increasing in recent years. Eighty-eight percent of directors state this increased demand and more serious psychological problems have created staffing problems for their centers (Gallagher, 2012). In the 2008 National College Health Assessment, more than one in three undergraduate students reported feeling depressed that it was difficult to function and that one in ten students considered attempting suicide in the last year (American College Health Association, 2009). This evidence shows that mental health problems are increasingly prevalent on today’s college campuses.

After the violent acts at Columbine, Virginia Tech, and Northern Illinois University, there has been an increased focus on crisis management and mental health services at institutions (Kraft, 2011). A new role for counseling centers was managing crises and developing emergency plans. As the severity of mental health problems increased, campuses had to learn how to respond to violence and suicides (LaFollette, 2009). Student mental health issues have also created legal challenges from a risk management position. Many universities including Brown, Harvard, and MIT have faced lawsuits “alleging inadequate or negligent treatment of mental health problems. These cases have raised a number of complex issues regarding the role and responsibility of higher educational institution’s when dealing with trouble students (Kitzrow, 2003, p. 652).” These new roles of crisis and risk management put counseling centers under immense pressure for the future.

Gatekeeper Training

Examining the current challenges facing college mental health centers shows that the future of services will need to be ever changing and comprehensive to meet the needs of students and entire university communities. Currently, one campus-wide strategy to promote student mental health is to educate campus gatekeepers (Wallack, Servaty-Seib, & Taub, 2013). Gatekeepers are individuals who may come in contact with persons at-risk for mental health concerns and have the opportunity to identify troubling behaviors. On college campuses, gatekeepers are those who regularly connect with students. Typically these individuals include faculty, academic advisors, deans of students, student affairs staff,

coaches, and residence hall staff (Servaty-Seib et al., 2013). Gatekeeper training is focused on educating individuals to recognize signs of distress and offer referrals to mental health professionals when needed (Yufit & Lester, 2004).

Gatekeeper training is based on the knowledge that people at highest risk for mental health concerns do not seek professional help (Isaac, Elias, Katz, Belik, & Deane, 2009). Studies have shown that between 30 to 60 percent of college students are unaware or uncertain about mental health services on campuses (Benedict, Aspler, & Morrison, 1977; Gelso, Karl, & O'Connell, 1972). On average, 10.4% of students utilize services at the college counseling center (Gallagher, 2009). Another study found that 36 percent of college students who had diagnosable depression had not received medication or therapy in the past 12 months (Eisenberg, Gollust, Golberstein, & Hefner, 2007). This result shows that students who could benefit from mental health services may not seek out help.

Faculty members interact with students on a daily basis and are more likely to hear from a student in distress than a college counseling center staff member (NAMI, 2012); therefore, faculty members are uniquely positioned to recognize and refer students to mental health professionals. Faculty gatekeepers are vital in identifying overwhelmed and at-risk students and assisting them in receiving early mental health treatment (Yufit & Lester, 2004).

Research has shown that gatekeeper training is an effective mental health promotion and suicide prevention strategy. Isaac and the colleagues (2009) found that gatekeeper training positively affected the skills, attitudes, and knowledge of the attendees. Pasco and the colleagues (2012) and Tompkins and Witt (2009) found improvements in communication and relational skills for resident assistants that attended a gatekeeper-training program. One of the most replicated gatekeeper training programs is Syracuse University's *Campus Connect*. It is a "3-hour experientially-based crisis intervention and suicide prevention training program for resident assistants (RAs) (Davidson & Locke, 2010, p. 281)." Research has shown that *Campus Connect* participants have significant improvements in intervention skills, knowledge, and comfort levels (Syracuse University Counseling Center, 2013).

Attitudes and Beliefs about Referring

Previous studies have shown that gatekeeper training is effective at increasing knowledge and skills about risk factors (Isaac, Elias, Katz, Belik, & Deane, 2009; Paco, Wallack, Sartin, & Dayton, 2012). A few studies have also found that knowledge and skills are not the only factors that play a role in referring students to counseling (Becker, Martin, Wajeheh, Ward, & Shern, 2002; Schwartz, 2010; Servaty-Seib et al., 2013). Becker and the colleagues (2002) found that although the majority of faculty have positive expectations for students with mental illnesses, some faculty are not knowledgeable and have negative expectations for students with mental illness. Schwartz (2010) also found that the beliefs faculty members' had, played a role in intentions to respond to an acutely distressed student.

