

Preparing Mental Health First Responders:  
College Counselors Supporting Residence Life Professionals

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Abstract

Mental health issues are on the rise on college campuses (Gallagher & American College Counseling Association, [ACCA], 2014). Residence life professionals are often *first responders* to these issues. College counselors are in a unique position to support these professionals by (a) preparing the residence environment, (b) planning and providing programming on mental health issues, (c) using basic crisis skills, and (d) making referrals. This paper will provide college counselors with the rationale, benefits, and processes for supporting residence life professionals to be mental health first responders.

*Keywords:* college counseling, residence life professionals, mental health

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As the landscape of higher education continues to evolve, the prevalence and severity of mental health issues among college students continues to escalate (Gallagher & American College Counseling Association, [ACCA], 2014). These mental health issues frequently come to the attention of residence life professionals (i.e., resident assistants, resident directors), who are often advised of a resident's mental health issues either via self-report or by a concerned roommate or friend. Furthermore, because these residence life professionals are not licensed mental health professionals, college counselors may be able to facilitate education, information, and instruction; specifically, the knowledge of how to identify and respond to mental health issues and situations in residence halls. This collaboration between college counselors and residence life professionals may provide an adequate and prudent response to the escalating mental health crisis on college campuses.

While 37.1% of college and university students currently live in campus residence halls (American College Health Association, 2016), an anticipated increase in enrollment is expected to rise by 14% by 2025 (National Center for Education Statistics, 2016). In addition, residence life professionals are expected to manage a college population characterized by approximately three in every eight college students reporting feeling depressed indicated by difficulty functioning at some time over the past year (American College Health Association [ACHA],

2016). Furthermore, college students reported struggling with anxiety-related issues, substance use and abuse, eating and sleeping issues, and severe mental illness (e.g., depression, bipolar disorder and psychotic disorders; Gallagher & ACCA, 2014; Gruttadaro & Crudo, 2012; Reynolds, 2009). Many students receive mental health treatment prior to college and continue to experience these mental health concerns throughout their college experience (Center for Collegiate Mental Health [CCMH], 2013; Gallagher & ACCA, 2014). Some students may continue mental health treatment off campus and/or seek out counseling services on campus. However, most college students with mental health concerns do not seek out treatment unless it is mandated or brought to their attention by another individual who expresses concern (Eisenburg, Golberstien & Gollust, 2007; Reynolds, 2009). Additionally, many college students may be unaware or have not taken advantage of the available mental health services on campus (Yorgason, Linville, & Zitzman, 2008). The increase in the prevalence of mental health issues on college campuses (e.g., anxiety, depression, substance-related issues) and the lack of college students obtaining treatment has the potential to significantly impact students in residence halls, as well as the academic community as a whole (ACCA, 2013; Reynolds, 2009).

While mental health issues complicate personal relationships and negatively impact academic performance (Backels & Wheeler, 2001), students with mental health concerns often report feeling isolated, frustrated, and marginalized (Downs & Eisenberg, 2012; ACHA, 2013). Additionally, Downs and Eisenberg (2012) found that college students value the input of their social network and individual contacts when considering seeking mental health care. Because residence life professionals live among these students, and may serve as part of their students' social networks, they are often in a position to be *first responders* when a student is in crisis.

A *first responder* is the primary contact during a crisis or other event. *First responders* facilitate the stabilization, support, and transfer to medical or other forms of care. Part of this response may involve the provision of *psychological first aid* during trauma situations or other crises. The *Psychological First Aid Field Operations Guide*, 2<sup>nd</sup> Ed. (Psychological First Aid [PFA] Guide) described *psychological first aid* as a method of responding to crises to lower initial distress and foster adaptive coping skills (Brymer et al., 2006). *First responders*, in the context of residence life, are those individuals who are professionally responsible for assessing and providing immediate remedial assistance in response to students' challenges, issues, and concerns; and if necessary transfer to a higher level of care such as the college counseling center.

