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Campus Solidarity Campaign (CSC):

Developing a Campaign to Promote an Environment of Solidarity and Support on

College Campuses for Students with Mental Illness

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Abstract

This paper describes the development of a campaign to promote an environment of solidarity and support on college campuses for students with mental illness. Data were gathered from 24 members of a Chicago University campus who were selected as representatives of key campus stakeholder groups including students, administrative staff, counseling center staff, residence life staff, and faculty. Participants attended focus groups and key informant interviews during the Fall of 2011. Qualitative analyses using grounded theory methodology revealed sets of themes corresponding to two distinct overarching constructs: Potential Benefits of the Campaign, and Potential Concerns of the Campaign. Development of a campaign informed by these results to promote a supportive environment on college campuses for students with mental illnesses may have a positive impact on students' outcomes.

Keywords: mental illness, stigma, college students, support

Rehabilitation Counselors often function in advocacy roles and consider this to be an important knowledge domain within the profession (Leahy, Muenzen, Saunders, & Strauser, 2009). Corresponding with such roles is a knowledge base regarding the attitudinal barriers faced by individuals with disabilities. Addressing disability-related stigma in the various settings in which they practice falls within the Rehabilitation Counselor's prevue. Developing and implementing programs meant to address disability-related stigma in partnership with individuals with disabilities is one way Rehabilitation Counselors might fulfill their role as advocates.

Rehabilitation researchers and practitioners note the importance of vocation in the lives of individuals with disabilities. "Vocation" extends beyond the traditional definition of the term, meaning work, to other vocational activities including postsecondary education (Corrigan, Kosyluk, and Kottsieper, 2014; Baron & Salzer, 2002). The importance of a postsecondary education in today's economy cannot be overemphasized. To this point, Baron and Salzer (2002) call the lack of a postsecondary degree in today's job market a "labor market liability." They acknowledge that although pursuing a postsecondary degree may not be for everyone, postsecondary education is an option that should not be discounted for individuals with disabilities and call for rehabilitation professionals to explore this prospect with the individuals they serve.

Recent data indicate that increasing numbers of individuals with mental illnesses are attending college (Eisenberg, Golberstein, & Gollust, 2007); so much so that the increase in prevalence of mental illness in this specific population has been characterized as a "rising tide" (Eudaly, 2002). According to online surveys administered at 26 college campuses nationwide in 2007 and 2009, 17.3% of college students screened positive for

depression, 4.1% for panic disorder, 7% for generalized anxiety disorder, 6.3% for suicidal ideation, and 15.3% for nonsuicidal self-injury (Eisenberg, Hunt, & Speer, 2012). Data from the 2013 American College Health Association's National College Health Assessment revealed that 31.3% of college students felt so depressed that it was difficult to function over the prior 12 months, and 7.4% reported having seriously considered suicide (American College Health Association, 2013). Although such high prevalence estimates are likely a product of self-report methodology and a lack of differentiation between clinically diagnosable disorders and emotional/mental distress, these data nonetheless suggest that many college students report significant concerns about their mental health.

Academic outcomes for students with mental illness are significantly different from those of the general student body. According to data collected for the National Comorbidity Survey, students with anxiety disorders were 1.4 times more likely to withdraw from college before degree completion than those without a mental health diagnosis, while students with a mood disorder (including major depression, dysthymia, and bipolar disorder) were 2.9 time more likely to drop out (Kessler, Foster, Saunders, & Stang, 1995). Data gathered between 2001 and 2003 as part of the National Epidemiologic Survey on Alcohol and Related Conditions suggest a slightly more conservative estimate: students with a DSM-IV diagnosis of Bipolar I were 1.7 times more likely to drop out of college (Hunt, Eisenberg, & Kilbourne, 2010). Arria, Caldeira, Vincent, Winick, Baron, and O'Grady (2013) report that students diagnosed with depression while in college (a common age for the onset of this disorder) are nearly three times more likely to experience early discontinuity in enrollment, controlling for

demographics, drug and alcohol use, and high school GPA. Finally, Eisenberg, Golberstein, and Hunt (2009) examined mental health and academic outcomes longitudinally at a large public university, finding that depression is a significant predictor of lower GPA and a higher probability of dropping out, particularly among students screening positive for anxiety disorder.

The fact that most mental illnesses often emerge between the ages of 18 and 24 (during the typical years of college attendance) (Kessler, Berglund, Demler, Jin, Merikangas, & Walters, 2005), coupled with national data indicating that 75% of American youth attend some type of postsecondary education immediately following high school graduation (Aud, Wilkinson-Flicker, Kristapovich, Rathbun, Wang, & Zhang, 2013) suggest that college students represent a crucial population for addressing this major public health concern from an early intervention standpoint (Eisenberg, Golberstein, & Gollust, 2007).   Stigma is a significant obstacle faced by individuals with mental illness. Prior work has led to the development of a stigma model that distinguishes between multiple types of stigma (Corrigan & Kosyluk, 2014) including public stigma and self-stigma. Public stigma describes perceptions and attitudes held by members of the general public resulting in discrimination towards people with psychiatric disabilities, ("Students with mental illness are incapable of successful academic achievement."). Self-stigma involves the internalization of pubic stigma by the individual, leading to demoralization and the "why try" effect ("Why try seeking a college degree, someone like me wouldn't succeed at it anyway.") (Corrigan, Larson, & Rüsch, 2009).