Resident assistants' intentions to refer. Servaty-Seib and colleagues (2013) studied

resident assistants' (RAs) intentions to refer students to counseling. Using the theory of planned behavior (TpB) as the theoretical framework (Ajzen, 1991), Servaty-Seib and colleagues (2013) developed a TpB questionnaire for their study. Their questionnaire appropriately measured three independent variables—attitudes, subjective norms, and perceived behavioral control) and a dependent variable—intention to refer. The sample of RAs consisted of 25 women (41.6%) and 33 men (55%), with 2 not specifying gender. Significant differences were found for race. Race was dichotomized as White and non-White. Non-White RAs reported more positive attitudes towards referring to mental health professionals than White RAs. A hierarchical regression was performed to determine if any independent variables (i.e., subjective norms, attitude, and self-efficacy) contributed to the prediction of the intention to refer. The overall regression for the model predicting RAs intention to refer was statistically significant, and the model explains 36% of the variance in the intention to refer. The model suggests RA's intentions to refer were influenced by their beliefs related to subjective norms and their self-efficacy in making a referral after controlling for race.

Based on their findings, Servaty-Seib and colleagues (2013) suggested that RAs who were confident and viewed the referral process as easy were more likely to refer to a mental health professional. They also suggest that it is important to emphasize that important others would approve of RAs referring as it may increase the likelihood of actually referring. These results are consistent with the findings of Reingle and colleagues (2010), who found through interviewing RAs that difficulty of the referral process and approval by others impact the intention to refer. Attitudes towards referral were not statistically significant, which also aligns with Reingle and colleagues (2010) who found favorable attitudes toward referral did not lead to actual referral behavior.

Teachers' intentions to refer. Lee (2013) studied U.S. and South Korean teachers' intention to refer students with attention-deficit/hyperactivity disorder (ADHD) symptoms to a mental health professional. Using the Theory of Planned Behavior (TpB) as the theoretical framework (Ajzen, 1991), Lee (2013) developed a TpB questionnaire for the study. Two other questionnaires were utilized as well. The ADHD Stigma Questionnaire (Kellison, Busing, Bell, & Garvan, 2010) was used to assess teachers' stigma toward ADHD and the Knowledge of Attention Deficit Disorders Scale (Sciutto, Terjesen, & Bender Frank, 2000) was used to measure teachers' ADHD knowledge. Lee's (2013) U.S. sample of K-12 teachers consisted of 158 women (67.2%) and 24 men (10.2%), with 53 not specifying gender. The South Korean sample was 144 K-12 teachers consisted of 112 women (77.5%) and 32 men (22.5%). MANOVA was performed to study if differences exist between U.S. and South Korean teachers. The MANOVA results indicated that significant differences were found for location of school (i.e., rural, suburban, urban) in both the U.S. and South Korea samples. There was also significant differences for teaching experiences in the U.S. and South Korea.

Lee (2013) conducted a hierarchical regression to determine if any independent variables (i.e., subjective norms, attitude, and perceived behavioral con-

trol) contributed to the prediction of the intention to refer in relation to stigma and knowledge of ADHD. In the U.S. sample, the model of regression for predicting U.S. teachers' intention to refer was statistically significant, and the model explains 58% of the variance in the intention to refer. The model suggests U.S. teachers' intentions to refer were influenced by their beliefs related to attitude, subjective norm, and perceived control in making a referral. Stigma and knowledge of ADHD was not significant in the U.S. sample. In the South Korean sample the model of regression for predicting South Korean teachers' intention to refer was significant, and the model explains 12% of the variance in the intention to refer. The model suggests South Korean teachers' intentions to refer were influenced by their beliefs related to perceived behavioral control and stigma in making a referral. Attitude, subjective norms, and knowledge of ADHD were not significant in the South Korean sample.

Lee (2013) suggested based on his findings differences exist between U.S. and South Korean teachers' predictors of intentions to refer students with ADHD symptoms. Among the U.S. teachers all TpB constructs (i.e., favorable attitude, perceived approval from others, and higher control) predict their intentions to refer. In contrast, the South Korean teachers' intentions to refer were predicted by perceived control toward referral and stigma toward students who showed ADHD symptoms. These results are consistent with the findings of Pas and colleagues (2010), who found teachers with lower self-efficacy (i.e., perceived behavioral control) referred fewer students to a support team. Stigma toward students influenced South Korean teachers' intention to refer, but not U.S. teachers' intention to refer. This is consistent with Shea & Yek's (2008) findings that in cultures where there is strong stigma towards help-seeking, teachers' role in referring a student who needs help is emphasized.

Based on the findings from Servaty-Seib and colleagues (2013) and Lee (2013), the Theory of Planned Behavior is a useful tool in assessing beliefs about making a referral in relation to the intention of referring to mental health professionals. This leads to additional questioning if the Theory of Planned Behavior could be used to measure and guide the development of gatekeeper training for faculty members.

