QUALITATIVE EXPLORATION OF A COLLEGE STUDENT MENTAL HEALTH GROUP

by

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ABSTRACT

JACQUELINE C. LARSON. Qualitative exploration of a college student mental health group. (Under the direction of DR. JAMES R. COOK and DR. RYAN P. KILMER)

College students experience mental health problems (MHPs) at high rates, presenting challenges to students, families, and campus officials. As one response, student mental health groups – often student-led campus chapters of national organizations – have emerged and multiplied. Because extant research regarding student mental health groups is limited, this qualitative study explored the goals, processes, and members of one university chapter of the national organization To Write Love On Her Arms. Semi-structured interviews ($N = 9$) were conducted with current and former college students who participated or expressed interest in the group, as well as with the group's advisor. Interviews were transcribed and analyzed via iterative, constant comparative analysis. Findings indicated that participants often joined the group due to a personal experience with MHPs, and that, at its best, the group provided camaraderie, understanding, and a link to the counseling center. However, findings also underscored the challenges facing such groups. The group discontinued due to low membership, with potential contributing factors at multiple levels, including: lack of clarity regarding the group's goals, purposes, and activities; the departure of a founding leader; insufficient campus outreach; stigma regarding MHPs; and limited support from the national organization. Implications from this study include the importance of a clear theory of change for mission-driven organizations (from the national organization to its local affiliates), such groups' potential for positive impact, and the need for further research on and evaluation of such groups.

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CHAPTER ONE: INTRODUCTION

Mental health problems (MHPs) among college students exist at high rates, with one national study indicating that the annual prevalence of MHPs among college students approaches 50% (Blanco et al., 2008). MHPs (e.g., depression, anxiety, eating disorders)[1] account for almost half of the disease burden among young adults in the United States (World Health Organization [WHO], 2008), with three-quarters of MHPs emerging by age 24 (Kessler et al., 2005). As such, MHPs present significant challenges for students, families, and universities. In college students, MHPs are associated with impaired academic performance (Eisenberg, Gollust, Golberstein, & Hefner, 2010), withdrawal from school (Kessler, Foster, Saunders, & Stang, 1995), reduced quality of life (Evans, Banerjee, Huxley, & Leese, 2007), and increased risk of suicide (Kisch, Leino, & Silverman, 2005). Feelings of stigmatization and a subsequent desire to conceal issues can exacerbate the negative effects of MHPs on students' lives (Collins & Mowbray, 2005).

Given the high rates of MHPs among college students, the experiences of college students with MHPs and ways to better support students have garnered attention from

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[1] In this paper, the term "mental health problems" (MHPs) is used to describe an array of challenges that people experience with their mental health. The term MHP is used rather than "mental illness" or "mental disorder" to avoid the greater level of stigma typically associated with the latter terms. In addition, some conceptualizations of mental illness or disorder are narrower in meaning and intent, referring only to concerns that are often framed as serious and persistent (e.g., schizophrenia, bipolar disorder), as opposed to more commonly experienced symptoms of depression and anxiety. Thus, while some MHPs may meet criteria for a diagnosis of a "mental disorder" according to the *Diagnostic and Statistical Manual of Mental Disorders - 5* (American Psychiatric Association, 2013), others may not.

researchers, educators, clinicians, and students themselves. On college campuses, student groups that offer messages of hope, recovery, and solidarity to those with MHPs have emerged and proliferated. Despite the wealth of research on mutual help and support groups generally, less research has focused on the processes of college student-run groups that blend outreach, support, and advocacy, and include both mental health consumers and allies. This study used qualitative methods to examine the processes and impact of one student group that focused on mental health issues, support and recovery.

The following sections provide: a) targeted background regarding MHPs among college students and student groups, b) definitions of key constructs, c) a conceptual framework and rationale for this study, d) research questions and study methodology, and e) study findings and implications.

1.1 College: A Time of Opportunity, Challenge, and Change

Following high school, nearly 70% of Americans enroll in postsecondary institutions (U.S. Department of Education, 2015c). College has been described as a unique time of self-exploration and identity development in Western society during which students strive towards educational, occupational, and relational goals (Arnett, 2004). The majority of college students (i.e., "traditional" college students) fall in the age range of 18-25 (U.S. Department of Education, 2015b), a period termed by some as "emerging adulthood" (Arnett, 2000). Emerging adulthood is described as a distinct developmental period between adolescence and young adulthood in which individuals report feeling beyond adolescence but not yet fully adult (Arnett, 2000).[2] It is

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[2] Emerging adulthood largely coincides with the developmental period termed "transition-age youth" (ages 16-25; Kenney & Gillis, 2008). However, because "transition-age" includes the high school years and is often associated with youth who are "aging out" of state custody (Interagency Working Group on Youth Programs, n.d.), the term emerging adulthood is used in this study.

characterized by identity exploration and formation in the areas of work, love, and worldview. People report feeling they have completed the transition from emerging adulthood to adulthood when they accept responsibility for themselves, make independent decisions, and are financially independent (Arnett, 2000). During emerging adulthood, forming close ties with peers continues to be a central developmental task, and one's peers take on increasingly important roles (Arnett, 2000).

College is often viewed as a time of significant growth and opportunity. Today's college students have higher expectations for their future than did previous generations; most contemporary students believe they will obtain steady, professional employment and be very good parents and spouses (Twenge, 2006). Despite students' high expectations – or perhaps due to the pressure of their goals or the disappointment of unfulfilled expectations – college can also be a period of significant distress and discomfort (Center for Collegiate Mental Health, 2015). With students' increased independence and a new social context come an array of challenges. During the transition to college, many students must adjust to such factors as living away from home for the first time, increased academic demands, increased financial responsibility, and a need to develop a new social network. Many students report feeling homesick and isolated, missing old friends, and experiencing interpersonal conflict (Buote et al., 2007). In addition to the psychosocial stressors often associated with college (e.g., moving away from home, academic demands), emerging adulthood is a developmental period during which many MHPs emerge in the general population, not just college students (Kessler et al., 2005). These factors converge to make college a setting in which mental health is a salient issue.

1.1.1 Prevalence of MHPs in College

Mental health in emerging adulthood is characterized by paradoxical findings. For most people, their mental health improves as they move beyond adolescence and into emerging adulthood (Schulenberg & Zarrett, 2006). For others, however, MHPs emerge or become exacerbated. MHPs such as depression, bipolar disorder, schizophrenia, and borderline personality disorder all have an average age of onset in the late teens to early 20s (American Psychiatric Association, 2000; Cicchetti & Rogosch, 2002; Grimes & Walker, 1994; Trull, 2001). Estimates suggest that, of the approximately 13 million college students aged 18-24 years in the U.S. (U.S. Department of Education, 2015a), between one-quarter and one-half experience a MHP in a given year (Blanco et al., 2008; Kessler et al., 2005). According to a national survey of college counseling center directors, there has been increase in both the number and severity of psychological problems of college students (Gallagher, 2014). When a sample of almost 80,000 college students were surveyed about their health during the previous year, 54% reported feeling overwhelming anxiety, 33% reported sadness or depression that made it difficult to function, and 8% had considered suicide (American College Health Association, 2014). According to the college student sample ($N = 2,188$) from the National Epidemiologic Study on Alcohol and Related Conditions, common diagnoses among students include anxiety disorders (12%), mood disorders (11%, e.g., major depression, bipolar disorder), personality disorders (18%), and substance use disorders (29%; Blanco et al., 2008). There is also evidence to suggest that MHPs may be increasing: cross-temporal meta-analyses indicate that current college students are significantly more distressed than

previous generations (e.g., score higher on indicators of depression and anxiety; Twenge et al., 2010).

1.1.2 Implications of Mental Health Problems Among Students

MHPs in students can disrupt normative developmental processes among college students; in addition to decreased psychosocial functioning, MHPs are associated with impaired academic functioning (Eisenberg et al., 2010; Kessler et al., 1995) and reduced campus engagement (Salzer, 2012). MHPs are also associated with an increased risk of substance abuse (Weitzman, Nelson, Lee, & Wechsler, 2004), which can exacerbate issues. The most tragic outcome associated with MHPs is suicide (Kisch et al., 2005), with roughly 1100 college students taking their own lives each year (Suicide Prevention Resource Center, 2004). Suicide is the second leading cause of death among college students (Center for Disease Control, 2013; Suicide Prevention Resource Center, 2004), and inadequately treated depression is a leading cause of suicide (Kisch et al., 2005). The effects of MHPs on college campuses are pervasive, leaving few students untouched.

Despite indications of the seriousness of MHPs among college students, many students who may need treatment or formal support do not seek it. According to national studies, between 18% (Blanco et al., 2008) and 36% (Eisenberg, Hunt, Speer, & Zivin, 2011) of college students with MHPs seek treatment. Similarly, many college students with MHPs do not seek accommodations that may help them succeed in school (Collins & Mowbray, 2005; National Alliance on Mental Illness [NAMI], 2012).

One factor commonly implicated in students' decisions not to seek treatment or accommodations is stigma (NAMI, 2012; Perlick, Hofstein, & Michael, 2010; Quinn, Wilson, MacIntyre, & Tinklin, 2009); that is, students may not disclose mental health

challenges in order to avoid the stigma associated with psychiatric labeling or treatment. Stigma is a social process that can manifest at multiple ecological levels. Link and Phelan define stigma as the co-occurrence of "labeling, stereotyping, separation, status loss, and discrimination" within the context of a power differential (Link & Phelan, 2001, p. 367). Studies indicate that college students perceive significant levels of stigma on campus, and that students' perceptions of stigma negatively relate to help-seeking (Eisenberg, Downs, Golberstein, & Zivin, 2009; Vogel, Wade, & Hackler, 2007). Among students with mental health challenges, some internalize feelings of stigma and shame (McKeague, Hennessy, O'Driscoll, & Heary, 2015), which may lead to further isolation. Students with "invisible" disabilities, such as significant MHPs, report experiencing more stigma, lower peer support, more negative campus climate, and less faculty understanding than do students with physical disabilities (Ramsdell, 2014).