Research suggests that college students with mental illnesses report experiencing stigma and cite stigma as a barrier to community engagement and social relationships

(Salzer, 2012), and treatment seeking (Gulliver, Griffiths, & Christensen, 2010; Gruttadaro & Crudo, 2012; Storrie, Ahern, & Tuckett, 2010; Nam et al., 2013; Komiya, Good, & Sherrod, 2000; Eisenberg, Downs, Golberstein, & Zivins, 2009). According to a study by Salzer (2012) examining the experiences of 278 former college students with mental illness, former college students with mental illness who did not graduate, reported less engagement on campus and poorer relationships than those who successfully completed their degree. Those students who reported being treated differently most of the time because of their mental illness also reported lowest levels of engagement and poorest relationship quality. A survey of 315 faculty members at the University of South Florida revealed that, although fear of and discomfort with students with mental illnesses was reported by a minority of faculty, such attitudes were still endorsed and contributed to beliefs that students should not be allowed to attend classes and predicted willingness to help students with mental illness and willingness to provide accommodations (Becker, Martin, Wajeeh, Ward, & Shern, 2002).

Other groups, such as the Lesbian, Gay, Bisexual, Transgender, Queer/Questioning (LGBTQ) community have experienced similar forms of stigma and discrimination in academic settings (Rhoads, 1994; Engstrom & Sedlacek, 1997; Evans, 2001; Evans & Broido, 1999; Harper & Schneider, 2003; Longerbeam, Inkelas, Johnson, & Lee, 2007). The connection between the LGBTQI community and the community of individuals with mental illness is discussed elsewhere (Corrigan, Kosyluk, & Rüsch, 2013; Corrigan & Matthews, 2003; Corrigan et al, 2009). Although there are significant differences between these two groups, one of the starkest being that individuals who identify as members of the LGBTQ community are not thought of as in need of treatment

to change their sexual orientation, one key parallel between the LGBTQ community and the community of individuals with mental illness is that both group memberships are concealable. Corrigan et al. (2009) suggest that "…activism strategies employed by the gay and lesbian community serve as a template for other discreditable groups including people with hidden mental illnesses."

The LGBTQ community has developed pride and anti-stigma programs to tackle the prejudice that impacts members' lives. The SafeSpace campaign is a program that aims to support LGBTQI students who may face stigma and discrimination in school settings. Developed by the Gay, Lesbian & Straight Education Network (GLSEN), SafeSpace is represented by a logo that combines black and pink triangles, once used during the holocaust to mark lesbians and gays, with the rainbow flag, an emblem of gay pride (GLSEN, 2013). .The mission of the SafeSpace campaign is to assure that "every member of every school community is valued and respected regardless of sexual orientation or gender expression/identity" (www.glsen.org). SafeSpace advertises their program through the display of stickers bearing the SafeSpace logo, which campus community members, such as Faculty and Resident Assistants, place on their doorframes as an indication of their support of LGBTQ students. A corresponding training program consisting of a 42-page Guide to Being an Ally to LGBTQ Students accompanies the sticker campaign. This program educates school and campus communities about homophobia, bullying and discrimination. Studies assessing the impact of the SafeSpace campaign and its variations in academic settings have demonstrated a positive impact on campus climate, and improvements in the experiences of LGBTQ students (Evans, 2002; Rhoads, 1997; Poynter & Lewis, 2003).

Given the importance of advocacy within the Rehabilitation Counseling profession, and the importance of higher education in the lives of individuals with disabilities, we sought to develop a campaign meant to address stigma surrounding mental illness in postsecondary settings. This paper discusses preliminary steps toward the development of a campaign to promote an environment of solidarity and support on college campuses for students with mental illnesses in an effort to create postsecondary atmospheres that are more conducive to success. In the study reported here we sought to translate the SafeSpace campaign to the mental health community. This agenda is responsive to recent calls for such efforts on college campuses (Salzer, 2012), with the goal of reducing the stigma of mental illnesses on college campuses in order to improve outcomes for students with mental illnesses. We begin this process by assessing how a visible signifier of the campaign might alter campus climate, with future intention to develop the content of the campaign including requirements for affiliation and training. Through focus groups, we gathered qualitative data on what a "SafeSpace" campaign for the mental health community might look like and what the potential benefits and risks of such a campaign might be.