Theoretical Framework

The theory of planned behavior (TpB) developed by Ajzen (1991) provided the theoretical framework for this study. The theory of planned behavior (TpB) is a model designed to explain motivational influence on behavior (Ajzen, 1988). The TpB suggests that "a person's intention to perform in a behavior is the proximal determination of performing the behavior (Servaty-Seib et al., 2013, p. 51)." According to this theory, an individual's intention to engage in a particular behavior is influenced by their (a) attitude toward the behavior, (b) subjective norm, and (c) perceived behavioral control (see Figure 1).

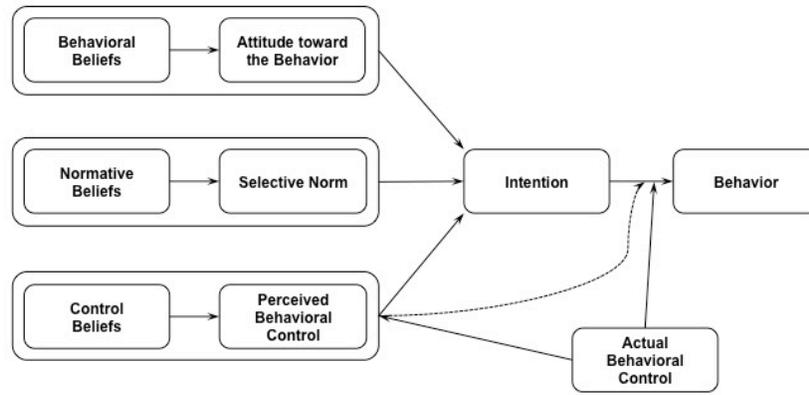


FIGURE 1. Ajzen's (1991) Theory of Planned Behavior Diagram

Ajzen and Fishbein (1980) defined the first construct *attitude* as “a person’s general feeling of favorableness or unfavorableness” towards a certain concept (p. 54). The second construct, *subjective norm* is a person’s “perception that most people who are important to him [or her] think he [or she] should or should not perform the behavior in question (Ajzen & Fishbein, 1980, p. 57).” The third construct, *perceived behavioral control* is one’s perception of his or her ability to perform a behavior and the ease or difficulty of the behavior in question (Ajzen, 1991). As stated by Ajzen (1991), “the more favorable the attitude and the subjective norm and the greater the perceived behavioral control, the stronger should be the individual’s intention to perform the behavior under consideration (p. 188).”

Based on the theory of planned behavior (TpB), it was hypothesized that faculty members’ intentions to refer emotionally overwhelmed students to a mental health professional may be impacted by their attitudes, subjective norms, and perceived behavioral control. Using the TpB as the conceptual framework, for this study allowed to explore the belief-based predictors of faculty intentions to refer students. To the researcher’s knowledge, only two studies have explored this, using quantitative approaches (Servaty-Seib et al., 2013; Lee, 2013). These studies explored resident assistants’ and K-12 teachers’ referral intentions and the purpose of the present study is to identify predictors among faculty members. By detecting these predictors institutions can better prepare faculty to identify and refer students to seek counseling. In addition, educators who train gatekeepers can use this information to develop curriculums that increase the likelihood faculty gatekeepers will identify and refer students to a mental health professional. Lastly, identifying these predictors will eventually assist overwhelmed college students in receiving much needed mental health services, improving campus communities.

Methods

Design

This study used a non-experimental correlational design to identify belief-based predictors of faculty members' intentions to refer emotionally overwhelmed students to a mental health professional. Quantitative methods to collect data were used. Based on Ajzen's theory of planned behavior (TpB), the current study had three belief-related independent variables, which were attitudes, subjective norms, and perceived behavioral control. The dependent variable was the intention to refer a student to a mental health professional. It was hypothesized that:

- (1) Faculty members' *attitudes* towards referring emotionally overwhelmed students to a mental health professional (MHP) would be a significant predictor of intentions to refer emotionally overwhelmed students to a MHP,
- (2) Faculty members' *subjective norms* associated with referring emotionally overwhelmed students to a mental health professional (MHP) would be a significant predictor of intentions to refer emotionally overwhelmed students to a MHP, and
- (3) Faculty members' *perceived behavioral control* over referring emotionally overwhelmed students to a mental health professional (MHP) would be a significant predictor of intentions to refer emotionally overwhelmed students to a MHP.

Guided by Servaty-Seib and the colleagues' (2013) construction of a TpB questionnaire, referral behavior was defined as "referring emotionally overwhelmed students to speak with a mental health professional (Servaty-Seib et al., 2013, p. 52)." Emotionally overwhelmed was defined as "feeling emotionally overwhelmed by all I had to do (p. 52)." Mental health professional was seen as a broad term to identifying professional counselors, therapists, psychologists, or clinical social workers (Servaty-Seib et al., 2013).