It is important to recognize, however, that not all students with MHPs experience stigma and shame about help-seeking (Eisenberg, Hunt, & Speer, 2012). In fact, many college students report positive beliefs about treatment (Eisenberg et al., 2012). Findings from a qualitative study of college students taking psychiatric medication indicate that many students felt empowered by their treatment and subsequent recovery (Kranke, Jackson, Floersch, & Townsend, 2013). Some students may not seek treatment for other reasons besides stigma, such as believing their problems do not require treatment (Eisenberg et al., 2011), lacking information about campus resources (NAMI, 2012), or feeling they do not have time (Eisenberg et al., 2011).

1.2 Campus Response to Mental Health Issues: Student Groups

In response to the seriousness of mental health-related issues on college campuses, multiple efforts have been initiated to better support students and connect them to resources. Among these efforts are student groups or clubs that espouse messages of support, advocacy, and outreach. Generally these groups seek to combat the stigma regarding MHPs, promote awareness of MHPs, encourage help-seeking, and promote a climate more accepting of MHPs (Active Minds, n.d; To Write Love on Her Arms, n.d.-a). Groups seek to accomplish these goals through convening student meetings, hosting campus events, participating in national advocacy efforts, and organizing fundraisers. There are multiple national organizations with student-led campus chapters including: Active Minds, To Write Love on Her Arms (TWLOHA), and NAMI on Campus.

Although each organization – and each campus chapter – is unique, there seem to be common underlying threads of outreach, education, and support. Both Active Minds and TWLOHA were founded by a passionate individual who sought change in how MHPs are viewed, discussed, and treated (Active Minds, n.d.; TWLOHA, n.d.-a). Active Minds' founder created the organization in response to her brother's suicide during college, in the hopes that no sister would have to lose a brother the way she did (Active Minds, n.d.). Active Minds seeks to promote awareness of MHPs on campus and provide support for those suffering. TWLOHA was founded by a group of friends to support a struggling peer. The group's messages of acceptance (e.g., blog posts titled "Hope is real…Your story is important" and t-shirts saying "Love is the Movement") quickly sparked local attention (TWLOHA, n.d.-a). Both Active Minds and TWLOHA have

expanded greatly and are now national nonprofits with hundreds of college campus chapters (Active Minds, n.d.; TWLOHA, 2013).

Despite the proliferation of this type of group, little empirical work exists regarding the students who establish individual campus chapters, the processes used by groups, or the impact groups have on campuses (for both members and non-members). It seems plausible that the students founding and leading campus chapters are empowered by their own recovery; alternatively, they may be students who simply wish to see a change in how MHPs are viewed and treated. A review of these organizations' websites supports both of these possibilities.

Historically, the field of psychology has focused on individual-level explanations for phenomena; however, increasingly, attention is being paid to social contexts and settings (i.e., groups of two or more people) that can promote positive adaptation and outcomes (Case & Hunter, 2012). This is particularly true in community psychology, with its emphasis on contextual influences, sense of community, and strengths-based approaches (Kloos et al., 2012). Nevertheless, limited research exists on the definition, processes, and impact of college student mental health groups. In fact, only one published evaluation of a campus mental health group was identified for this review. That work focused on one Active Minds chapter in Colorado that showed films related to mental health (e.g., *Prozac Nation, The Virgin Suicides*) and led discussions following these viewings (McKinney, 2009). After a two-month period, participants in the group evidenced significant declines in stigma but no change in willingness to seek psychological help if needed. McKinney (2009) did not measure social support or examine the processes through which stigma decreased. Nonetheless, McKinney's

evaluation provides preliminary evidence of the potential positive impact of this type of group. However, further investigation is clearly warranted, including a specific exploration of processes such as how these groups form, how they function, and how members influence and are influenced by the group. Given their growth and support by campus officials, these groups seem to serve an important function for students. Once that function is better understood, an evaluation of their impact may prove useful for members and universities. However, a closer examination of these groups, including their goals, processes, and members, is a necessary first step.

<div align="center">1.3 To Write Love On Her Arms</div>

The group examined in this study is a university chapter of the national organization To Write Love On Her Arms (TWLOHA). The organization is described as "a nonprofit movement dedicated to presenting hope and finding help for people struggling with depression, addiction, self-injury, and suicide. TWLOHA exists to encourage, inform, inspire, and also to invest directly into treatment and recovery" (TWLOHA, n.d.-a, para. 7). The group began in Orlando, FL in 2006 as a small group of friends organizing to meet the needs of one young woman struggling with addiction, depression, self-injury, and suicidal ideation. Founder Jamie Tworkowski helped the woman enter treatment and sold t-shirts on MySpace with her story, entitled "To Write Love On Her Arms" to help fund her treatment. Tworkowski reported that soon after he posted the story, he began receiving messages from people worldwide who struggled with similar issues and found solace in and common ground with Tworkowski's message of self-acceptance (TWLOHA, n.d.-a).

In 2011, TWLOHA became an official nonprofit organization. TWLOHA now exists to connect people to support and treatment through local campus chapters and social media, as well as through nontraditional means, such as concerts (TWLOHA, n.d.-a). The national organization TWLOHA has elements of an advocacy group and a social media movement, and there are approximately 100 campus chapters, called "UChapters," of TWLOHA (TWLOHA, 2013). According to the national TWLOHA website, these UChapters aim to: promote awareness and acceptance of MHPs; "participate in TWLOHA's national campaigns" (e.g., National Suicide Prevention Week, Run for It 5k); fundraise for mental health organizations; "collaborate with their on-campus counseling center"; and help connect students to treatment (TWLOHA, n.d.-b).

1.3.1 Campus Context

The University of North Carolina at Charlotte (UNCC) chapter of TWLOHA was founded by an undergraduate student in 2012. At the time of this study's proposal, the group was a registered student organization on campus. Prior to data collection, however, the student group leaders decided to discontinue the UNCC UChapter. They cited low attendance as the reason for deactivating, stating, "Due to low membership/recurring members, in addition to low numbers in previous years, we have decided the club cannot go on," (Personal communication with UChapter officer, January 29, 2016).

While UChapter was active, it met weekly, with meetings lasting one hour and being open to all students, undergraduate and graduate. Meetings were typically led by the club's president and attended by the club's other officers (vice president and treasurer), students who considered themselves group members, and potentially, a few students who were new to the group. Various topics were discussed, such as "What does

community mean to you?" and "What were your highs and lows for this week?" During meetings, the president typically made reference to on-campus resources (e.g., wellness center, counseling center) and the mission of TWLOHA to support students. In keeping with the national TWLOHA model, about once per month the group's faculty advisor, a mental health clinician, attended the meeting to lead a discussion on what the group referred to as a "heavy" topic, such as depression or suicide prevention. In addition to regular meetings, the UChapter occasionally sponsored campus events, such as "Pain, Hope, Questions, and Community: An Evening with TWLOHA Founder Jamie Tworkowski," or attended community events (e.g., Out of the Darkness Suicide Prevention Walk).

1.3.2 Group Type and Function

One aim of this study was to understand, based on the UNCC UChapter's goals and processes, what "kind" of group it was. Based on discussion with individuals from the UNCC UChapter of TWLOHA, it seemed to serve multiple different functions, and as such, the UNCC UChapter did not have a clear definition of what "type" of group it was. Formally listed as an "interest group," the UNCC UChapter seemed to contain elements of multiple types of groups, including mutual support groups, identity-based groups, and opinion-based groups.

Mutual Support Groups. Mutual support or mutual help groups draw on recovery principles of peer support, empowerment, and strengths-based approaches. A mutual support group is a group of people sharing a common concern who meet regularly to provide each other with psychological and instrumental support (Chinman, Kloos, O'Connell, & Davidson, 2002; Levy, 2000). Through giving and receiving social support,

members can gain confidence, hope, and self-esteem (Corrigan, Kerr, & Knudsen, 2005; Hsiung et al., 2010; Maton, 1988). Typically, mutual support groups are peer developed and operated, rather than run by mental health professionals (Corrigan, Sokol & Rusch, 2013). One study found that while participation in a mutual support program for serious mental illness was not related to quality of life, those who experienced a higher level of satisfaction with the program had higher quality of life (Corrigan et al., 2013). Another effort found that mutual support groups significantly contributed to members' well-being through an increased sense of control, resilience, and participation (Seebohm et al., 2013). These findings underscore the important role that social connectedness and support in a group context can play in supporting individuals' well-being. Although TWLOHA national states explicitly that UChapters are not support groups, they seem to have elements of such groups, such as peers exchanging social support and sharing ideas for positive coping (e.g., listening to music, getting involved in a meaningful hobby). As such, mutual support groups and the strategies they employ were considered as a potential frame for this study.

Identity-Based Groups. This type of group is based on associations among individuals who share a common identity. Oftentimes, identity-based groups are formed by individuals from marginalized groups who seek support and friendship from similar others and seek refuge from discrimination or prejudice (Dugan, Kodama, & Gebhardt, 2012; Postmes & Branscombe, 2002). Examples of identity-based groups are LGBTQ (lesbian, gay, bisexual, transgender, queer) organizations, the Black Student Union, and Latino student alliances. Identity-based groups can be protective and supportive of well-

being. They can also offer students opportunities for leadership and campus engagement (Renn & Ozaki, 2010).