Methods

All Four focus groups were conducted with key campus stakeholders at a Chicago-area university. These groups included students (N=8), general university staff (N=5), counseling center staff (N=2), and residence life directors (N=3). Individual key informant interviews were conducted with faculty members (N=5) due to scheduling conflicts that prevented them from participating as a group. The overall sample was 52% female. Age of participants varied with students having an average of 23.5 years

(SD=7.25), staff 41.0 (SD=3.6), residence hall directors 25.3 (SD=0.4), and faculty 45.9 (SD=5.5). The sample was primarily European/European American (52%), with 4% being African/African American, 23% Asian/Asian American, 4% Hispanic/Latino, and 17% Other. All participants were either currently pursuing their Bachelor's degree or had an education at the level of a Bachelor's degree or higher.

Participants discussed perspectives on the potential of a campaign reminiscent of the LGBTQ SafeSpace campaign to promote an environment of solidarity and support for students with mental illnesses on college campuses in a semi-structured focus group or interview format that lasted between 60 and 90 minutes. Focus groups and interviews were conducted with trained facilitators/interviewers, focused interview guide, immediate post-session debriefings, and careful review of notes (Krueger & Casey, 2000). Focus groups took place in a conference room on campus that was convenient for participants; key informant interviews were conducted in faculty offices. Students, staff, and residence life directors were paid $10 for their time, while faculty members were compensated $30. This payment differential was deemed necessary in order to recruit faculty members who have historically required greater compensation for their time to incentives participation. The Institutional Review Board of the university at which the data were collected approved this study and all participants provided signed consent for participation.

The interview guide was developed with guidance from an international panel of experts in the areas of stigma reduction and mental health. Focus group members were first presented with the SafeSpace campaign, and asked how it might be translated to the mental health community. The SafeSpace campaign advertises through stickers bearing

the campaign logo.   The interview guide asked participants to imagine a similar sticker designed for a mental health campaign and to discuss its potential impact on campus community members. The primary objective was to determine how the campaign might affect students with mental illness and others within the campus community. Saturation of themes is a good determinant of whether qualitative interviews are sufficient (Krueger & Casey, 2000). Saturation was reached in terms of new themes and diversity of opinion with 23 participants. In order to reduce the notes and transcripts into a manageable data set, we utilized responses from interview questions that focused on two areas:

- "How might seeing a "mental health" sticker on a campus doorframe impact a student who identifies as having a mental illness?"

- "How might seeing a "mental health" sticker impact a member of the campus community who does not identify as being a student with a mental illness?"

We utilized two strategies to code data and combine similar themes into conceptual frameworks. Lofland and Lofland's (1995) systematic filing system helped torganize similar responses into groups and collapse duplicate responses into related themes. Berg's (2004) qualitative approach provided a method to categorize themes into higher order conceptual frameworks by carefully reviewing statements composing each theme and identifying a hierarchy of concepts that clarified the relationships between the themes. Two separate coders completed this qualitative process; themes and higher order constructs were finalized through rater consensus.

Results

We identified 20 distinct themes that were sorted into 6 major categories encompassed by two higher order constructs: "Potential Benefits" and "Potential

Concerns" of the campaign.   Underneath each higher order construct we identified major categories and corresponding minor themes. Here we present each of these higher order constructs, beginning with Potential Benefits and the major and minor themes associated with this construct, followed by Potential Concerns.

Potential Benefits

Major categories under "Potential Benefits" included Individual, Community, and Social Justice Level Benefits summarized in Figure 1. Relationships between the major categories are represented using a socioecological framework, with social justice level benefits as the outer ring, symbolizing the impact of benefits on members of the broader campus community as well as individuals with mental illness. Socioecological models follow a systems level perspective that acknowledges the presence of interacting, interrelated, and/or interdependent elements that form a whole (Susser, 1994).   For this work, this interrelated organizational structure has been conceptualized as "Spheres of Influence," reflecting the different levels of potential influence this campaign may have on campus.

-- Insert Figure 1 about here. --

Individual level benefits. We identified four Individual Level Benefits, perceived as having the most direct impact on students with the mental illness: Sense of Community, Sense of Support, Positive Identity, and Pride.

Sense of community. Facing mental health concerns in college can be isolating; students reported that a campaign promoting a supportive environment might foster a sense of belonging for students as valued members of the campus community. Staff

echoed this sentiment, with one staff member stating that the campaign should "make students with mental health concerns feel included." Reflecting back on his own college years, one faculty member said, "If I were a student experiencing mental health issues in college, [a campaign like this] would help; knowing that people accept me."

Sense of support. Participants suggested that the proposed campaign should help students feel that "…there is support and help out there." First, the campaign might denote specific individuals and/or offices on campus as a source of support for students with mental illness. One student said, "This campaign should convey that the individual displaying the sticker is supportive of students with mental health concerns." A staff member reiterated this idea, saying the campaign should make a student with mental health concerns feel "people care." Second, the campaign might provide linkage to more formal sources of support, such as a campus counseling center. Support does not necessarily need to be sought out to be beneficial; just knowing that an environment is supportive can be helpful. An individual, who was lesbian, shared her feelings about the LGBTQ Safe Space campaign, "To me, the Safe Space symbol is like an exit sign. I may never use it, but it makes me feel better knowing that it's there in case of emergency."