Participants

The participants were faculty members at a single Midwestern public four-year teaching university ($n = 15$). There were 10 females (67%) and 5 males (33%) in the sample, of which 20% were aged 25 to 34, 40% were aged 35 to 44, 20% were aged 45 to 54, and 20% were aged 55 to 64. In regards to race, 93% were White ($n = 14$) and 7% were non-White ($n = 1$). Participants consisted of 33% who had been teaching a total of 0 to 5 years, 40% taught 6 to 10 years, 13% taught 11 to 15 years, and 13% taught 16 or more years. In terms of academic disciplines of faculty appointments, 13% were in the social sciences ($n = 2$), 7% were in natural sciences ($n = 1$), 7% were in math and computer sciences ($n = 1$), 7% were in humanities ($n = 1$), 33% were in education ($n = 5$), 7% were in engineering ($n = 1$), and 27% were in health sciences and medicine ($n = 4$). To ensure confidentiality, questionnaires were identified using number codes.

Procedures

The higher education department provided an email list of all faculty members

in a single doctoral class. From this list, a recruitment email was generated describing the study and included a website link to the consent form, demographic items, and the theory of planned behavior (TpB) quantitative questionnaire regarding referral-related beliefs and intentions. Informed consent was obtained by asking participants to agree to the consent form prior to completing the online questionnaire. The response rate for the study was 100% ($n = 15$), in which the number of the final sample used was 14 due to missing data.

Measurement

TpB questionnaire. The theory of planned behavior (TpB) questionnaire developed by Servaty-Seib and colleagues (2013) was used in this study. This questionnaire has been shown to have good psychometric properties and followed a brief, qualitative elicitation investigation in the development process. The questionnaire focused on resident assistants' beliefs regarding the value and benefit of referring an emotionally overwhelmed student to speak with a mental health professional. Although the survey was designed to assess resident assistants' intentions, it was modified to reflect faculty intentions using Francis and colleagues' (2004) manual and guidelines for constructing a TpB measure. The focus in this manual is "on assisting researchers to construct a theory based research tool in a systematic and replicable manner (Francis et al., 2004, p. 7)." The TpB questionnaire consisted of 24 items measuring the TpB belief attitudes (9 items), subjective norms (6 items), and perceived behavioral control (5 items). In addition, there are four items assessing intentions to refer. The questions are rated by participants on a 7-point scale from 1 "strongly disagree" to 7 "strongly agree" (see Appendix A for TpB questionnaire). The mean scores of each of the four subscales were used for analyses as recommended by Francis and colleagues (2004).

Attitudes. The items in the attitudes subscale comprised of bipolar adjectives that were evaluative. Francis and the colleagues (2004) suggest using a good-bad scale to capture overall evaluation. The following pairings of bipolar adjectives were used to measure attitudes: strong-weak, valuable-worthless, pleasant-unpleasant, good-bad, beneficial-harmful, easy-difficult, brave-cowardly, comfortable-uncomfortable, and responsible-irresponsible. Cronbach's alpha measuring internal consistency of the nine items (with reverse scoring as appropriate) was .79. Higher scale scores indicated more positive attitudes toward referral.

Subjective norms. The subjective norms measuring with six items focused on faculty perceptions of how important other people (e.g., their own family and friends, people they work with, and their students' family and friends) would view their referring a student to a mental health professional. Higher scale scores indicated more supportive subjective norms towards referral. The Cronbach's alpha for the six subjective norms items was .62. The subjective norms subscale should undergo more rigorous testing such as factor analysis, to improve reliability before being used in future research (Field, 2013).

Perceived behavioral control. The five perceived behavioral control items measured faculty members' self-efficacy and beliefs about controllability regarding referral

behavior. The two questions that measured self-efficacy included: “I am *not* confident that I could refer an emotionally overwhelmed student to speak to a mental health professional” and “for me to refer an emotionally overwhelmed student to speak to a mental health professional is [very easy to very difficulty].” High scores indicated lower self-efficacy towards referral behavior. An example of the three questions that measured controllability is “whether I refer an emotionally overwhelmed student to speak with a mental health professional is entirely up to me.” The Cronbach’s alpha for all five items (i.e., two self-efficacy and three control) was .70.

Intention. Faculty intentions to refer was measured with four questions. One example was “I expect to refer an emotionally overwhelmed student to speak to a mental health professional.” Cronbach’s alpha measuring internal consistency of the four items was .77. Higher scale scores indicated greater intentions to referral behaviors.

Demographic information. Demographic information was collected through use of a self-report demographic information questionnaire at the end of the survey. Participants provided information regarding their gender, race, age, years of teaching, faculty rank/status, and academic discipline.