It seems identity-based groups may be helpful as students with MHPs negotiate how to incorporate (or not) their mental health challenge into their identity. To be sure, there are both benefits and challenges associated with identifying with a potentially-stigmatized group and disclosing that identity. For instance, although having a personal identity of having a MHP can be psychologically distressing (Quinn et al., 2014), identifying with a *group* of people with a stigmatized identity can be protective (e.g., Corrigan et al., 2013). For instance, the extant literature suggests that those with strong identification with a group of people with MHPs experience greater quality of life, self-efficacy, stigma resistance, and social support (Corrigan et al., 2013; Crabtree, Haslam, Postmes, & Haslam, 2010; Watson, Corrigan, Larson, & Sells, 2007). For students in TWLOHA, interactions with others experiencing similar difficulties may help them to feel less alone or stigmatized, and support their well-being.

Moreover, MHPs are often concealable, allowing the person to choose if, when, and to whom to disclose (Chaudoir & Fisher, 2010). Disclosure may reduce the anxiety, cognitive load, and feelings of inauthenticity associated with concealment (Newheiser & Barreto, 2014; Rosario, Hunter, Maguen, Gwadz, & Smith, 2001). However, disclosure may also lead to disapproval and discrimination (Corrigan & Matthews, 2003). There is evidence that involvement in a supportive group is beneficial if an individual wishes to disclose a stigmatized identity (Rusch et al., 2014). When disclosure occurs in a supportive context, it can enhance feelings of support, authenticity, and intimacy

(Chaudoir, Fisher, & Simoni, 2011). It is possible that for some students, a TWLOHA UChapter might offer a safe space for self-disclosure and identity exploration.

Opinion-Based Groups. Opinion-based groups are based on members sharing an opinion (e.g., belief in LGBTQ rights, belief in capitalism), rather than sharing a social category (e.g., gender, race, ethnicity; Gee, Khalaf, & McGarty, 2007). In opinion-based groups, members' shared opinions or aspirations lead to a collective social identity that can translate into group norms, motivation, and collective action (Gee & McGarty, 2013). In the political realm, Bliuc, McGarty, Reynolds, and Muntele (2007) found that identification with political opinion-based groups strongly predicts intention of social action. The opinions upon which groups are formed can also be aspirational, related to how things *should* be, rather than how things are. One example is a group based on the aspiration for a "collective community" in which individuals with MHPs and those without live together in harmony and advocate for change (Gee & McGarty, 2013).

Although mental health advocacy groups typically are not conceptualized as opinion-based groups (e.g., based on the opinion that individuals with MHPs deserve equal rights, respect, and access to treatment; based on the opinion that people with MHPs can recover and lead fulfilling lives), this construct seemed potentially relevant for this study because TWLOHA seems to welcome people who share positive attitudes regarding mental health, regardless of one's "social category" (e.g., mental health consumer or ally, a particular gender, etc.).

1.3.3 Proposed Theory of Change

A tentative theory of change for the group of interest was developed by synthesizing conversations with the TWLOHA stakeholders, reviewing the UChapter and

national TWLOHA website, conducting informal observations of group meetings, and reviewing relevant literature (see Figure 1). This theory of change was intended to be preliminary guiding set of relationships among potentially relevant constructs. This theory of change was not imposed upon data; rather, it served as an initial guide. Throughout the research process, I remained open to unexpected or emergent concepts, in addition to the "sensitizing" concepts described. A primary goal of this study was to use qualitative methods (e.g., interviews, observation) to identify key group qualities and how group processes might relate to certain outcomes. Then, future work might test hypotheses arising from this study.

The present study drew on Bronfenbrenner's widely cited Ecological Systems Theory (1992), which underscores that dynamic influences between individuals and their environments shape outcomes. These processes and outcomes occur at multiple, interacting ecological levels (e.g., individual, group, societal; Bronfenbrenner, 1992). The current study drew on this framework by considering multiple levels of analysis (i.e., individual, group, campus).
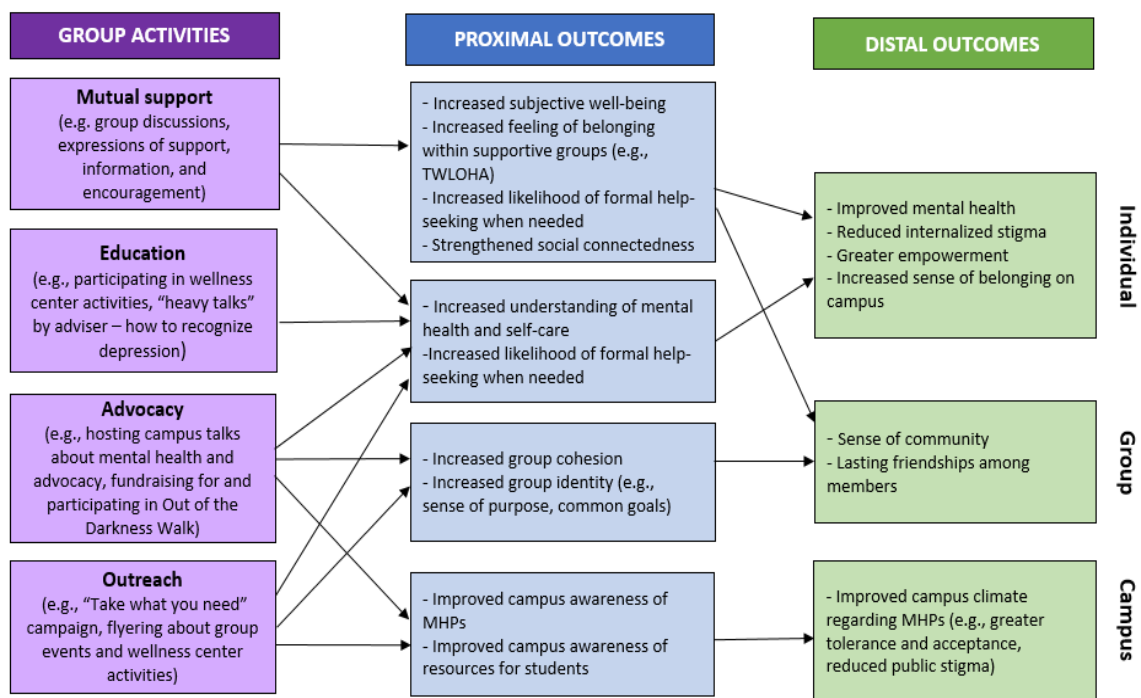
Figure 1: Proposed theory of change for the student group

The information available suggested that the activities of TWLOHA UChapters could be grouped into four main categories: mutual support, education, advocacy, and outreach. It seemed that these activities could contribute to outcomes for group members, the group itself, and the broader UNCC campus. In general, mutual support and education activities were considered internally focused (i.e., among the group members), whereas advocacy and outreach were considered externally focused (i.e., toward the UNCC campus and broader Charlotte community).

Mutual support. Mutual support is the exchange of emotional, instrumental, and informational support (House, Umberson, & Landis, 1988). Exchanging support appears to be a primary activity among members of TWLOHA UChapters. Members partake in weekly discussions in which they share experiences, offer encouragement, and provide tips for coping and connecting to resources. The physical and mental health benefits of social support are well-established (Holt-Lunstad, Smith, & Layton, 2010; Sapolsky, 2004). Social support can be viewed as a psychosocial coping resource that encompasses instrumental, emotional, and informational assistance (House et al., 1988). Social support both bolsters personal resources (e.g., self-esteem, self-efficacy) and buffers against the negative effect of stressors (Thoits, 1995). Social support appears to be particularly important for college students of marginalized identities (Hefner & Eisenberg, 2009).

While both structural aspects (i.e., existence and quantity of relationships) and functional aspects (i.e., nature or type of support) of support are important, it appears that the quality of functional support has a greater impact on college students' well-being (Hefner & Eisenberg, 2009). Among college students, those with higher quality social support have a lower risk of MHPs, such as a risk of depression that is six times lower than college students with high quality social support (Hefner & Eisenberg, 2009). Social support quality not only relates to adjustment, but also to academic functioning (Whiteman, Barry, Mroczek, & MacDermid Wadsworth, 2013).

In the short term, exchanging social support in the UChapter setting could lead to members' enhanced well-being, strengthening of personal resources and willingness to seek help, strengthening of social ties, and greater sense of belonging in the UChapters. In the long term, mutual support provided by members could lead to improved mental

health, decreased feelings of stigma (if applicable), and increased ability to gain psychological and actual control over their college experience (e.g., advocate for themselves). Additionally, the sense of belonging students might feel through a UChapter could increase members' general sense of community at college, or the extent to which they feel integrated and emotionally connected to the setting (McMillan & Chavis, 1986). Given the positive implications of social support and the nature of UChapters, references to support were anticipated among study participants.

Education. Education in the context of mental health is creating learning experiences in which people and communities can increase their knowledge about mental health, potentially alter their attitudes, and take steps to improve their mental health (WHO, 2015). The UNCC UChapter of TWLOHA engaged in education activities for its members (as well as the broader community, but those efforts are described under "Outreach" and "Advocacy" below). Education of members occurred through avenues such as monthly meetings led by the group's advisor, in which she spoke about a range of relevant topics (e.g., suicide prevention, anxiety management, coping strategies) and the group's participation in Wellness Center activities (e.g., health "Jeopardy"). In light of prior work, such education efforts may have enhanced members' ability to cope with stressful circumstances and/or diagnosed MHPs, and ultimately, helped improve their well-being.

Outreach. Outreach describes a range of activities to establish connections to people or groups, provide information or links to resources, or actually provide services (Community Tool Box, n.d.). Reflecting the fact that part of the group's mission was to connect with people who are struggling and provide hope, the UNCC UChapter of

TWLOHA participated in several campus outreach efforts. Among these efforts was their "Take what you need" campaign in which signs are posted around campus with positive, encouraging sticky-notes below (e.g., "You are worth it," "It gets better," and "You are beautiful") that people could take. These signs typically had the contact information of TWLOHA and the counseling center on them. Efforts such as these may have helped the group connect with new members, as well as strengthened the group's identity through action toward their collective goals. More broadly, outreach efforts could also improve campus awareness of MHPs and available resources and, over time, facilitate a more accepting campus climate. As such, campus outreach efforts were considered for this study.