Positive identity. One student said, "A good logo for this campaign would be one that makes students with mental health concerns feel good about who they are." This sense of self and positive identity may be especially critical for individuals of college age who may be building sense of who they are as an independent adult. Participants also noted the potential importance of positive identification with a larger group or community of students and others with mental health issues. Fostering a *positive sense of*

identity despite struggles with mental health may be a critical factor in supporting students with mental illness.

Pride. The LGBTQ community focuses on *pride*, often conveyed by displaying the rainbow flag.   Reflecting on benefits personally experienced from the LGBTQ Safe Space campaign, one participant said, "Now that I am out of the closet, when I see the Safe Space logo around campus I feel a huge sense of pride. I could imagine a mental health campaign might do the same for students with mental health concerns." A faculty member likened the presence of a mental health campaign to "a symbol of an individual's deep commitment or pride for mental health."

Community level benefits. Community Level Benefits were those that might have an impact on the greater campus community, including individuals without mental illnesses, students, faculty, and staff. These benefits would also have an impact on the individual with the mental illness. The four minor themes included: Promote Awareness, Increase Visibility/Promote Conversation, Referrals and Resources, and Normalizes Mental Illness.

Promote awareness. Participants perceived a lack of awareness regarding mental illness as a barrier to creating a supportive campus atmosphere for college students with mental illness, a barrier to help seeking, and a potential source of prejudice and discrimination. Participants felt that *promoting awareness* would be a potential benefit of the campaign. The campaign should "bring the issue to the forefront." The question was raised regarding whether the campaign should be tied to training, with the goal of promoting greater awareness of mental health issues within college student populations and how one might support a student facing mental illness.

Increase visibility. In addition to raising awareness of mental health issues, participants viewed the campaign as a "catalyst for conversation." By increasing visibility of mental health issues, participants felt that campus members would be likely to ask questions regarding the meaning and purpose of the campaign effectively promoting more open conversation about mental health issues on college campuses. Participants perceived such conversations as beneficial because they impart critical information regarding issues surrounding campus mental health such as the availability of campus resources and issues related to stigma and discrimination.

Referrals and resources. Related to imparting information and promoting conversation, participants felt that linking the campaign to resources that support college students with mental illness would also be important, perhaps through a campaign website containing resource and referral information. Additionally, participants felt displaying a logo associated with the campaign would denote a campus community member as a potential source of information regarding available mental health resources on campus. In order to ensure such community members are prepared to serve this function, participants felt those affiliated with the campaign should receive training.

Normalizes mental illness. The campaign should send the message that, "Mental health is something we ALL have; sometimes we have good mental health, sometimes we have poor mental health." Such a message may normalize mental illness on college campuses. Normalization would partially rest upon the spread of the campaign across a campus..

Social justice level benefits. Social Justice Level Benefits focused on promoting a campus community free of stigma and discrimination regarding mental illness. This category of benefits yielded: Decrease Stigma as well as Advocacy and Activism.

Decrease stigma. Participants described stigma regarding mental illness as a huge barrier to seeking mental health services when needed and to full participation in campus communities. Participants viewed the anti-stigma component of the campaign as critical. They believed that a logo associated with such a campaign should send the message that students with mental health concerns are "capable individuals… just like everyone else." Participants perceived stigma regarding mental illness as a human rights issue and something that needs to be addressed on college campuses.

Advocacy & activism. Participants perceived the campaign as an act of advocacy on behalf of college students with mental illness. Associating the campaign and logo with activism on campus could impact campus climates with regard to mental illness. Tying commitment to display the campaign logo with a corresponding commitment to being an active advocate for students with mental illness would be important.

Potential Concerns

The second higher order construct extracted from these qualitative data was Concerns related to this campaign. Namely, the campaign might yield unintended consequences that worsen stigma. Three major categories related to potential concerns with the campaign emerged: Potential Harm to the Individual with Mental Illness, Unique Problems with Mental Illness as a Minority Group, and Legal/Practical Issues. Table 1 summarizes the major categories and minor themes associated with the higher order construct of "Potential Concerns."

-- Insert Table 1 about here. --

Potential harm to the individual with mental illness. Minor themes included: Creating False Expectations, Labeling Effect, Implies Other Parts of Campus Are Not Safe, and Paternalism.

Creating false expectations. Participants voiced concerns that the campaign may *create false expectations* regarding expertise and qualifications of individuals (particularly faculty) associated with the campaign, and the level of support expected of such individuals. There is potential that a student may assume that an individual displaying the logo is capable of counseling or therapy. Such false expectations could lead to greater harm.