### **Residence Life Professionals and Student Issues**

Residence life professionals serve key roles in higher education because they are in a *loco parentis* (i.e., instead of *or* in place of parents). In the 19th century, many higher education institutions believed that student life outside the classroom (e.g., housing) was beyond the concern of the university, and minimal resources were allocated to address those issues (Blimling, 2010). From the 1940s onwards through post-war America into the 1980s, there was a shift in higher education, many colleges and universities obtained funding to construct housing from a variety of sources including the Servicemen's Readjustment Act of 1944 (United States Congress, Public Law 346, chapter 168, S. 1767), which is commonly known as the GI Bill, and the College Housing Loan Program of the 1950s through the late 1970s (United States General Accounting Office [GAO], 1980). The increase in residents, whether they were returning

veterans or otherwise, led to the development of housing policies and procedures which included rules; under the supervision of deans, these rules were enforced by “housemothers,” who served as parental figures for students (Council for the Advancement of Standards in Higher Education, 2015). Residence life professionals have assumed the roles of educator, para-counselor, and manager. They serve to enhance and support students’ growth including their personal, social, and academic needs (Blimling, 2010; Zhang, 2011).

Historically, resident directors and assistants were trained to directly oversee residence halls. They were responsible for directly or indirectly creating residence hall culture, providing programming, reinforcing policies, connecting students with resources, and serving as para-counselors for students’ concerns (Blimling, 2010; Schroeder & Mable, 1993). Administratively, residence life professionals prepare reports, maintain records, communicate with all staff members, students, and resident directors, staff information desks, and perform routine room checks as required (Blimling, 2010; Blimling, 2015). On an institutional level, residence life professionals are expected to know and follow institutional regulations and disseminate that information to students as required (Blimling, 2010; Blimling, 2015). In addition, these professionals are expected to help students demonstrate respect for each other and property, encourage an environment conducive to study, regularly communicate with the residents, and promote a feeling of community in the residence hall (Blimling, 2010). Residence life professionals provide individual assistance to students who need personal, social, and academic support, while being a supportive referral source for those who would benefit from professional help (Blimling, 2010).

Most resident assistants are undergraduate students (e.g., sophomore, junior, senior) and most resident directors are graduate students or new student affairs professionals. Presumably, these individuals are in these positions because of a desire to serve and mentor other students, but this is not always the case. Regardless of their motivations, residence life professionals historically have had minimal training in mental health issues, yet they may find themselves in a position where they may be the first to recognize and respond to students in distress (Blimling, 2010; Blimling, 2015; Reynolds, 2009). In addition, these individuals may have varying degrees of competencies and comfort concerning mental health issues, confidentiality issues, and engaging in initial crisis counseling.

Unfortunately, increases in the prevalence and the severity of mental health concerns among college students has not always resulted in a reciprocal increase in the training of residence life professionals or the numbers of college mental health counselors on campuses. In 2014, there was an average of one paid mental health professional to every 1,833 students (Association for University and College Counseling Center Directors [AUCCCD], 2014; Reynolds, 2009). This high college counselor-to-student ratio results in college counselors having limited time to provide individual and group counseling, and less availability to provide necessary preventative, training, and outreach programming in residence halls for students with mental health issues (AUCCCD, 2014). This provides an opportunity for residence life professionals to serve as liaisons between college counseling centers and students. It also allows for the potential for residence life professionals to increase their role as providers of preventative and educational programming within the residence halls.

Many college students display mental health symptomology for the first time at college, while others arrive with a pre-existing diagnosis. Anxiety, depression, relationship problems, suicidal ideation, alcohol abuse, and sexual assault are the most common presenting concerns among college students (AUCCD, 2014). Suicidal ideation or behaviors accounts for nearly 18 percent of the presenting concerns of college students, per the Association for University and College Counseling Center Directors (AUCCCD, 2014). Approximately, six percent of college students reported seriously considering suicide, and one percent reported attempting suicide within the past year (Taub & Servaty-Sieb, 2011). Figures from the American College Health Association (2016) found that 10.5 percent of students had seriously considered suicide in the last 12 months and 1.6 percent attempted in the last 12 months. Suicide is the second leading cause of death for individuals aged 15 to 29-years-old, which contains the range of most college-aged students (WHO, 2014). The risk of suicidal ideation and other associated risk factors vary by age, ethnic group, sexual orientation, and gender. However, the most significant factor contributing to college-student suicide is untreated depression (Taub & Servaty-Sieb, 2011). Therefore, it is critical that residence life professionals become aware of the general risk factors for suicide which include: (a) a prior attempt at suicide; (b) a family history of suicide or violence; (c) a specific plan, the lethality of the plan; and (d) whether the student has the means to execute the plan (Kress & Paylo, 2015).