Advocacy. Advocacy can be defined as the process of seeking change in social attitudes (Pandya, Saks, & Jeste, 2015) or seeking to achieve policy goals (Prakash, & Gugerty, 2010). The UChapter of UNCC engaged in some advocacy efforts to change attitudes regarding MHPs. For example, they held campus events in which speakers (e.g., TWLOHA founder) presented evidence regarding the inaccuracies of stereotypes regarding MHPs and why they should change. TWLOHA members also participated in walks (e.g., Out of the Darkness Suicide Prevention Walk) to raise funds and awareness about MHPs. These advocacy efforts may have supported students' feelings of well-being as they took steps to support those struggling, as well as strengthened the group's collective identity. Moreover, over time, efforts had the potential to increase campus and local awareness of MHPs and sources of support.

1.4 Statement of the Problem

A greater understanding of student groups that focus on mental health is needed. The increasing prevalence of these groups nationwide suggests that they serve important purposes for college students and universities. However, limited research has examined these groups' aims and how well they achieve their goals. As is evident from the UChapter in the current study, these groups sometimes struggle to sustain themselves, and a greater understanding of what contributes to their working – or not working – is necessary. The current study sought to better understand how one chapter of TWLOHA began, defined itself, functioned, impacted students, and ultimately, ended. As is often true with exploratory qualitative work, a primary goal of this study was to identify key constructs and relationships among them so that future studies – likely quantitative – may test these hypotheses.

A community-based participatory research (CBPR) approach, in which participants are engaged as partners throughout the research process (see Viswanathan et al., 2004), was employed in the development of this study, so that research questions and findings would be relevant to the group. Due to the ending of the group, stakeholders were somewhat less involved during data collection and interpretation, particularly in view of CBPR practices, in which there is mutual decision-making at each step of the research process, dual ownership of products, and the like (e.g., Viswanathan et al., 2004). That said, the researcher's relationship with student group members and their advisor remained cordial and, at times, collaborative.

1.4.1 Research Questions

        Research questions were developed based on previous literature, informal observations of group meetings, and conversations with TWLOHA leaders around the challenges they faced in attracting new members, the impact they wanted the group to have, ways in which the group had been meaningful to key members, and difficulties with sustaining the group:

1. Members. What experiences, factors, or characteristics led students to the group at UNCC? What led them to stay or leave?

2. Process. What were key processes characterizing a UChapter of TWLOHA? How might those processes relate to intended impact (i.e., goals)?

3. Impact. How did group participation impact members?

4. Sustainability. What were barriers and facilitators to this UChapter meeting its goals?

CHAPTER TWO: METHOD

A qualitative design was appropriate given the limited research on this topic. Data for this study were gathered primarily through semi-structured interviews. Initially, two study phases were planned; a focus group phase and individual interview phase. However, given the group leaders' decision to discontinue the UChapter this semester, only individual semi-structured interviews were conducted. Individual interviews were conducted rather than focus groups in order to allow participants to speak freely about the group's ending, without concern for what others might think.

In addition to data from interviews, a copy of the 2015-2016 UChapter manual, provided by a participant, was also considered. However, this manual was not analyzed formally. Instead, it was reviewed and referenced in regards to specific topics (e.g. definition of UChapters, national guidelines for appropriate UChapter activities).

2.1 Participants

The participants included in this study ($N = 9$) were current and former UNCC students who participated or expressed interest in the group, as well as the group's advisor. Most participants (77.8% percent) were female; student participants ranged in age from 18 to 26 years ($M = 21.8$, $SD = 2.6$). Most participants (77.8%) were white, with one Black/African American and one Biracial participant. As seen in Table 1, most participants were not involved or involved to a limited extent with the group during the previous semester (i.e., the UChapter's final semester). This is a function of the fact that few people were involved with the group toward its end.

Table 1: Participants' involvement in UChapter during its final semester

Not involved	44.4%
A little involved	22.2%
Somewhat involved	11.1%
Very involved	22.2%

Note. $N = 9$.

Similarly, when asked about the duration of their involvement with UChapter, most participants (55.5%) reported attending two or fewer meetings (see Table 2). However, the number of meetings attended was bimodal, with the other participants (44.4%) having attended more meetings than they could remember.

Table 2: Number of UChapter meetings participants had ever attended

None	33.3%
1 or 2 meetings	22.2%
10+ meetings	44.4%

Note. $N = 9$.

2.1.1 Recruitment

Potential participants were identified as those who had expressed interest in the UNCC UChapter (e.g., signed up at a student activities fair) and/or those who had attended a meeting. An email list of potential participants was obtained from the former student leaders of the UChapter. All 94 potential participants were emailed information about the study and invited to participate. An initial email and two follow-up emails were sent. The response rate was low (9.6%), most likely because the group had ended prior to the study.

2.1.2 Protection of Participants

Before each interview, informed consent with potential participants was obtained by: describing the study; giving potential participants as much time as necessary to read the consent form; informing them that they could withdraw at any time; and informing them how data would be collected, used, and stored. The study was approved by the UNCC Institutional Review Board. In data analysis and presentation, all participant names were replaced with IDs and/or pseudonyms to protect participants' identities.

2.2 Procedure

2.2.1 Audio Recording and Note Taking

Interviews were audio recorded in order to allow for analysis of full transcriptions. Interview notes were also taken regarding what participants said, their nonverbal cues (e.g., body posture, facial expressions), questions that produced illustrative responses, and questions that were not useful or produced confusion.

2.2.2 Information Sheet

Prior to their interview, participants were asked to complete an information sheet (Appendix A). This form asked about demographic information (i.e., age, gender, race, year in school) and attitudes towards MHPs. This information sheet also included questions regarding whether, how, and how long they were involved with TWLOHA and how they heard about the organization. This information was used to characterize the sample and guide interview conversations.

2.2.3 Interview

Individual semi-structured interviews focused on participants' involvement with the TWLOHA group (e.g., their thoughts on the group, how group participation influenced them, how the group recruited members, etc.). In order to reflect the change in the group's status, participants were also asked about how the group changed over time and challenges the group faced. Interview questions varied somewhat across interviews, with more involved UChapter member participants being asked more questions (see Appendix B for interview guides). As such, interview length varied, ranging from 15 to 68 minutes, with an average of 40 minutes. In addition to asking interview guide questions, I followed the participant's "lead" as appropriate, discussing relevant topics that emerged during interviews.

2.3 Qualitative Analytic Strategy

The current study used a pragmatic, iterative analytic strategy (Tracy, 2013) informed by aspects of grounded theory principles (see Glaser & Strauss, 1967). Grounded theory is an emic approach to developing theory in which qualitative data are analyzed inductively (i.e., categories and themes are developed based on what is found by

researchers during data collection, not imposed upon data using a pre-existing coding scheme; Glaser & Strauss, 1967). In the present study, I employed an iterative (i.e., abductive) approach in which I alternated between an emic approach (i.e., emergent from data) and etic approach (i.e., use of existing models), as recommended by Tracy (2013). As such, I attended to relevant, "sensitizing" concepts from the broader literature but did not impose a pre-determined coding scheme upon data. Similarly, the preliminary theory of change was not imposed upon data; rather, it was referred to as a potential starting point. This approach was deemed appropriate in light of the limited research specific to student mental health groups.

Despite attempts to engage all group stakeholders, including multiple email requests to the group list, it was not possible to collect data until the point of "theoretical saturation" (i.e., when data are collected until further collection would not yield additional changes or insight to emergent theory; Glaser & Strauss, 1967). In large part, this was due to the low member engagement that was characteristic of this group.

2.3.1 Analysis Procedure

Following each interview, I reviewed my notes to ensure they contained complete information. Interviews were transcribed shortly after they were conducted. Once interviews were transcribed, I read through each interview and wrote notes about general impressions and ideas. I also wrote a brief document summary memo of each interview for reference. Next, I analyzed interviews using a constant comparative analysis approach. This first round of coding – primary cycle coding – was open, in which I applied short, descriptive microcodes. When possible, codes from participants' own words ("*en vivo*") were used. Initial coding was conducted using hard copies of interview

transcriptions. Codes were constantly compared to data and modified to ensure that they accurately capture participants' experiences. A codebook was created with descriptions of each code, examples, and where the code originated.

Secondary cycle coding began once primary cycle coding of interviews was complete. As I moved into secondary cycle coding, I began to identify patterns in the data and organize findings into meaningful concepts. In order to do so, I utilized axial coding (i.e., relating codes to one another; Charmaz, 2006) and hierarchical coding (i.e., grouping codes under one larger "umbrella" code; Tracy, 2013). Relevant theory (e.g., sensitizing concepts of social support, stigma, empowerment) was revisited to compare existing constructs to emic codes. Excel software was used to organize data, using spreadsheets to compare codes and themes across participants. Throughout data collection and analysis, I wrote memos as recommended (e.g., Corbin & Strauss; Miles, Huberman, & Saldaña, 2014) to record my thoughts about codes, relationships among codes, and "stories" evident from the data.

CHAPTER THREE: RESULTS

Participants reported on how they viewed the group, what it meant to them (if they were involved), and how the group changed over its three and a half years on campus. In order to situate findings within the group's evolving context, a timeline regarding the UNCC UChapter is provided in Figure 2. All names used to portray participants in this paper are pseudonyms, not actual names.

Year 0 (Spring-Summer 2012)	Year 1 (2012-13)	Year 2 (2013-14)	Year 3 (2014-15)	Year 4 (2015)
Pre-Planning	Beginning	Striving	Dwindling	Ending
Passionate, motivated student (Sophia) has idea for group. She and another student attend national training conference.	Sophia and another student officially start group. Officers conduct significant campus outreach (tabling, events, etc.). Meetings well-attended (e.g., 15 students).	Key founding group members cannot continue (graduation, study abroad, etc.). Students engaged in group's first year take on leadership positions.	Group meetings become smaller. Level of campus outreach lower than during first year. At the end of year 3, it is unclear whether the group will continue.	Officers decide to continue group for fall 2015, in part out of "obligation" to student founder. Researcher (JL) approaches student group. Meetings attended by officers and 1-2 others. Little campus outreach. Group ends after fall 2015 semester.