Labeling effect. Associating oneself with the proposed campaign was seen as having a potential *labeling effect:* participants felt that individuals openly associated with the campaign may be labeled as having a mental illness themselves, thereby subjecting themselves to prejudice and discrimination from members of the campus community. Affected individuals may include both those who display the campaign logo in their office or campus dwelling as well as students seen entering those spaces displaying the logo.

Implies other parts of campus are not safe. In discussing the LGBTQ Safe Space campaign, participants felt that denoting some areas of campus as "Safe Spaces" might send the message that other areas are not. Sending such a message might unintentionally promote further isolation and segregation of students with mental illness.

They felt that this issue might be mitigated through efforts to promote the campaign campus-wide.

Paternalism. Participants expressed concern that this kind of campaign could promote paternalism and would need to be careful not to suggest that students with mental illness need to be cared for and/or are incapable of independent functioning within campus communities. An emphasis on strengths and capabilities of students with mental illness, rather than weaknesses and limitations, would be key to avoiding paternalistic messages.

Unique problems with mental illness as a minority group. Some participants identified unintended consequences of framing people with mental illness as a minority group. Minor themes under this category included: No Pride for Mental Illness and Heterogeneity of the Target Group.

No pride for mental illness. Pride is often associated with other minority identities such as ethnicity and sexual orientation. Participants voiced concern that there may be no such thing as "pride" for mental illness. Participants expressed concern regarding the ability to effectively communicate that mental illness is a part of one's identity about which one might feel proud. They viewed this as a key challenge in the development of such a campaign.

Heterogeneity of the target group. Participants perceived students with mental illness to be a very diverse group. Defining "mental illness" was seen as an important issue for such a campaign to tackle. With the broad range of mental health issues encountered by college students ranging from anxiety and adjustment disorders to more serious mental illnesses such as major depression, bipolar disorder, and schizophrenia,

participants expressed concern that a single campaign may not be able to address all students.

Legal/practical issues. The three minor themes of Safety/Liability/Confidentiality, Difficulties Accommodating Mental Illness, and Cultural Sensitivity emerged under the category of "legal/practical issues."

Safety/liability/confidentiality. Participants felt that this kind of campaign might lead students in crisis to seek out individuals associated with the campaign in times of great need, such as when contemplating suicide.   This could present safety issues requiring a concrete and well-developed plan of action. Such occurrences could have implications related to liability for individuals displaying the logo. Additionally, participants expressed concern that the campaign might loll students with mental health concerns into a false sense of confidentiality, leading them to disclose information that they did not intend. Participants raised questions regarding how this campaign would openly address the limitations of confidentiality including obligations to report students who may be at risk for harm.

Difficulties accommodating mental illness. The potential for the campaign to be linked to campus resources raised concern that disabilities stemming from mental illnesses may be difficult to accommodate. Both faculty and disability office staff might not be as familiar with accommodations available to students with mental illness compared to other disabilities, and might not know how to advise students in seeking such accommodations. They also worried that students not needing accommodations might take advantage of faculty members, claiming that failures to complete assignments

or perform well on exams was related to mental health, or seeking accommodations for invalid reasons.

Cultural sensitivity. Participants also expressed concern that a single campaign may not be culturally relevant to individuals from a diverse range of racial, ethnic, and religious backgrounds. As the experience of mental illness and related preferences for treatment and beliefs about mental illness vary across cultures, such a campaign would need to address these heterogeneous perspectives. Participants suggested that such a campaign may need to be tailored to different cultural groups to ensure that it best addresses the needs of each group.

Discussion

These qualitative data point to potential benefits and concerns with a campaign aimed at promoting an environment of solidarity on college campuses for students with mental illness. This campaign has the potential to benefit campuses at both the individual and community level, as well as promoting greater social justice. Potential concerns with the campaign included unintended consequences such as potential harm to students with mental illness, unique problems with framing mental illness as a minority identity, and legal and practical issues.

Limitations

Although we determined that we reached saturation with these data in terms of new themes and diversity of opinions, we were unable to recruit many students with mental illnesses. However, several students openly identified themselves as having experience with mental illness, which gave us greater confidence that we captured the

voice of this important stakeholder. Additionally, it is important to note that these data were gathered from stakeholders at one institution. Dissemination and translation of the campaign to campuses of different compositions should be a task considered very carefully, specifically in terms of cultural, geographical, and socioeconomic characteristics.

One important challenge moving forward is rooted in the tensions between some of the potential benefits and concerns about the campaign. One example of potential conflict involves the juxtaposition of *pride* with *referrals and resources*. Messaging regarding resources meant to treat mental illnesses might conflict with the idea that students should be prideful in spite of, and perhaps because of, their experiences with mental illness. Mental health consumer/survivor activism groups such as MindFreedom (www.mindfreedom.org), part of an evolving movement called Mad Pride, believe that mental illness is an identity about which one might be prideful. Additionally, one of the unintended consequences of declaring *pride* for mental illness may be *labeling*. If students openly affirm their pride for mental illness, they may simultaneously be labeling themselves and subjecting themselves to public stigma. Furthermore, it is unclear whether college students would adopt a mental illness identity and whether adopting such an identity might be harmful. It would be essential to carefully address issues such as these through a strategically designed training manual accompanying the campaign.