Results

The collected data were analyzed with using both descriptive and inferential statistics through SPSS statistical software. Descriptive statistics to identify the means and standard deviations for scores on all four variables and demographic information were used. Correlational analysis was also used to examine the relationships between the variables. Multiple linear regression (MLR) was used to examine if demographics were related to the intention refer. Lastly, this study conducted a MLR to determine if the independent variables (i.e., attitude, subjective norms, and perceived behavioral control) contribute to the statistical prediction of the dependent variable (i.e., intention to refer).

To begin analysis, the present study examined several assumptions of regression. An analysis of standard residuals was carried out, which showed the data contained no outliers (Std. Residual Min = -1.63, Std. Residual Max = 1.18). Tests to see if data met the assumption of collinearity indicated that multicollinearity was not a concern for the variables as the VIF’s were below 10 (Field, 2013). The data met the assumption of independent errors as the Durbin-Watson value was 1.82 (Field, 2013). The histogram of standardized residuals indicated that the data contained normally distributed errors (see Figure 2), as did the normal P-P plot of standardized residuals, which showed points close to the line (see Figure 3). The scatterplot of standardized residuals showed the data met the assumptions of homogeneity of variance and linearity (see Figure 4).

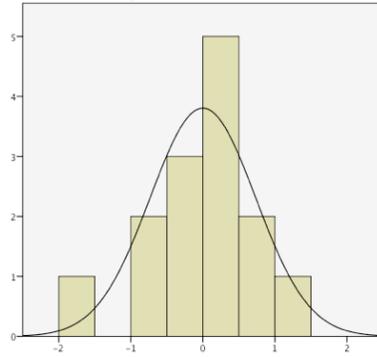


FIGURE 2. Histogram of Standardized Residuals

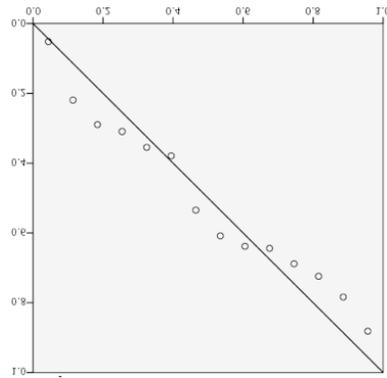


FIGURE 3. Normal P-P Plot of Standardized Residuals

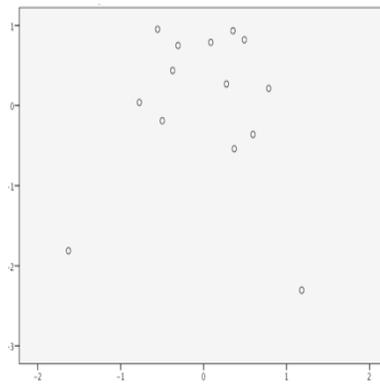


FIGURE 4. Scatterplot of Standardized Residuals

After testing assumptions and ensuring no assumptions were violated, multiple linear regression was used to determine if the independent variables (i.e., attitude, subjective norms, and perceived behavioral control) contribute to the statistical prediction of the dependent variable (i.e., intention to refer). Means and standard deviations were obtained for scores on each of the four subscales such as intention to refer, subjective norms, attitudes, and perceived behavioral control (see Table 1).

TABLE 1
MEANS AND STANDARD DEVIATIONS (N = 14)

Variable	Mean	SD
Intention to refer	6.16	.80
Subjective norms	5.82	.65
Attitude	5.47	.74
Perceived Control	4.60	.67

Correlational analyses were performed to examine the relationships among variables (see Table 2). All correlations among predictor variables were below .70, indicating a low likelihood of multicollinearity among variables (Field, 2013).

Table 2
CORRELATIONS AMONG VARIABLES (N = 14)

Variable	1	2	3
1. Intention to refer			
2. Subjective norms	.54*		
3. Attitude	.38	.45*	
4. Perceived Control	.68**	.50*	.45*

Note. * $p < .05$. ** $p < .01$.

A multiple linear regression was used to examine if demographic variables were related to the intention to refer. Results indicated no significant differences for gender ($r = .176, p > .05$), age ($r = .318, p > .05$), and years of teaching ($r = .391, p > .05$). Regression analyses was also conducted to determine if attitude, subjective norms, and perceived behavioral control contribute to the statistical prediction of the intention to refer. The overall regression predicting faculty intentions to refer was not statistically significant ($F(6, 7) = 3.19, p > .05$). The model explained 73.2% of the variance in intention to refer (see Table 3). Further analysis shows that subjective norms ($\beta = .287, p > .05$) and attitudes ($\beta = -.389, p > .05$) did not significantly predict intention to refer; however, perceived behavioral control did significantly predict intention to refer ($\beta = .706, p < .05$). As perceived behavioral control increased by one standard deviation, intentions to refer increased by .706 standard deviation (Field, 2013).