Figure 2: Timeline of UNCC UChapter

As seen above, the UChapter first met on campus in fall 2012 and it met for the last time at the end of fall 2015 semester. The group was best attended in its initial years when founding members were present. By its third year, many of its initial members had stopped attending the group for various reasons, with some graduating, some "having school and money problems," and many just generally going "in different directions, in different points in life." Many were still friends and in contact with others from the group, but chose not to attend group meetings. The group was clearly waning, with its advisor being unsure if it would continue. A few students with longtime TWLOHA ties came forward in fall 2015 to "try to get it out of the grave." One student described the dynamic as, "It was more, 'pretty much everyone is leaving and not involved anymore, but we want to keep it around and I want to keep it around too. Let's do this.'" Students also had connections with the group's initial leader and felt some degree of responsibility to her. Another student said, "I snagged [leadership position] in TWLOHA's kind of last little whisper, more out of I felt obligation to [first leader], just because I think she really didn't want to see it…end while she was around." Ultimately, however, the UChapter's very low attendance in fall 2015 led the students to discontinue the group prior to the spring 2015 semester.

Described below are findings about who the UChapter attracted (i.e., members and prospective members), barriers and facilitators to group functioning, and the impact the group had on longtime members.

3.1 Members and Prospective Members

All students[3] who attended a UChapter meeting and all but one who expressed

interest in the group reported experiencing a personal challenge with their mental health,

and that it was a primary reason for their interest in the group. It was notable that

participants reported their personal struggles with MHPs because participants were not

directly asked about any prior experiences with MHPs or treatment; rather, participants

largely reported these experiences as they described their reason for involvement with

TWLOHA. As a founding member said,

> I had a few friends in high school that struggled with, um, suicidal thoughts and
> self-harm and then, um, in the next few years I kind of, I wasn't depressed but I
> started having my own struggles and I could relate more to it and so [TWLOHA
> is] kind of something that's always stuck with me.

A newer member said she was also excited about the group for this reason:

> Because I have a long history of anxiety and depression you just, how about I tell
> you what I don't have in the DSM, let's start there [laughs]. So it fit me, like I
> was super excited about the group and, you know, wanted a resource for that to
> learn more about coping and that kinda stuff.

A longtime member said,

> Definitely I have my own struggles and lot of my friends have come close to
> certain things in life, um so it definitely hits home. Between personal and, you
> know, direct relationship struggles you know, I was passionate about this already.
> I already understood that mental illness was a thing and people should talk about
> it and get help for it, definitely. So that helped me, especially want to be
> passionate about taking a leadership position.

This longtime member acknowledged this trend among other members, "Either if they

know someone or family members or personally struggling, I definitely see that as a trend

for people who show up."

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[3] The term "students" is used to indicate participants who were current or former college students.

Based on their personal experiences, most students felt positively toward the group's cause. One freshman who was interested in the group reported, "I've been around a lot of people with mental health issues. I have mental health issues. It's something that I care about." She connected with TWLOHA's "idea of like spreading love and acceptance." Another student, one who did not report any personal MHPs said,

> I really felt really strong towards that because I'm a very people person and it made me feel like there's hope for people and it seems like there's a group out there that's standing up for people that are having problems with like depression and like anxiety and they just generally need somebody there to like have a group focused for them…I feel like it's needed on a big university like this.

Despite their positive attitudes towards the group, three participants who were interested in it never attended a meeting. These students cited time conflicts (e.g., "I couldn't attend a meeting because of my schedule...the meetings were going on I had a class") and schoolwork (e.g., "Because schoolwork…I never had time" and "I was just like so overwhelmed with like freshman year stuff, so I was like, 'I'm just gonna focus on school.'") as their reason for not attending.

Although most participants were female and white, the five students who had actually attended a UChapter meeting seemed to have ties to experiences or identities that are sometimes marginalized. Due to the focus of the study and the relatively short length of my interaction with participants, I did not explicitly ask participants about all of their identities (e.g., gender, sexuality). However, some participants chose to disclose aspects of their identity during the course of the interview. Three of the five students who had been to UChapter meeting had been active in the LGBTQ group on campus. One participant, who described herself as a gay woman, reported that "I really like the support [of the LGBTQ group]. I came out last year." A fourth participant was a black woman.

Lastly, one participant reported being "homeless for a while," before "starting [their] life over." In general, participants were candid about struggles they had experienced and in several cases, overcome.

　　　　Study participants generally reported feeling that they were more accepting of MHPs and treatment than other students on campus.

Table 3: Attitudes toward mental health problems (MHPs) and treatment

How would you rate…	Not at all accepting	A little accepting	Somewhat accepting	Very accepting
		(% of participants)		
Your personal view towards people with MHPs?	0.0	0.0	0.0	100.0
Your personal view towards treatment for MHPs?	0.0	11.1	33.3	55.5
College students' general view towards people with MHPs?	11.1	44.4	33.3	11.1
College students' general view towards treatment for MHPs?	11.1	33.3	55.5	0.0

Note. $N = 9$.

These self-report ratings largely aligned with what participants described during interviews. However, some nuances emerged in interviews. While participants were generally accepting of help-seeking, their views towards therapy and medication sometimes differed. All participants viewed therapy or counseling positively, with multiple students reporting they had been to counseling themselves. However, attitudes towards medications were more mixed, with three participants saying they thought medications were overprescribed. Two other participants reported personal experiences

with medication, though, saying that it was sometimes necessary and had been helpful for them. These students felt that others sometimes stigmatized their taking of psychotropic medication (see Table 4).

Table 4: Participants' views toward treatment: Sample quotations

Counseling	I love the counseling center. I go there on the reg [sic]….I think it's great. It's worked like a charm for me. (Longtime member)
	This is my second year going to the counseling center here on campus and I really like going there. (Brief member)
	We always have our wonderful Counseling Center (I will forever publicize this). (Longtime member)
Medication	I'm not the biggest medication fan…I'm accepting of people seeking treatment. I'm not as accepting of overmedication. I think medication has its uses. I just think as the end-all be-all it's a problem because America is way too overmedicated. (Longtime member)
	The thing with treatment, I feel like nowadays – which makes me feel old [laughs]…I feel like now it's all about like you know, take a pill for this, take a pill for that, and I'm just like, I'm sure there are other ways to treat mental health issues besides just giving people a whole bunch of medicine, and they have to take like five different pills in a day, you know. I guess that's just something I don't really agree with...It's definitely, times have changed what people are comfortable with. Maybe it some ways it can seem easier to take a pill. (Brief member)
	So many people are like, oh you don't need medication, just go exercise or do something – go take a nice bath or something – and it's not always that easy. Like sometimes you need the medication, you just can't help it…I'm on medication, so. (Prospective member)

Despite their somewhat different attitudes towards types of treatment, participants generally supported help-seeking and reported mostly accepting views of people with MHPs.

3.2 Facilitators and Barriers

Because the student group of interest became inactive during the study, significant attention was paid to factors that might have served as facilitators or barriers to the group being successful (i.e., staying active and achieving its goals). Ostensibly, the group ended because it did not have enough active members. Through the research process, multiple factors that may have contributed to lack of membership were identified. Facilitators and barriers were grouped into four main categories or levels, depending on to whom or what they were most relevant or could be attributed: the UChapter officers, the group overall, the campus context, and the national TWLOHA organization (see Figure 3 for a summary of findings). Each of these categories and their associated facilitators and barriers are described in greater detail below. A primary barrier, "Lack of clarity regarding group identity, goals, and activities," manifested across multiple levels. As such, it will be considered separately from the specific categories and, given its salience and its implications for other barriers or aspects of the group, will be discussed first.

	Facilitators	Barriers	

Officers	Officers who were:
	• Passionate about mental health
	• Engaged in group activities (follow-through)
	• Supportive of other officers (team effort)
	• Effective at:
	  • Recruitment
	  • Ongoing communication
	  • Engaging others beyond "surface level"
	  • Leading others (can mobilizing others, delegating responsivities)
	  • Event planning
	  • Cultivating a supportive group (but not a "support group")
	• Able to attend national conference
		Officers who:
		• Lacked adequate support or guidance (from other officers, advisor, national)
		• Lacked "follow through" (despite caring about cause)
		• Lacked effective communication (i.e., poor messaging)
		• Lacked sufficient advertising / recruitment
		• Had limited leadership training or skills
		
		General "cycling through" of students (graduation, abroad, etc.)
			Lack of clarity regarding group identity, goals, and activities

Group	Members (including officers) who were: • Cultivating a welcoming group atmosphere • Supportive of one another • Generally accepting of people with MHPs • Interested in topics related to mental health • Willing to discuss topics related to mental health and communicate openly	• Lack of "critical mass" (low participation leading to even lower participation) • "Cycling through of students" (graduation, study abroad, etc.) • Students leaving for other organizations	

Campus	Campus advisor who could:
	• Facilitate "heavy topic" discussion
	• Provide link to Counseling Center
		Advisor who was supportive but not actively involved
		Students who were:
		• Not aware of the group
		• Only vaguely aware of the group
		• Aware of the group but:
		  • Unsupportive (i.e., stigmatizing) or indifferent
		  • Tried it, felt it didn't live up to expectations
		• Group name (gendered pronoun, lack of recognition)	

National	National organization that provided:
	• Manual with weekly activity ideas
	• Merchandise to sell
	• Timely responses to requests for advice
		• Limited support or guidance from national organization
		• Frequent changing of:
		  • UChapter handbook
		  • National UChapter coordinator
		  • Goals for UChapters	

Figure 3: Summary of group facilitators and barriers

3.2.1 Lack of Clarity Regarding Group Identity, Goals, and Activities

Across the UChapters's multiple levels (i.e., members, advisor, national), there was a lack of consensus regarding the group's identity. There were differing perspectives regarding the type of group it was, its purpose, its goals, and how to attain its goals (i.e., theory of change). This lack of agreement on the group's mission and processes hampered its efforts and muddled its messaging. Participants' views on the UChapter's definition, goals, and ideal processes varied significantly, even among longtime group members. Even though a few parties expressed certainty regarding "what the group is," those parties did not always agree.