Previous work with students with mental illness has demonstrated that their experiences in college differ from those of their peers with mental illness, and calls for programs, such as that proposed here, to support students with mental illness on college campuses (Salzer, 2012). Such programs are also in line with recent work on promoting

interpersonal and intrapersonal connectedness in order to build resilience and reduce risk of negative outcomes for students with mental illness (Whitlock, Wyman, & Barreira, under review). Rooted in the community it is meant to benefit, this work speaks to the benefits a campaign like this might bring to students with mental illnesses. It also sheds light on the potential unintended consequences of such strategies, thereby elucidating ways in which key pitfalls might be avoided. Next steps for this work involve designing and selecting a logo that encompasses the perceived benefits of the campaign while avoiding unintended consequences. An empirical, community-based approach to this work should be adopted, ensuring that the campaign and its emblem are meaningful to the target benefactors: students with mental illness and the campus communities within which they live and learn.

The role of Rehabilitation Counselors in developing programs to advocate for the rights of individuals with disabilities, and partnering with individuals with disabilities to address attitudinal barriers in vocational settings, including postsecondary institutions, is supported by roles and functions studies within the profession (Leahy, Muenzen, Saunders, & Strauser, 2009). Extending Rehabilitation Counseling services into this realm may improve outcomes for individuals with disabilities in terms of both academic achievement and employment. The Rehabilitation Counseling profession is grounded in social justice and the disability rights movement, and efforts on behalf of our guild to tear down barriers faced by individuals with disabilities are true to these roots.

References

American College Health Association. (2013). American College Health Association-National College Health Assessment II: Reference Group Executive Summary Spring 2013. Baltimore: American College Health Association.

Arria, A. M., Caldeira, K. M., Vincent, K. B., Winick, E. R., Baron, R. A., & O'Grady, K. E. (2013). Discontinuous College Enrollment: Associations With Substance Use and Mental Health. *Psychiatric Services*, *64*(2), 165-172.

Aud, S., Wilkinson-Flicker, S., Kristapovich, P., Rathbun, A., Wang, X., and Zhang, J. (2013). The Condition of Education 2013 (NCES 2013-037). U.S. Department of Education, National Center for Education Statistics. Washington, DC. Retrieved October 27, 2013 from http://nces.ed.gov/pubsearch.

Baron, R. C., & Salzer, M. S. (2002). Accounting for unemployment among people with mental illness. *Behavioral sciences & the law*, *20*(6), 585-599.

Becker, M., Martin, L., Wajeeh, E., Ward, J., & Shern, D. (2002). Students with mental illnesses in a university setting: Faculty and student attitudes, beliefs, knowledge, and experiences. *Psychiatric Rehabilitation Journal*, *25*(4), 359.

Berg, B. L. (2004). *Qualitative research methods for the social sciences* (Vol. 5). Boston: Pearson.

Corrigan, P.W., & Kosyluk, K.A. (2014). Mental Illness Stigma: Types, Constructs, and Vehicles for Change. In: Corrigan PW, ed. *The Stigma of Disease and Disability: Understanding Causes and Overcoming Injustices*. Washington, DC: American Psychological Association.

Corrigan, P.W., Kosyluk, K.A., & Kottsieper, P. (2014). The Problem of Adherence and the Importance of Self Determination. In Corrigan. (Ed.), A New Orientation to Adherence and Self-Determination for Individuals with Mental Illness. Washington, DC: American Psychological Association (APA).

Corrigan, P. W., Kosyluk, K. A., & Rüsch, N. (2013). Reducing self-stigma by coming out proud. *American journal of public health*, *103*(5), 794-800.

Corrigan, P. W., Larson, J. E., Hautamaki, J., Matthews, A., Kuwabara, S., Rafacz, J., ... & O'Shaughnessy, J. (2009). What lessons do coming out as gay men or lesbians have for people stigmatized by mental illness?.*Community mental health journal*, *45*(5), 366-374.

Corrigan, P. W., Larson, J. E., & Rüsch, N. (2009). Self-stigma and the "why try" effect: impact on life goals and evidence-based practices. *World Psychiatry*, *8*(2), 75-81.

Corrigan, P., & Matthews, A. (2003). Stigma and disclosure: Implications for coming out of the closet. *Journal of Mental Health*, *12*(3), 235-248.

Eisenberg, D., Downs, M. F., Golberstein, E., & Zivin, K. (2009). Stigma and help seeking for mental health among college students. *Medical Care Research and Review*, *66(5),* 522-541.