Underage drinking violations within residence halls and across the university environment are a frequent concern for both residence life professionals and college counselors respectively. This is supported by work from Lo, Monge, Jowell, and Cheng (2013), who found that 11% of college students displayed alcohol abuse or dependence. College counselors recognize the importance of early intervention in students' substance abuse and dependency as these issues impact students' academic performance (El Ansari, Stock, & Mills, 2013) and long-term functioning (Pascarella et al., 2007; Porter & Pryor, 2007). Substance abuse/dependency may mask an underlying mental illness and the student may use a substance to self-medicate (e.g., alcohol to cope with anxiety). Untreated and progressively more frequent and serious drug and alcohol use can impair judgment and result in immediate problems off campus and in residence halls (e.g., assault, accident, arrest), and may result in long-term complications (e.g., addiction; Reynolds, 2009).

Because residence life professionals spend a considerable amount of time in contact with students, they may frequently identify students who are suffering from anxiety, depression, and substance abuse (CCMH, 2013; Blimling, 2015). Additionally, residence life professionals may be the first college personnel to notice and respond to students presenting concerns of depression, substance abuse, and other mental health-related issues. However, many residence life professionals do not have an understanding of mental health issues and the qualifications for an appropriate referral. Given this, it may be helpful for college counselors to provide residence life professionals with the knowledge and skills to identify and refer students in need of mental health interventions (Holland & Wheeler, 2016; Reynolds, 2011). A shared partnership between college counselors and residence life professionals will likely reduce the number and severity of mental health-related incidents on a campus (Gruttadaro & Crudo, 2012; Holland & Wheeler, 2016), and contribute to the academic success of students through their participation in counseling services (AUCCD, 2014).

### Responding to Mental Health Issues

Identifying individuals who have mental health needs is an ethical responsibility of all residence life professionals, not just the college counselor. In the last 10 years, there has been an emphasis to train faculty, coaches, and other staff to recognize when students may benefit from counseling and specific warning signs for those who are suicidal or present a risk to others (Blimling, 2010; Taub & Servaty-Sieb, 2011). The roles and responsibilities of residence life professionals emphasize a valuable opportunity to help students with adjustments, stresses, and crises throughout the year (Blimling, 2010). According to Massachusetts Institute of Technology's (MIT) mental health and counseling informational website "residence life staff may be among the first to notice a student's uncharacteristic behavior or change in academic performance which may be early signs of psychological distress" (MIT Medical, n.d. p. 3). MIT further provides information to faculty and residence life professionals on how to recognize academic, psychological and physical indicators, how to interact with students (e.g., listen, be discreet, non-judgmental, ask open-ended questions, counter-resistance), and how to make appropriate referrals (MIT Medical, n.d.).

Frequently, residence life professionals are the first to respond and handle a crisis until parents, counselors, campus police, or other professionals arrive. While residence life professionals can be considered *first responders*, they are not required or necessarily trained to identify and respond to residents' mental health issues. Whereas, licensed mental health professionals and other occupations (e.g., teachers) have a legal duty to warn if a student is at risk to self or others, there is not any state or national regulatory board governing the practice of residence life professionals.