Mental Health Awareness vs. Support Group: "It's a weird, gray area." One fundamental area in which there was disagreement among prospective members, longtime members, the campus advisor, and the national organization was the UChapter's group "type." Participants most frequently (55.6%) reported that they thought the UChapter was a "support group." This opinion was more popular among participants with limited UChapter experience, but had also been held by longtime members. Even among those who did not explicitly report that they thought UChapter was a support group, all said they thought it provided support or that they hoped it would provide support to members.

A less frequent view of the group's "type," but one that was endorsed by two prior group leaders, Anna and Sophia, was that the UChapter was a mental health awareness group, existing to raise awareness about MHPs, "especially on campus," and to promote awareness of the campus counseling center. These purposes indicate that at least some group activities would need to be aimed outward to the general campus

because, as a practical matter, group meeting attendees were already aware of MHPs, with many utilizing the counseling center. However, in more recent years, the UChapter engaged in few campus outreach efforts. Furthermore, although Anna and Sophia described the group as an awareness group, it was clear there were other intermingled goals or purposes, even in their own framing of the group. Anna, a longtime member said, "Community and hope are the two words that come to mind. If I could say anything, I'd say that. So yeah, I guess there is a social aspect to it, but it is an awareness group." She described awareness as,

> Bringing into light the rarely talked about problems…When you're fighting your own mind, it's scary but when someone can tell you it happens to the best of us and there are answers to living with mental health issues, it eases life. Basically, I wanted TWLOHA to help make life easier for people struggling or those who knew of someone having issues.

Another group leader, Sophia, acknowledged that, "In the general sense, it would be a mental health awareness group. But I would like it to be just kind of a community, that type of group. Like people coming together sharing stories." Even though Anna and Sophia technically saw it as an awareness group, they each identified elements of social support and community.

Significant confusion existed regarding the label of "support group." Sophia mentioned that, at the group's start, "I think we tried really hard the first year to make sure we told [members] that it wasn't a counseling group." However, she acknowledged that, "I think that's what many other people would say about it," and went on to say, "We exist to provide support and raise awareness about [mental health issues]." Anna described her confusion about the kind of group it was based on its activities, even in its first year, when Sophia said she tried hard to communicate it was not a support group.

Anna also described a challenging "gray area" of trying to be a supportive "community,"

but not a support group.

> We're technically not supposed to be a support group. Yeah, um I know the first
> year, when I was just a member and I didn't go to the exec board national training
> at that time but it definitely seemed like a support group where a lot of people
> would vent and release a lot personal struggles, and so it did seem like a support
> group, but it would facilitate conversation, but yeah, it's not a support group,
> there wasn't like a doctor or someone um, that was actually supposed to facilitate
> that kind of thing. Yeah, we're not – we're not trained for that. (Anna)

Students who stated that the UChapter was not a support group seemed to draw on the

view, supported by TWLOHA national, that support groups are those led by trained

mental health professionals. Student leaders reported during national TWLOHA

trainings, "That's one of the things they told us in our conference like – 'you are not a

support group, you are not qualified to be a support group.'" The 2015-16 TWLOHA

National UChapter manual reflected this sentiment, specifying for students what

UChapters are not:

> UCHAPTERS IS [sic] NOT...
> • Counseling: Please keep in mind that you are not a trained professional. When
> talking to fellow students or community members about TWLOHA, please
> remember that your UChapter is meant to be *a bridge to help*. Your UChapter
> should point people to the resources included in this manual, the Counseling and
> Psychological Services that may be found on your campus, or licensed counselors
> in your community.
> • Group therapy: TWLOHA is supportive of people reaching out to one another
> and starting honest conversations with your peers. We encourage you to talk
> about your story one-on-one, and in a healthy manner. Be mindful of how other
> people in your UChapter feel. We ask this not because you should be ashamed of
> your story….Group therapy is meant to be lead [sic] by a counselor in a neutral
> setting, which your UChapter is not. (p. 5)

The group's campus advisor also reinforced this notion, saying, "A support group

typically has somebody who's trained… And they aren't. They're students who haven't

gone through mental health training." Anna, a student leader of the UChapter, understood

that notion. However, she also described struggling with the tension of wanting to encourage others but not cross any lines into what might be deemed "support group" activities.

> We try to more advise, 'Hey, go to the counseling center, this is on campus for you to use,' rather than 'Hey, how are you dealing with whatever today?' or 'Talk about explicitly what you've been going through.' But we do like to touch on highs and lows because it's a little bit of venting but, you know, we don't want a lot… It's a weird, gray area...we want to say, we hear what you're saying. We want you to know that you're being heard and this is terrible but we can't really give you too much advice or say, 'Hey, you need to do this,' or 'Hey, go talk to this person' explicitly. (Anna)

For Anna, this ambiguity regarding the difference between a supportive group and a support group created confusion regarding appropriate activities and responses. Another longtime member, Paul, was vocal in his assertion that the UChapter was, in fact, a support group and that it was "for legality's sake" that they could not call themselves that, saying, "Purely legality. Because if something were to happen, TWLOHA wouldn't be able to take the fall." He went on to say, "I know in technicality we aren't allowed to call it a support group…Technically we can't. That's what we were. Through and through. People came to spill the beans and pick stuff up." He also asserted that it:

> Was a more personal experience than I think um group counseling at [university]… it's just different. It's people you get to see in and out and then hangout with rather than you see them once and month and then never see them again... [It's] more of a going through various parts of life with a group of people rather than just a utility of counseling. (Paul)

Paul describes the group as highly personal and meaningful, a place where people gathered to go through life together. For Paul, the UChapter was a support group that led to lasting relationships. Paul said, "Friendship was the best part about it." The other two longstanding members interviewed, Anna and Sophia, agreed that friendship was an integral part of the UChapter when it was thriving. Sophia, a founding member, reflected

that, "It just kind of created a TWLOHA family we called it…So that was I think best thing for me, seeing that happen. That's also kind of been the struggle with this last year is it hasn't had a chance to happen." Anna described her ongoing friendships with other students who were in the UChapter in previous years.

> We still hangout. Just yeah, instant connections, I guess. Because TWLOHA shows that this matters to you, things like this matter to you, it's not just a sports club or a sorority. So I think it's a good connection. You can really – show what your opinions are about the world and that you think people should get help and they deserve help and to stay around, that their story is important. So I definitely think that tells a lot about people and so we're like-minded in a way, on some issues, obviously. So yeah, it was a good starting base as a friendship. (Anna)

Overall, participants reported a lack a consensus regarding what the group was, but also a related lack of consensus regarding the definition of key terms such as "support group." All three long-standing participants agreed that, in its heyday, the group was an avenue for developing and strengthening friendships. For one student, that led him to the conclusion that the UChapter was, in fact, a support group. Meanwhile, the two other students adhered to the distinction, saying that the UChapter was not technically a support group, but rather, a "community." However, those two students described the UChapter with characteristics somewhat aligned with mutual support groups, such as "sharing stories" (Sophia) and "community building," saying, "We all need to kind of help each other through struggles...People, you know recover differently." (Anna).

Processes

A lack of consensus regarding the group's purpose(s) seemed to have several implications, including a lack of clarity regarding what group activities would or should be. This is because a group that primarily seeks to provide other students with support and encouragement would have different activities than a group that seeks to promote

awareness of MHPs on campus and available resources. A group with both purposes would need activities to support both goals. For this group, its official stated purpose, according to former group leaders was "awareness." This contrasted with the unofficial or implicit goals of support or community development. The lack of clarity seemed associated with being unsure of what to do for weekly meetings, "Activity wise, there's only so many new things or spins on mental health you can do. You don't want someone who's been here for two years to come back and we're doing the same thing." At least one longtime group member felt that the national organization did not provide adequate guidance on what to do during meetings.

In general, the group followed the national organization's recommended model of "light" and "heavy" weekly meetings. In previous years, the UChapter also occasionally held campus events, but no events were held in its last semester. Lighter meetings were student-led and featured a variety of activities, such as making jars of affirmation, making "take what you need" posters for around campus, participating in community building activities (e.g., ropes courses), and discussing ideas and strategies for positive coping (e.g., listening to music). One longtime member described the meetings as,

> The structure that we tried to use was like information, um and knowledge about a certain area, and then discussing it, I don't think it was just like 'show up and discuss it.' There was often like a context to the discussion by knowing what it is or the statistics behind it and then going into the discussion...it also kinda eases in the meeting, um, in a sense because it doesn't have to go zero to 100.

Heavier meetings also featured a presentation of information and occurred about once per month. The group's advisor, a mental health professional, would present on a mental health topic (e.g., depression, eating disorders, suicide prevention). She described those presentations as,

> Here are the kind of symptoms that this can look like, here's what mild, moderate, or severe, can look like, here's how you can intervene with a friend, and here are the services that can be helpful, here are some basic coping skills…Not too much of that because I, once again, didn't want to get into a therapeutic process.

These heavy topics were discussed because, as a longtime stakeholder said, "part of TWLOHA is reducing the stigma, becoming educated, and knowing where to go for help." This participant said she hoped the education taking place within the group setting might "ripple effect out" so that "members could be able to go out and kinda reduce the stigma."