Table 3

HIERARCHICAL REGRESSION ANALYSIS PREDICTING THE INTENTION TO REFER (N = 14)

Variable	B	SE B	Beta
(Constant)	1.315	1.574	
Perceived control	.837	.297	.706*
Subjective norms	.354	.291	.287
Attitude	-.422	.329	-.389
Gender	.450	.370	.264
Age	.144	.203	.184
Years of teaching	.285	.187	.366

Note. $R^2 = .73$. * $p < .05$.

Discussion

Utilizing Ajzen's theory of planned behavior (TpB), the current findings did not find attitudes or subjective norms to be significant predictors of faculty members' intention to refer students to mental health professionals, therefore rejecting two of the hypotheses. The results about the attitude are consistent with previous research that reports attitudes are not related to intention to refer (Reingle et al., 2010; Servaty-Seib et al., 2013). Findings for subjective norms are not consistent with previous research that reports beliefs about whether or not others would approve of their referring was a predictor of intention to refer (Reingle et al., 2010; Servaty-Seib et al., 2013). These findings maybe a result of a small sample size and a regression model with a poor fit ($p > .05$).

The current findings did show that faculty perceived behavioral control predicted their intentions to refer, therefore, accepting the third hypothesis. Faculty who were confident and viewed the referral process as easy rather than difficult were more likely to indicate an intention to refer emotionally overwhelmed students. This result is consistent with previous research that reports self-efficacy is related to intention to refer (Lee, 2013; Servaty-Seib et al., 2013). These findings are practically significant because they show the importance of providing skill training at gatekeeper trainings to help promote self-efficacy (Servaty-Seib et al., 2013).

This study has several limitations in terms of design, sampling, and instrumentation. The sample was small and cannot be generalized to the larger population of faculty. In addition, the demographics of the current sample are not representative of all faculty members; therefore, the generalizability of the findings must be viewed carefully. Another limitation is the data collection procedures because they were performed online and self-report measures, may be influenced by bias results. The TpB instrumentation is another limitation because it was modified to apply to faculty rather than resident assistants. Although the measure showed adequate reliability on the attitudes, intention to refer, and perceived behavioral control subscale the subjective norms subscale showed a concern for internal consistency ($\alpha = .62$). The TpB questionnaire should be subjected to more rigorous testing such as factor analysis, to improve reliability be-

fore being used in future research (Field, 2013).

Conclusion

As can be seen from the literature, university counseling centers are faced with increased pressures to meet student mental health needs. Kitzrow (2009) found that university counseling centers have been implementing creative ways to manage the demand and severity of problems: utilizing a brief therapy model, limiting the number of sessions, peer counseling, self-help groups, group therapy, and referrals to off-campus counselors. Although these recommendations are beneficial, university counseling centers still remain grossly understaffed to meet the numerous needs of the campus community. Funding for university mental health services needs to become a priority for higher education institutions. With additional funding, staffing could increase to meet the demands and ease the pressures centers currently face. Also the functions of the counseling center, including providing gatekeeper training, could adequately be provided to the campus community as a whole.

Based on the theory of planned behavior (Ajzen, 1991), it can be seen likely that faculty members' intentions to refer emotionally overwhelmed students to a mental health professional may be impacted by their attitudes, subjective norms, and perceived behavioral control. Using the TpB as the conceptual framework for this study allowed for exploration of the belief-based predictors of faculty intentions to refer students. Although the findings did not find attitudes or subjective norms to be significant predictors, faculty perceived control was a significant predictor to the intention to refer students. This suggests that faculty who were confident and viewed the referral process as easy rather than difficult were more likely to indicate an intention to refer emotionally overwhelmed students. This will assist gatekeeper trainers to design curriculums that will increase the likelihood of faculty to refer overwhelmed students. These findings also suggest the theory of planned behavior could be a useful tool to assessing faculty beliefs about making a referral and how beliefs relate to the intentions to refer. Future researchers could use the TpB to replicate and expand upon the current findings.

Identifying and connecting students to needed mental health services will improve campus communities; however, in order for funding and gatekeeper training to be seen as a priority, it is necessary to inform the university decision makers how vital mental health promotion is. University mental health professionals need to promote mental health awareness and explain how student mental health is vital to institutional missions.

It is becoming more widely recognized that the existence of a college counseling center, armed with resources that are adequate for the population of the campus, can be a key factor in managing crisis, assisting in recruitment and retention efforts, and reducing liability risks (Bishop, 2006, p. 17).

If administrators begin to recognize this importance and increase funding, mental health promotion can continue to be an integral part of higher education missions of supporting students to attain their educational and individual goals.