According to the CAS Standards and Guidelines for Housing and Residential Life Programs (2015), resident life professionals should offer students advisement and counseling support consistent within their own scope of training and expertise; utilizing referrals to appropriate professionals when necessary. Nonmaleficence "avoiding actions that cause harm" and beneficence "working for the good of the individual and society by promoting mental health and well-being" (p. 3; ACA 2014) are ethical principles that may prevent a residence life professional from acting outside of their scope of competence. Efforts to "help" students, though well-intentioned, in situations where a lack of knowledge, training, and expertise is present, could lead to potential harm of the students and possible legal problems for the university. Resident assistants have been named as defendants in legal cases and universities may be held liable for their improper actions (Letarte, 2013). According to Letarte, resident assistants are "placed in positions of incredible responsibility and at risk of creating liability as agents acting on behalf of the institution" (p. 6).

American College Personnel Association (ACPA) and the National Association of Student Affairs Professionals (NASPA; 2010) outline 10 professional competencies for all student affairs professionals regardless of their area of specialization. The first ACPA and NASPA competency, *Advising and Helping*, can be applied to residence life professionals in the context as a mental health *first responder*. Utilizing the "Advising and Helping" student affairs competency, residence life professionals can be more intentional in their role with students and they will learn basic helping skills (e.g., "know and use referral sources and exhibit referral skills

in seeking expert assistance” (p. 8)), intermediate helping skills (e.g., “identify patterns of behavior that signal mental health concerns” (p. 8)), and advanced helping skills.

### **Mental Health Training for Residence Life Professionals**

There are a number of valuable topics to train residence life professionals to respond to college students' mental health needs. Trainings for non-mental health professionals (e.g., police officers) often involve crisis intervention trainings which can include: listening and negotiation skills, mental health awareness, suicide identifiers and prevention techniques, evidence-based assessment and de-escalation techniques, and legal and ethical concerns (Watson & Fulambarker, 2012). Fernández Rodríguez and Huertas (2013) further suggested that active collaboration between counseling, psychology, professors, and other college professionals (e.g., residence life professionals, administrators) are effective means of producing effective suicide prevention strategies on college campuses. Additionally, CAS Standards and Guidelines for Housing and Residential Life Programs (2015), and Council for the Accreditation of Counseling and Related Educational Programs (CACREP; 2015), have identified four specific areas where college counselors could provide collaborative support to student affairs and residence life professionals working in campus residential environments: (a) preparing the residential environment prior to the arrival of students, (b) planning appropriate programming, (c) utilizing listening and crisis management skills, and (d) making appropriate referrals. The following section provides a discussion of each of the four areas where college counselors can support residence life professionals.

#### **Preparing the Environment**

Mental health resources and services offered on campus should be accessible in common residential areas. While many students may not disclose to their resident assistants that they are feeling depressed or suicidal, the open posting of a national suicide hotline in a visible place would aid a student who may be silently contemplating suicide. To increase open communication, Evans, Davidson, and Sicafuse (2013) suggest the use of a system where students can communicate via text messages with mental health professionals. This use of text messaging has seen some modest adoption. Additionally, including information about the counseling center and what to expect in counseling may help reduce reluctance or resistance for students to attend counseling (Egan, 2013).

College counselors can enhance collaboration with other university professionals (e.g., student programming, recreation, career and counseling centers) to provide coordinated interventions within the residence halls that address student issues including mental health issues (e.g., adjustment issues, depression and suicide, substance use and abuse, interpersonal issues; CAS, 2015). For example, college counselors could visit each residence hall and meet with the residence life professionals to discuss the student mental health warning signs and how to communicate to students the benefits of participating in the counseling process. It is also essential for the counseling center to address and discuss with residence life professionals the importance of maintaining confidentiality (e.g., college counselors cannot provide information about a student to a residence life professional who made the referral). Residence life professionals should be knowledgeable about the nature and process of counseling and should make residents aware that counseling services are a viable option in times of crisis.

Additionally, it is best to communicate to students that minor mental health concerns, not just severe mental health issues, can benefit from counseling services (Holland & Wheeler, 2016). This communication is an example of collaborative communication between counseling centers, residence life professionals, and students (Yorgason et al., 2008). Students struggling with life stressors (i.e., breaking up with a significant other, grief, and loss) may benefit significantly from counseling services (Holland & Wheeler, 2016). Whenever possible, college counselors can support residence life professionals in the efforts of seeking out mental health training opportunities, gathering and posting information regarding campus and national resources, and creating connections across campus (Taub & Servaty-Sieb, 2011).