Eisenberg, D., Golberstein, E., & Gollust, S.E. (2007). Help-seeking and Access to Mental Health Care in a University Student Population. *Medical Care, 45(7),* 594-601.

Eisenberg, D., Golberstein, E., & Hunt, J. B. (2009). Mental health and academic success in college. *The BE Journal of Economic Analysis & Policy*,*9*(1).

Eisenberg, D., Hunt, J., Speer, N. (2012). Mental Health in American Colleges and
Universities: Variation Across Student Subgroups and Across Campuses. *Journal of Nervous and Mental Disease*, 201(1), 60-67.

Eudaly, J. (2002). A rising tide: Students with psychiatric disabilities seek services in record numbers. *Information from Heath*. 1-4.

Engstrom, C. M., & Sedlacek, W. (1997). Attitudes of heterosexual students toward their gay male and lesbian peers. *Journal of College Student Development*, *38*, 565-576.Evans, N. J. (2002). The impact of an LGBT Safe Zone project on campus climate. *Journal of College Student Development; Journal of College Student Development*.

Evans, N. J. (2001). The experiences of lesbian, gay, and bisexual youths in university communities. *Lesbian, gay, and bisexual identities and youth: Psychological perspectives*, 181-198.

Evans, N. J., & Broido, E. M. (1999). Coming out in college residence halls: Negotiation, meaning making, challenges, supports. *Journal of College Student Development*, *40*(6), 658-668.

Gay, Lesbian, & Straight Education Network. (2013). *The Safe Space Kit: Guide to Being an Ally to LGBT Students.* Retrieved from http://glsen.org/sites/default/files/SSK_2013_book.pdf

Gruttadaro, D., & Crudo, D. (2012). College Students Speak: A Survey Report on Mental Health. NAMI, the National Alliance on Mental Illness.

Gulliver, A., Griffiths, K. M., & Christensen, H. (2010). Perceived barriers and facilitators to mental health help-seeking in young people: a systematic review.*BMC psychiatry*, *10*(1), 113.

Harper, G. W., & Schneider, M. (2003). Oppression and discrimination among lesbian, gay, bisexual, and transgendered people and communities: A challenge for community psychology. *American Journal of Community Psychology*, *31*(3-4), 243-252.

Hunt, J., Eisenberg, D., & Kilbourne, A. (2010). Consequences of receipt of a psychiatric diagnosis for completion of college. *Psychiatric Services*, *61*(4), 399-404.

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 disorders in the National Comorbidity Survey Replication. *Archives of general psychiatry*, *62*(6), 593.

Kessler, R. C., Foster, C. L., Saunders, W. B., & Stang, P. E. (1995). Social consequences of psychiatric disorders, I: Educational attainment. *American journal of psychiatry*, *152*(7), 1026-1032.

Komiya, N., Good, G., & Sherrod, N. (2000). Emotional openness as a predictor of college students' attitudes toward seeking psychological help. *Journal of Counseling Psychology, 47(1),* 138-143.

Krueger, R.A., & Casey, M.A. (2000). *Focus Groups: A Practical Guide for Applied Research*. 3rd ed. Thousan Oaks, CA: Sage Publications.

Leahy, M. J., Muenzen, P., Saunders, J. L., & Strauser, D. (2009). Essential knowledge domains underlying effective rehabilitation counseling practice. *Rehabilitation Counseling Bulletin*, *52*(2), 95-106.

Longerbeam, S. D., Inkelas, K. K., Johnson, D. R., & Lee, Z. S. (2007). Lesbian, gay, and bisexual college student experiences: An exploratory study.*Journal of College Student Development*, *48*(2), 215-230.

Lofland, J., & Lofland, L. H. (1995). Developing analysis. *Analyzing social setting*, 183-203.

Nam, S. K., Choi, S. I., Lee, J. H., Lee, M. K., Kim, A. R., & Lee, S. M. (2013). Psychological factors in college students' attitudes toward seeking professional psychological help: A meta-analysis. *Professional Psychology: Research and Practice*, *44*(1), 37.

Poynter, K., & Lewis, E. (2003). SAFE on campus assessment report. Durham, NC: Duke University Center for LGBT Life.

Rhoads, R. A. (1994). *Coming out in college: The struggle for a queer identity*. Greenwood Publishing Group.

Rhoads, R. A. (1997). Implications of the growing visibility of gay and bisexual male students on campus. *Journal of Student Affairs Research and Practice*,*34*(4), 286-297.

Salzer, M. S. (2012). A comparative study of campus experiences of college students with mental illnesses versus a general college sample. *Journal of American College Health*, *60*(1), 1-7.

Storrie, K., Ahern, K., & Tuckett, A. (2010). A systematic review: students with mental

    health problems—a growing problem. *International Journal of Nursing*

    Practice, *16*(1), 1-6.

Susser, M. (1994). The logic in ecological: I. The logic of analysis. *American journal of*

    public health, *84*(5), 825-829.