References

- Ajzen, I. (1988). *Attitudes, personality, and behavior*. Homewood, IL: Dorsey Press.
- Ajzen, I. (1991). The Theory of Planned Behavior. *Organizational Behavior and Human Decision Making Processes*, 50, 179-211.
- Ajzen, I., & Fishbein, M. (1980). *Understanding attitudes and predicting social behavior*. NJ: Prentice Hall.
- American College Health Association (2009). American College Health Association-National College Health Assessment spring 2008 reference group data report (abridged). *Journal of American College Health*, 57(5), 477-488.
- Barreira, P., & Snider, M. (2010). History of college counseling and mental health services and role of the community mental health model. In J. Kay & V. Schwartz (Eds.), *Mental Health Care in the College Community* (pp. 21-31). Hoboken, NJ: Wiley-Blackwell.
- Becker, M., Martin, L., Wajeeh, E., Ward, J., & Shern, D. (2002). Students with mental illness in a university setting: The relationship between college students' beliefs about the definition of mental illness and tolerance. *Journal of College Counseling*, 3, 100-112.
- Beers, C. W. (1908). *A mind that found itself*. New York: Longmans, Green, and Company.
- Benedict, A. R., Aspler, R., & Morrison, S. (1977). Student views of their counseling needs and services. *Journal of College Student Perspectives*, 18, 110-114.
- Bishop, J. B. (2006). College and university counseling centers: Questions in search of answers. *Journal of College Counseling*, 9(1), 6-19.
- Davidson, L., & Locke, J. H. (2010). Using a public health approach to address student mental health. In J. Kay & V. Schwartz (Eds.), *Mental Health in the College Community* (pp. 267-288). Hoboken, NJ: John Wiley & Sons.
- Eisenberg, D., Gollust, S. E., Golberstein, E., & Hefner, J. L. (2007). Prevalence of correlates of depression, anxiety, and suicidality among university students. *American Journal of Orthopsychiatry*, 77(4), 534-542.
- Farnsworth, D. L. (1957). *Mental health in college and university*. Cambridge, MA: Harvard University Press.
- Fergus, S., & Zimmerman, M. A. (2005). Adolescent resilience: A framework for understanding healthy development in the face of risk. *Annual Review of Public Health*, 26, 399-419.
- Field, A. (2013). *Discovering statistics using IBM SPSS statistics*. Los Angeles, CA: Sage Publications.
- Francis, J. J., Eccles, M. P., Johnston, M., Walker, A., Grimshaw, J., Foy, R., & Bonetti, D. (2004). *Constructing questionnaires based on the Theory of Planned Behavior: A manual for health services researchers*. Newcastle Upon Tyne, United Kingdom: University of Newcastle, Centre for Health Services Research.
- Gabriel, T. (2010, December 19). Mental health needs seen growing at colleges. *The New York Times*. Retrieved from <http://www.nytimes.com>
- Gallagher, R. P. (2012). *National survey of counseling center directors*. Alexandria, VA: International Association of Counseling Services.
- Gelso, C. J., Karl, N. J., & O'Connell, T. (1972). Perceptions of a university counseling center. *Journal of College Students Perspectives*, 13, 389-393.
- Hodges, S. (2001). University counseling centers at the twenty-first century: Looking forward, looking back. *Journal of College Counseling*, 4(2), 161-173.
- Isaac, M., Elias, B., Katz, L. Y., Belik, S. L., Deane, F. P., Enns, M. W., & Sareen, J. (2009). Gatekeeper training as a preventative intervention for suicide: A systematic review. *Canadian Journal of Psychiatry*, 54, 260-268.
- Kellison, I., Bussing, R., Bell, L., & Garvan, C. (2010). Assessment of stigma associated with attention deficit hyperactivity disorder: Psychometric evaluation of the ADHD Stigma Questionnaire. *Psychiatry Research*, 178, 363-369.
- Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., & Walters, E. E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorder in the national comorbidity survey replications. *Archives of General Psychiatry*, 62, 593-602.