It seems that in its initial years, the UChapter was well attended because it had strong elements of sharing stories, and exchanging support, as well as advocacy (e.g., taking action by posting "take what you needs" around campus, hosting campus events like "Hope and Mic" nights). Meeting weekly and engaging in these processes seemed to create a community. Students returned to the group week after week to "hang out with friends." In contrast, in later years, the group resembled less of a support or social group, but also less of an advocacy group. It seems that group leaders made more effort to avoid activities that might resemble a support group, the waning numbers of students made it less likely for social connections to develop, and fewer campus events were held. Ultimately, it seems the group was not enough of any type of group to sustain itself. In addition to an unclear group identity, factors at multiple levels seemed to contribute to this decline, including limited officer follow-through, campus stigma regarding the topic of mental health, and changing guidelines from the national organization. These factors are explored below.

3.2.2 Officers: Facilitators and Barriers

Six participants reported having ever been to a UChapter meeting; four of those participants were longtime group stakeholders. All four longtime stakeholders cited factors related to the group's officers as influential for the group's rise, as well as its fall.

All longtime group stakeholders interviewed agreed that the first student leader of the group, Sophia, was fundamental to the group's preliminary success. One longtime stakeholder said, "So what it looked like in the beginning was [Sophia] doing her thing…She's got a lot of energy, a lot of good ideas, and she's got good leadership." Respondents noted that, in the first year, group meetings had a greater degree of conversation and storytelling. In fact, when one participant was asked what made it easier for people to open up in the early years, as opposed to later years, the participant said,

> Umm…Sophia. As the president. She just has that way….Not just engaging but just, um, her receptiveness like how she approaches conversations or, um, something going through anything, um it's very powerful. There's not a whole lot of logic to it but she has some kind of X factor with it that really, I think, provided a catalyst for the club in that sort of early going. Because I think as difficult as it is for [other leaders] to navigate a conversation with three people, um, she could just take a room and catch a fire there and catch a fire there and catch a fire there and just go off on its own, in a good way. In a natural way. Whereas I think you know after her it tried to become forced.

It seems the initial leader exhibited sound leadership and was also skilled at cultivating conversation among the group. The participant said, "She got people crying, um, she got people to open up more than others I think. Because [with] Sophia as president there was just a good framework for discussion." The group also benefited from Sophia's efforts to connect with students on campus. As one participant said,

>She's really well connected. And she's really enthusiastic about getting people involved. I think part of it is her leadership style as well as her personality that can engage people and just get people to show up to things. And the other leaders that I've seen in the group have just as much passion, just as committed, and their personalities are great, and I think that it can be hard to follow in somebody's footsteps like Sophia.

This initial leader also seemed "more connected" with the national organization, having gone to the national TWLOHA "conference the summer before she started [UChapter] and that sort of provided the catalyst for the creation of it," (Paul). This relationship helped the UChapter bring TWLOHA national founder Jamie Tworkowski to campus, an event which had a "great turnout" and was "amazing" (Advisor). For her part, Sophia described the group's first year as, "A little nerve wracking [laughs] but it was good. I think that we did a really good job of, um, getting people together."

After the first year, Sophia stepped down from her official leadership role, as is the nature of student groups, with students moving on to other opportunities, study abroad, and graduation. Sophia said even though she was no longer an official leader, she tried to convey to others that, "I'm still here, you can ask me questions…let me help you." However, she said subsequent leaders seemed reluctant to do so, worried they might be bothering her, although that was not the case.

In the group's later years, it seemed more difficult for leaders to foster the same degree of camaraderie and engagement among members. One longtime member said, "I think it as TWLOHA regressed, like, as the club diminished, I think the ability to go more in depth with an issue diminished as well. Because there wasn't much of a support framework in terms of people anymore." Most of the initial members had left, along with Sophia, who was "kinda the lifeblood" of the UChapter. A participant described how in later years, it was "difficult to ever get to that line" of people sharing. "Not for lack of

trying or any sort of rules, just the difficulty of vulnerability." It also seemed that later

leaders were more attuned to national TWLOHA's guidelines regarding the group's

activities, which became increasingly cautionary regarding students' activities and the

sharing of stories (see National below). One participant described a later leader as "pretty

keen on" the UChapter not being too much like a support group, "like I would try to

mention it" to potential members and the leader "would be like, 'no, no, no – we can't

say that.'" In later years, one leader tried to keep discussions on the,

> Upper level of the topics rather than going into detail on what each person is
> dealing with. I guess I want people to be able to vent, but like, short and sweet.
> Just, 'Hey, got a test coming up and not feeling too good about that' and then,
> kinda let it go.

While the decision to keep discussion on the "upper level of topics" is understandable

given various factors (e.g., confidentiality and safety concerns, national and advisor's

guidelines that the UChapter should not be a support group), it is possible that some

students felt that they were discouraged from sharing. One participant who only attended

two meetings in the group's later years described the conversation as "surfacey."

Another barrier cited by longtime participants was lack of commitment and

follow through by group's officers, particularly in regards to campus outreach (e.g.,

recruitment) and events. This aligns with most participants' perception that the group

lacked adequate campus outreach (e.g., "Not a lot of people know about the group," "I'm

a senior and I had never even heard about it," and "The communication just has to be

better"). These difficulties illustrate how the group experienced a disconnect between

their goals and their activities. As an example, a primary purported goal of the group was

to promote awareness of MHPs on college campus but, in later years, there were very

limited campus efforts to promote awareness. One longtime stakeholder said, "It's a lot

of 'I want to do this' and 'I want to do that' but not actually doing it, as far as outreach and reaching out to people." This seemed particularly true in the group's later years. While in the first year, officers "made it a point to table at least once a month," in later years, "it was a lot of saying they wanted to do that and not actually doing it." Another participant stated that, "Part of the problem was the exec board not being motivated enough to do stuff either to go above and beyond and actually get this club up and out of the depths." A longtime member describes a situation in which officers identified a problem but struggled to implement a solution. In the group's second year they identified that "generating new members" was their "struggle point."

> I'm like, 'Okay we've identified this is our problem. Okay, we have great ideas. We need to publicize.' And not just during the week or the week before. Bring it to people's attention and say, 'Hey we should do this, here's a fundraising idea'…. I felt like I was talking to a brick wall with some of the exec board people. And I understand if they're busy, [but] if you're on the exec board…you should be willing to support this club and do the things necessary to make it successful…Do you want it to go somewhere or not?"
>
> I remember asking one person on the exec board, 'Hey can you call up and do this?' …And you know, weeks and weeks go by, we remind them, 'Hey, have you heard anything?' 'Oh no, I haven't gotten around to it yet'… it gets to that point where I don't want to micromanage, but I want things to get done. So it's kind of an interesting role. People say they're going to do it, they don't do it, they get angry at you for bringing it up.

Two longtime group members expressed frustration over the inaction of some officers. Moreover, one student remarked on how frequent changes in student leadership contributed to challenges, "The exec board drastically changed each year, so there wasn't too much consistency as well as people that actually knew what exec board was about and could guide them." However, participants acknowledged that some students "didn't know maybe what they were getting into," with one participant saying she "[doesn't] hold it against" the other students.

3.2.3 Group: Facilitators and Barriers

Welcoming atmosphere. Participants described several positive aspects of the group that seemed to help it function. Throughout the group's time on campus, group members (especially officers) seem to have cultivated a warm, welcoming atmosphere. One participant described how, in the UChapter's first year, she walked into her first meeting,

> I like remember walking in and there was this, like, whole group of friends, and just smiling, happy people… to me it was welcoming. They all seemed passionate about it, and that definitely helped me be passionate about it.

Another participant described how, even when the group was dwindling in its last year, members were very welcoming,

> To Write Love is so friendly, like, I walked in there and like, bless their heart, like all four people were like, 'Hey! Oh my gosh! Come on! Yes! Come in!'…like I love that. See I love that kinda stuff. Because I feel like very nervous when I'm in a new environment. They were *so* welcoming.

Even a participant who only attended once because "I just didn't feel like [the group] was completely right for me" said she felt support "from maybe half of the people…the president… was really nice."

Another facilitating aspect of the group was that all members described themselves as accepting of people with MHPs, which helped create a "safe space" for others. In reference to the early years, Sophia said that, "I think that people were there because they wanted to fight that [stigma] and they were just, like, totally open about talking about things and being honest." One longtime stakeholder described the group as a place where "it's okay not to be okay…and that's really great. There's not a lot of parts of the world where that's the case." Two longtime members described instances of

walking other students over to the counseling center. The initial leader, Sophia, described

telling others,

> If you're struggling, we can talk one-on-one, and I can be someone that can listen
> to you, um, and I tried to encourage people to go to the counseling center. I
> actually, like, I walked people, like I sat outside of the counseling center with
> someone once and I walked her to the office.

Another stakeholder said that she heard from "students who went [to the group] that they

felt really normal, they felt much less alone." It seems that in its initial years, the group

cultivated the perception that it was a safe place.

Lack of a "critical mass." The lack of a "critical mass" of members was cited as a

barrier by four of the six participants who had attended a group meeting. These people

felt that low student participation beget even lower participation. One leader said she

understood why prospective members might not want to join,

> I understand if they don't want to stay…If I walk into a club and it's a lot of
> people, I think it's, you know, flourishing, this is gonna be great. So if you come
> to a meeting and there's, you know, two people sitting in this huge room, it
> doesn't seem like it's worth staying around for, so I totally understand. (Anna)

In particular, participants thought that low group membership made it harder for people

to engage and share during group meetings.

> As the club diminished, I think the ability to go more in depth with an issue
> diminished as well. Because there wasn't much of a support framework in terms
> of people anymore. Like it's really hard to open up when you're only opening up
> to two people…it's more intimate… Whereas when you have, I know it seems
> counter intuitive, but with more people that are listening to you, you feel like you
> have more of a stage... I don't wanna say they're just faces but, um, it's a group
> and generally more supportive more, uh, affirmations that kinda thing. (Paul)

One participant, Caroline, who came to two UChapter meetings expressed this concern,

and cited the group's small size as her reason for not returning.