### **Planning and Programming**

College counselors can work with residence life professionals to provide remedial (e.g., for underage drinking), preventative (e.g., avoiding alcohol use/abuse), and developmental programming (e.g., understanding how to deal with peer pressure to drink alcohol; Reynolds, 2009). From a preventative perspective, residence life professionals can impact the culture of the residence halls by incorporating regular, weekly, or monthly programming to address issues such as aggression, stress, suicide, and other mental health concerns (Holland & Wheeler, 2016; Schroeder & Mable, 1993;). By directly addressing difficult topics, resident directors and assistants can challenge the prevailing student stigma of seeking out mental health services (Holland & Wheeler, 2016; Salzer, 2012;). College counselors can serve as guest speakers and/or provide a list of other mental health providers that the residence life professionals can invite to participate in programming. Mental health-related programs for the residence halls can facilitate accurate knowledge about mental illness, address stigma against seeking counseling, and create an honest dialogue about the treatment, wellness, and the referral process (Holland & Wheeler, 2016; Yorgason et al., 2008;). Support groups can also be offered to support the successful adjustment of students to college environment students (e.g., international students; Choi & Protivnak, 2016).

Additionally, mental health workshops help residents become more aware of the signs and symptoms of aggression, stress, and mental illness for themselves, roommates, and friends. Residence life professionals can utilize technology to provide information for students who choose not to attend the weekly or monthly programs via e-mail (i.e., listserv), or social media (i.e., Facebook, or Twitter; Kacvinsky & Moreno, 2014). The variety of programming delivery systems and foci (i.e., remedial, preventative, developmental) can be an efficient way to reach large numbers of residents and promote a culture of mental health wellness. For example, a residence hall Facebook group could be utilized to disseminate information of upcoming programming, or students can communicate directly with each other and residence assistants.

### **Utilizing Listening and Crisis Management Skills**

Listening and communication skills are essential to further enhance a residence life professionals' ability to effectively connect and communicate with all types of students. In particular, students who are significantly stressed, depressed, or anxious can benefit from residence life professionals who are skilled in listening and crisis management skills. College counselors can provide training for residence life professionals to improve their listening and communication skills (e.g., minimal encouragers, reflection of thoughts and feelings, empathy with a student, summarizing the basic themes of the conversation, and utilizing open-ended

questions). Micro-counseling skills can help residence life professionals build relationships and determine if a referral should be made to counseling (Reynolds, 2009; Taub & Servaty-Sieb, 2012). Listening and communication skills are essential when working with students and can be easily implemented on the individual (e.g., resident, student), the group (e.g., hall, classroom), and the facility/organizational level (e.g., fraternity, government).

As Letarte (2013) stated, residence life professionals serve on the frontlines where students are in crisis. The residence life professional may be the first staff member to whom a student articulates an issue or concern (e.g., relationship break-up, failing grades, financial concerns), a tragic life event (e.g., death of family member), or mental health issue (e.g., depression, suicidal ideation). Vecchi (2009) provided suggestions for professionals to implement when responding to students in crisis. This includes engaging in a conversation, communicating thoughts and feelings are important, validating emotions expressed, listening, determining what triggered the crisis, and creating a plan for handling the situation (Vecchi, 2009). Kitchener and Jorm (2006) recommended residence life professionals assess for suicide and self-harm followed by a direct referral to a mental health professional (i.e., college counselor) if either condition is present. At universities where there is no college counselor on call, campus security should be notified in order to keep the student safe. In many states, police officers are capable of initiating an emergency hospitalization for observation and evaluation (Kress & Paylo, 2015).