- Kitzrow, M. A. (2003). The mental health needs of today's college student: Challenges and recommendations. *NASPA Journal*, 41, 165-179.
- Kraft, D. P. (2009). Mens Sana: The growth of mental health in the American college health association. *Journal of American College Health*, 58(3), 267-275.
- Kraft, D. P. (2011). One hundred years of college mental health. *Journal of American College Health*, 59(6), 477-481.
- LaFollette, A. M. (2009). The evolution of university counseling: From educational guidance to multicultural competence, severe mental illness and crisis planning. *Graduate Journal of Counseling Psychology*, 1(2), 1-8.
- Mann, T. (2010). Faculty views on student mental health: How CAOs can respond. *Academic Leader*, 26(3), 2-6.
- Martin, J. M. (2010). Stigma and student mental health in higher education. *Higher Education Research & Development*, 29(3), 259-274.
- National Alliance on Mental Illness (2012, November 1). College survey of college student with mental health problems. *Business Wire*. Retrieved from <http://www.businesswire.com>
- Pas, E. T., Bradshaw, C. P., Hershfeldt, P. A., & Leaf, P. J. (2010). A multilevel exploration of the influence of teacher efficacy and burnout on response to student problem behavior and school-based service use. *School Psychology Quarterly*, 25, 13-27.
- Pasco, S., Wallack, C., Sartin, R. M., & Dayton, R. (2012). The impact of experimental exercises on communication and relational skills in a suicide prevention gatekeeper training program for resident advisors. *Journal of American College Health*, 60, 134-140.
- Reingle, J., Thombs, D., Osborn, C., Saffian, S., & Oltersdorf, D. (2010). Mental health and substance use: A qualitative study of resident assistants' attitudes and referral practices. *Journal of Student Affairs Research and Practice*, 4, 325-342.
- Roy, L. (2011, February 12). After Tucson: A personal assessment of higher education's response to threats. *The Chronicle of Higher Education*. Retrieved from <http://www.chronicle.com>
- Sander, L. (2013, April 15). Campus counseling centers are as busy as they ever have been. *The Chronicle of Higher Education*. Retrieved from <http://www.chronicle.com>
- Sander, L. (2013, May 29). Juggling heightened demands, college health centers strive for the long view. *The Chronicle of Higher Education*. Retrieved from <http://www.chronicle.com>
- Schwartz, L. S. (2010). *Faculty role in responding to the acutely distressed college student*. (Doctoral dissertation, The George Washington University). Retrieved from <http://www.gradworks.umi.com/33971981.pdf>
- Sciotto, M. J., Terjesen, M. D., & Bender Frank, A. S. (2000). Teachers' knowledge and misperceptions of attention deficit hyperactivity disorder. *Psychology in the Schools*, 37, 115-122.
- Servaty-Seib, H. L., Taub, D. J., Lee, J., Morris, C. W., Werden, D., Prieto-Welch, S., & Miles, N. (2013). Using the theory of planned behavior to predict resident assistants' intention to refer students to counseling. *The Journal of College and University Student Housing*, 39(2), 48-69.
- Shea, M., & Yeh, C. (2008). Asian American students' cultural values, stigma, and relational self-construal: Correlates of attitudes toward professional help seeking. *Journal of Mental Health Counseling*, 30, 157-172.
- Sieben, L. (2011, April 3). Counseling directors see more students with severe psychological problems. *The Chronicle of Higher Education*. Retrieved from <http://www.chronicle.com>
- Simpson, A., & Ferguson, K. (2012). Mental health and higher education counseling services - responding to shifting student needs. *Journal of the Australian & New Zealand Student Services Association*, 39, 1-8.
- Sweeney, T. J. (2001). Historical origins and philosophical roots. In D. Locke, J. Myers, & E. Herr (Eds.), *The Handbook of Counseling* (pp. 3-24). California: Sage Publications.
- Syracuse University Counseling Center (2013). *Research findings*. Retrieved from <http://www.counselingcenter.syr.edu/index.php/campus-connect/research-findings>
- Tarquini, S. J. (2010). *Predictors of peer referral intentions for individuals at risk for suicide related behavior: An application of the Theory of Planned Behavior*. (Doctoral dissertation, University of South Florida).
- Tompkins, T. L., & Witt, J. (2009). The short-term effectiveness of a suicide prevention gatekeeper training program in a college setting with residence life advisers. *The Journal of Primary Prevention*, 30, 131-149.
- Trip G. (2010, Dec 20). As students endure more strains, so do college mental centers. *New York Times*, pp. A.1.

- United States Department of Education. (2013). Fast facts. *National Center for Education Statistics*. Retrieved from <http://nces.ed.gov/fastfacts/>
- Wallack, C., Servaty-Seib, H. L., & Taub, D. J. (2013). Gatekeeper training in campus suicide prevention. In D. J. Taub & J. O. Robertson (Eds.), *Successful approaches to campus suicide prevention* (New Directions for Student Services). San Francisco, CA: Jossey-Bass.
- Watkins, D. C., Hunt, J. B., & Eisenberg, D. (2012). Increased demand for mental health services on college campuses: Perspectives from administrators. *Qualitative Social Work, 11*(3), 319-337.
- Welch, J. E. (1982). Pioneering in health education and services at Amherst College. *Journal of American College Health, 30*, 289-295.
- Yufit, R. I., & Lester, L. (2004). *Assessment, treatment, and prevention of suicidal behavior*. Hoboken, NJ: Wiley.