Whitlock, J., Wyman, P., & Barreira, P. (under review) Connectedness and suicide

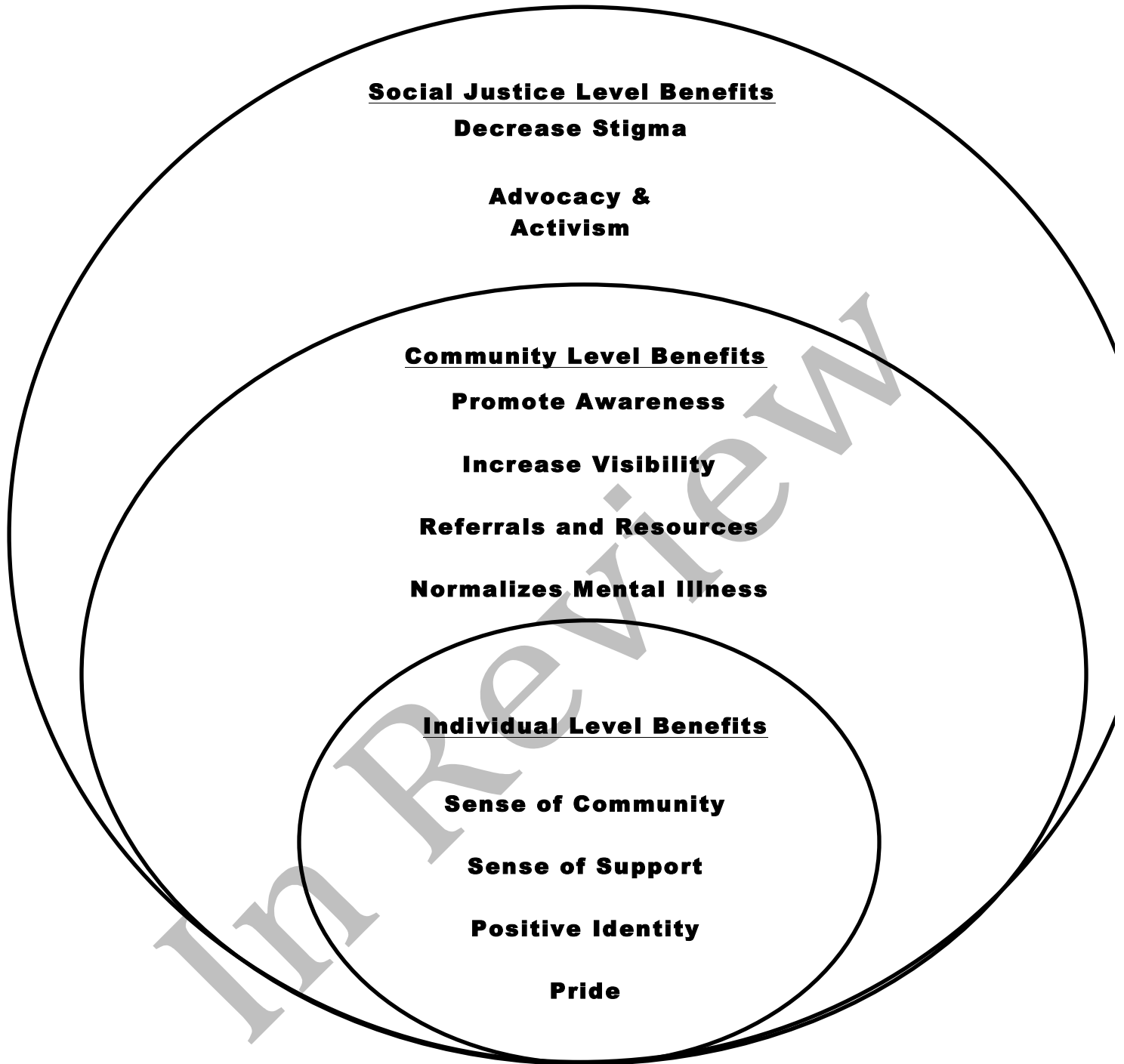   prevention in college settings: Directions and implications for practice.

Social Justice Level Benefits

Decrease Stigma

**Advocacy &
Activism**

Community Level Benefits

Promote Awareness

Increase Visibility

Referrals and Resources

Normalizes Mental Illness

Individual Level Benefits

Sense of Community

Sense of Support

Positive Identity

Pride

Figure 1. *Potential Benefits: "Spheres of Influence"*

Table 1. Potential Concerns

Major Themes	Minor Themes
Potential Harm to Individuals with Mental Illness	- Creating False Expectations - Labeling Effect - Implies Other Parts of Campus Aren't Safe - Paternalism
Unique Problems with Mental Illness as Minority Group	- No Pride for Mental Illness - Heterogeneity of Target Group
Legal/Practical Issues	- Safety/Liability/Confidentiality - Difficulties Accommodating Mental Illness - Cultural Sensitivity