Nonetheless, college counselors who help train residence life professionals in crisis interventions techniques can extend the reach of their services by helping more students to connect with campus resources and services that can help them manage or solve their problems. College counselors can aid residence life professionals to the differences between crisis intervention and counseling (e.g., avoid providing advice to students – “you should break-up with your boyfriend”). The goal is to help residence life professionals facilitate conversations where their residents think critically about ways to solve their problem. Residence life professionals can aid students to explore all their options and support a thoughtful plan to address their goals (Reynolds, 2009).

College counselors and residence life professionals can collaboratively develop and place into action training and use protocols for the administration of *Psychological First Aid* (PFA). The above suggestions encompass aspects of psychological first aid as defined in the *Psychological First Aid Field Operations Guide*, 2<sup>nd</sup> Ed. (Psychological First Aid [PFA] Guide; Brymer et al., 2006). Psychological first aid was initially designed for use in traumatic situations with all age groups in mind (Brymer et al., 2006). For the purposes of these recommendations the application of PFA on college campuses is not specific to traumatic experiences, but rather to address emotional *first-aid*. However, PFA as originally intended could be administered by residence life professionals in the event of a full disaster (e.g., hurricane, earthquake, or fire) or in the aftermath of a terrorist attack or active shooter event.

Psychological first aid is a framework used to triage a crisis. This involves gathering necessary information from individuals involved, and providing supportive services and referrals as needed in a flexible and culturally sensitive way (Brymer et al., 2006). Basic objectives of PFA requires the residence life professionals to: (1) establish a connection with their residents;



(2) enhance and support safety and physical and emotional comfort; (3) quiet and adjust an overwhelmed individual; (4) gather information about individuals' needs and concerns (5) provide assistance and information to individuals in crisis to address immediate needs and concerns; (6) connect and refer individuals to social support, and community resources (e.g., college counseling center); (6) provide support for coping, empowerment, and encouragement to individuals in crisis to take an active role in addressing their recovery; (7) Provide prompt and effective information to individuals in crisis; (8) provide effective information ; and (9) provide referral to additional services (pgs. 6-7; Brymer et al., 2006). A main factor to consider is the promptness of the response and the transfer to additional services as needed. It is critical to recognize that though PFA relies heavily on some of the basic counseling skills; it is not counseling and is meant to provide immediate aid and direction during a crisis.

Although students may be comfortable talking about their concerns with residence life professionals, they often may not want to seek professional assistance (i.e., college counselor). This can place a residence life professional in an ethical bind. Residence life professionals should not act outside the scope of their area of expertise, as it is inappropriate and potentially harmful for individuals not trained or licensed as mental health professionals to attempt to provide counseling to students. Instead, residence life professionals can utilize this opportunity to encourage and support students to seek counseling by confronting the stigma of seeking mental health treatment (Holland & Wheeler, 2016; Selzer, 2012;). This may involve discussing the process of counseling, explaining the overall benefits, and then referring to the college counselor (Reynolds, 2011).

### **Making Referrals**

Making a referral to the counseling center is one of the most important steps that residence life professionals can take for a student struggling with a developmental, life event, or mental health concerns. Resident directors and assistants should know the contact information, understand the referral process at their institution, and be aware of the waiting list times associated with their campus counseling center. Furthermore, each residence life professional should have personally met the college counselor, visited the college counseling center, and learned how to properly make a referral. Students may be afraid to contact their college counselor on their own. Therefore, it may be helpful for the residence life professional and the student to make the phone call together or walk with the student to the office and schedule the first appointment. This type of support provides students with the necessary strength and courage to seek assistance. While it is appropriate for residence life professionals to explain to the student how to schedule an appointment, it not appropriate for residence life professionals to attend a counseling session with the student as this infringes on confidentiality and impedes the development of a trusting counseling relationship and creation of a non-threatening environment.

For students who refuse to initiate help either on their own or with the aid of a residence life professional, many universities have established reporting systems. The reporting systems may include electronic or call-in procedures where university staff can report a student who is having difficulties. For example, at an urban university in the Appalachian region, a *Student Threat Assessment Team* exists to receive concerns about students from faculty, staff, and other students. Residence life professionals (or other university faculty/staff) can call the number and report a student who they perceive to be having difficulties that are impacting their academic

performance (e.g., a mental health issue) or affecting the campus community. The college counselor and other student affairs professionals serve on these teams, review each concern, and follow-up as appropriate with faculty, student affairs professionals and the student. If a reporting system does not exist, a residence life professional should consider informing his or her direct supervisor and receive guidance on how to proceed in that specific situation.

If residence life professionals suspect that students will harm themselves or others, it is critical that they report their concern immediately to the college counselor, threat assessment team, and/or the campus police. Often, residence life professionals may be concerned that contacting authorities will offend the student; in such a case, a college counselor can provide the residence life professionals with training and support in conflict management skills (Reynolds, 2011). Regardless, resident directors and assistants should not leave a person alone or ignore a seemingly benign threat. If a resident is openly threatening suicide, it is critical that resident assistants receive training to take these threats seriously. It is important to allow counseling professionals to assess whether the student's behaviors are life threatening. Additionally, residence life professionals should always consult with their administrative supervisor and the college counselor when handling crisis situations. The type of collaboration suggested is an effective way to handle emergencies and may significantly alleviate the stress of having to make a crisis-related decision.

College counselors can assist residence life professionals with (a) preparing the residence hall environment, (b) planning and providing programming on mental health issues, (c) using basic crisis skills, and (d) making referrals. Two examples of formalized training will be discussed in the following section.

### **Training for Residence Life Professionals**

Gatekeeper Training (GKT) program, Mental Health First Aid (MHFA; Lipson, Speer, Brunwasser, Hahn, & Eisenberg, 2014) can serve to prepare residence life professionals as mental health *first responders*. The main purpose of MHFA and other GKT is to provide training to residence life professionals with the basic skills to intervene and direct students as necessary to appropriate on-campus resources (Lipson et al., 2014). Lipson et al. (2014) examined the inclusion of MHFA with typical training regiments versus standard training. The focus of their study was to determine whether the additional training effectively promoted increased knowledge on the part of RAs and increased use of mental health services on-campus. This question was tested in a large randomized control trial. Lipson et al. (2014) found that the RAs benefited with increased knowledge and an increased sense of efficacy towards aiding their resident students, which in turn led to the resident assistants being more likely to seek out mental health services. A limitation was that their training was not sustained and they recommended that further training efforts have a larger engagement period and with sustained opportunities for the practice of basic mental health first aid skills (Lipson et al., 2014). Maintaining staff that can readily support students in crisis requires a maintained continuous collaboration between college counseling professionals and residence life professionals.

The second training program is the Peer Hero Training program. This is an online interactive training program that uses story-based vignettes of residence life situations (Thombs, Gonzalez, Osborn, Rossheim, & Suzuki, 2015). The Peer Hero Training program was developed

collaboratively between residence life professionals, student affairs professionals, and health behavior researchers over the span of two years (Thombs et al., 2015). This online program addresses four key attitudinal barriers that residence life professionals may have towards the provision of mental health first aid. These barriers are: (1) perceived referral barriers, (2) self-efficacy towards the provision of referrals, (3) anxiety related to the anticipation of providing referrals, and (4) the perception of referral norms (Thombs et al., 2015).

Thombs et al. (2015) reported that the inclusion of the Peer Hero Training protocol provided increased interaction, an increased number of referrals, and an increase in the availability and provision of first aid efforts across the areas of alcohol, other drugs, mental health, and academic first-aid situations (Thombs et al., 2015). This protocol has a number of strengths; the interactive nature of the training provides residence life professionals with the ability to practice prior to actual engagement. An additional benefit of the Peer Hero Training program is the ability to return and receive the training regularly via a method that provides fewer burdens on resources than a typical in-person training format.

### Discussion

College counselors are in unique positions to support residence life professionals in responding to mental health concerns, as well as, addressing the corresponding ethical issues, multicultural concerns, and supervision complexities within their role of working with students. While residence life professionals are often *first responders*, they do not have the scope of practice to provide counseling to students to manage students' mental health issues. College counselors can provide intentional training opportunities and support to help residence life professionals as they assist students as *first responders*. Residence life professionals may be better able to refer students to the college counselor and avoid situations where they provide counseling. This supports college counselors in helping students and preventing the violation of laws and standards that govern the regulation and practice of professional counseling in their state.

Through trainings and consultation, college counselors can aid residence life professionals by increasing their ability to identify students with difficulties (i.e., academic, career, personal), distinguishing mental health concerns, and making them aware of the appropriate campus resources. If a resident is participating in counseling, it is important to keep that information confidential from other university students, staff, or faculty. However, it may be appropriate for the residence life professional to inform their supervisor (e.g., Director of Residence Life, Resident Director) if they feel a student is a threat to themselves or to others. It is also important for residence life professionals to avoid discussing the mental health issues of students with other students, even if they feel these efforts will increase awareness and social support for that student (ACPA, 2006). Residence life professionals need to remember that while they may have identified the mental health need of a student and have made the appropriate referral, due to confidentiality requirements of counselors, they are not entitled to information regarding the student's sessions, progress, or outcomes in treatment even if they were instrumental in the student connecting with the counseling center (ACA, 2014). College counselors must ensure confidentiality to their clients and are bound by an ethical code to not disclose treatment information. The authors contend that residence life professionals can

continue to be helpful and supportive to students by checking in with them, especially if they perceive a change in their behaviors, emotions, schedule, and/or disposition.

While it is important for college counselors to encourage resident assistants to recognize students who exhibit mental health issues, it is also important that interventions are contextually and culturally appropriate for the student. For example, due to difficulties in language and culture, international students with mental health concerns may not be noticed (Arthur, 2004; Hwang, Bennett, & Beauchemin, 2014). College counselors can provide training about the international student populations on their campus and the acculturation of these students between their home and host country. Residence life professionals should be attentive of any significant changes in behavior, emotions, schedule, and/or disposition of international students, which may all be signs of academic or personal concerns (Arthur, 2004). Additionally, Hwang, Bennett, and Beauchemin (2014) found that international students were most often referred by staff or another member of university faculty. Therefore, the residence life professional is in a key position to aid these students by providing a referral to the college counseling center.

A strong working alliance between college counselors and residence life professionals is important for resident assistants to feel comfortable sharing mental health concerns about residents and that they are forthright regarding how they responded to certain student situations. It is essential to the vitality and utility of a residence life program to foster a culture where individuals can collaborate and seek consultation with difficult situations. It is helpful for college counselors to set up structured time for residence life professionals to meet and receive training and consultation regarding issues in residence halls. Finally, college counselors should consider how supporting residence life professionals might differ depending on the type of universities (e.g., large public university vs. small private college). College counselors must be aware of the specific mental health issues that are a high prevalence on their campus and the culture of utilization of mental health services. College counselors can work with residence life professionals to tailor interventions for a variety of populations (e.g., athletes, international students), and learning communities.

### **Conclusion**

As the prevalence and severity of students with mental health issues continues to escalate, it is imperative that college counselors work with residence life professionals to provide trainings to address the most common student mental health concerns (Gallagher & American College Counseling Association, [ACCA], 2014; Reynolds, 2011). The neglect of mental health issues by residence life professionals who lack mental health knowledge and skills, or a relationship with the college counselor may hinder students' development, college success, and retention (Gruttadardo & Crudo, 2012). College counselors can support residence life professionals in creating a climate that is inclusive, supportive, and preventative, preparing the environment prior to students arriving, planning programming for residence on mental health issues, collaborating with other areas across campus to reinforce and supplement mental health issues, taking coursework/training in basic listening/counseling skills, and understanding the process for making a referral for counseling services. Residence life professionals often are the first to identify and intervene (i.e., identify, listen, refer) when a student is struggling with mental health issues, and to strive to increase student wellness, retention, and overall success. Therefore,

college counselors have a unique opportunity to collaborate and support residence life professionals as mental health *first responders*.

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