> I feel very shy when I first meet people so I actually this is ironic but like I prefer big, bigger stuff when I'm first meeting people, because sometimes I don't wanna talk I just wanna be there and listen…and like with you know To Write Love I was like put on the spot. They were so sweet. But like, there was no one there, so like I had to talk. And just felt very anxious, I just like bigger groups, so… the lack of participation is what kept me from going back.

This participant acknowledged that the group's small size probably reflected other broader issues at play, saying, "I'm picking out a flaw in the group that was a result of maybe something that was a flaw of the group." To that end, Caroline reported that going into the UChapter meeting, she "was picturing some kind of like support group kinda thing," but that the meeting did not match her expectations.

> I would have loved to have heard more of their stories…like we just went in there and they were like, 'Oh yeah, hey, I'm a senior.' We just kept it like very surfacey at first naturally. And you know they kinda shared their majors. And I mean, I was ready to [laughs]. I don't know, I'm always ready to talk about that deep stuff. I'm, like I said, I'm an open book…So what I did to get them to – like they weren't planning on sharing their personal stories – like they were talking about their day and chit chatting about life. But I was you know kind of asking them about the group and they explained to me what it was as they were making the jars. And um, I shared a little bit of my journey. I asked them if they – so first I disclosed – and I was kind of hoping that would break the ice, and I wanted to hear about theirs, and I you know, I asked them if they would feel comfortable sharing a little bit about their journey, and they did, a little bit. So. [Smiles] (Caroline)

Although Caroline was glad that she helped facilitate sharing during the group – during her first time there – she ultimately "felt uncomfortable" because it was so small and chose not to return. As evident from this example, prospective members' belief that the UChapter was a support group could lead to unfilled expectations, particularly in its later years, when members were dwindling and the group's supportive nature diminished.

One longtime member hypothesized that former TWLOHA attendees may have stopped attending meetings – thereby contributing to low official membership – because their friendships had developed to the point where they did not need group meetings to

facilitate their connections. He remarked, "Those stories had already been shared from those people and now they were just pretty much going to TWLOHA to hangout." However, he maintained that, "TWLOHA still exists...The initial group still hangs out together so I think that still exists in terms of its core."

Another longtime stakeholder described how she thought a lack of a "critical mass" exacerbated the issue of people not being able to tell what the group was from its name. This participant reflected that,

> I think it's hard for people to get involved with because of that...I mean it has the word "love" in it and it's "her arm" so it's not immediate what it is…Once you have a critical mass it's easy to get over the name, but if you don't have a critical mass I think the name can get in the way, which is a bummer…I like it! But I also know the origin of it.

She felt that if people did not understand the story behind To Write Love On Her Arms, "it's a harder draw," especially for men, given the gendered pronoun.

3.2.4 Campus: Facilitators and Barriers

Stigma. Participants reported factors related to the campus context as both barriers and facilitators of the group. Five of the six participants who had ever attended a UChapter meeting reported that they thought stigma was a barrier to the UChapter attracting members.[4] Multiple longtime participants described a seemingly common recruitment scenario, in which prospective student members would become disinterested and move away once they learned what the group was about.

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[4] The one participant who did not report stigma as a barrier was not explicitly asked whether she thought stigma played a role. She was interviewed early in data collection, prior to that question being added to the interview guide as a result of initial findings.

As one participant said,

> The second I would get into my spiel people would just start walking away. The second I said – you could tell, once it clicked and registered that – that the club was about mental health, people would walk away. Like I would have a giant group of freshman in front of us because we were the first table from when they would pour out and so we would have, like we'd be the first they'd see next to [student government] and I would have a huge crowd, and the second I mentioned mental health, like 25 of them would shift left [laughs] …Yeah it was a dramatic effect and it was harsh.

This longtime member felt that stigma was the group's primary reason for not being able to recruit. "Because we would do showcases, we'd have a table, just like everyone else. But nobody wants to come be a signifier that 'Hey, I have, you know, x, y, z.' Anything like that. It's more like 'Uh, I'm fine.'" Another longtime member described the effect as,

> The initial, oh it's mental health…Once we say 'mental health' or you know, anything we talk about, eyes glaze over and they're like, oh okay, thanks, we don't wanna sign up. We try and be polite about it, but you can tell they're instantly, not really involved.

Participants also described responses that were, "those sort of half-hearted, 'oh that's, that's a good group to have on campus' all the time. 'Great for everyone else, not for me.' And everyone has that opinion." Participants felt that many people held that opinion, contributing to substantial difficulty recruiting members. Because of the group's topic, participants described that some students probably thought they had to be struggling with a MHP to come. Even though that was not true, "They probably think that's the case. Like if I'm not struggling with it, why would I go, maybe?" This likely led to the view that if a person attends the group, they have a MHP. Another participant described it as,

> It's the stigma associated with being a part of a group that's you know, all about mental illness...Like you have a mental illness so you qualify for our group. I know they welcome anyone. They obviously wouldn't say that, [but] you know what I mean.

One longtime participant said even among students who do not view MHPs negatively, they might not necessarily want to join a group about mental health.

> Mental health awareness isn't always at the top of the list. It's not nearly as sexy as many other things you can be into...And activities that might be more exciting, you know. So, yeah, I think that's part of it. At the end of the day you've only got so much time and energy and parts of your calendar you can fill up... so you might be drawn more toward the kickball team versus mental health awareness.

Another participant pointed out that, "People associate clubs with joy or, uh, happy experiences or getting away from school or getting away from problems" whereas "TWLOHA kinda addresses vulnerability and things that aren't fun to deal with" which made it hard to attract and maintain members.

Campus advisor. The relationship between student leaders and the campus advisor was positive, with students stating that the advisor "was great" and "she was there if we needed her to be," and the advisor saying that the students were "just lovely people. I always really enjoyed talking to them." The primary role of group's advisor, a mental health clinician with connections to the university counseling center, was to facilitate the "heavy topic" meetings. As a longtime member said, their advisor "was great because she was able to help a lot with the heavier topics because obviously she knew more about it…with the really heavy stuff, we always brought in [our advisor]." The advisor also utilized her connection with the counseling center to promote the UChapter, saying "I've let people at the counseling center know about it every semester."

Despite the positive nature of the UChapter's relationship with its advisor, it was not a particularly close relationship, especially in later years. The advisor described her role as purposefully "responsive as opposed to proactive," because she "really wanted [the students] to kinda be in the drivers' seat." Initially, this model worked well.

So what it looked like in the beginning was [the initial leader] doing her thing… so what they really needed was somebody on record to be the advisor and to come about once a month and to promote the group when it was here, throughout the counseling center. So that's what I did! And that's really, I just kind of was responsive to what Sophia wanted. She emailed me and said, "Can you come this week or that week?" and I'd say "I can come this week" and then I'd go and that's that.

That model of being supportive but not "really involved in how it was organized and run" continued in future years, with a later student leader saying,

[The advisor] was really there if we requested her to be. Um, so other than the heavy topics not too much. But for the most part we would just plan events and go to the reservation center ourselves and kinda take care of it. So it was more like she was there if we needed her to be; if not, if we didn't have anything for her to do, then…She would always say, you know, if you need me for anything, let me know. If you're doing something, let me know, and I can…she was great about everything.

The advisor cited several reasons for the advising model that was responsive as opposed to proactive, including the need to maintain appropriate professional boundaries should she be familiar with a student through their counseling center involvement. The advisor described needing to be a "consistent entity" who did not interfere with any therapeutic processes. This led her to be both "separate from and kind of part of the group."

Something else that can be tricky is whether or not I knew anybody in a professional setting, was also something I didn't talk about if I went to the group… And one of the reasons why I stayed where I was was that I may or may not have had other relationships with those people. So I need to be clear about my boundaries and not insert myself into their lives…So deciding one year 'Hey do you want me to be more involved,' and then not another year, would be weird. Um, and I also didn't want to offer something that would be counter therapeutic if that was the case…I just wanted to be really consistent. So maybe I knew [the students], maybe one of my colleagues did, maybe I saw them in a group or saw them in somebody else's group… I wanted to make sure that I was a very consistent entity. (Advisor)

It was clear that for multiple reasons, the advisor preferred a less engaged model of interaction. Initially, student leaders' needs for this supervision was low, and this model

worked well. However, as time went on, the group began to struggle. It seems that

students and their advisor did not engage in conversation regarding challenges the group

faced and strategies to overcome them. As an example, Anna describing the tension

students faced with the "weird, gray area" of wanting to be supportive to other students,

but not accidentally become a "support group." The advisor seemed unaware of this issue

saying that,

> I think they were savvy enough to know to say the right thing for the most part. Like how are you going to take care of yourself, what can we do to help, that kinda stuff.

She acknowledged however, "I'm not sure how it looked when I wasn't there. Because

when I was there, I would kinda handle it." She seemed to think that, as appropriate,

students could "offer advice or support" to other students.

Most notably, the advisor was not involved in any conversations regarding the

student leaders' decision to end the group. Instead, "[the students] just let me know" via

email. She stated that,

> It would have been nice to know they were thinking about it so I could've potentially helped promote it more. but I also think that I've let people at the counseling center know about it every semester so, we try and let trainees know, so we're informing students um so I don't know that we – it wasn't like we weren't doing that already. But it would've been nice to know, just to kinda have a heads up to see if we could resuscitate it, but I also think part of my role was more supportive, you know, I really wasn't involved in how it was organized and run and, um, I would check in with them from time to time and certainly attend meetings about once a month.

Thus, the advisor described that, although it would have been nice to be involved in the

decision-making process regarding the club status, it was more typical for her not to be

involved. In fact, she related that she was "not terribly surprised" the group ended,

saying,

> I'd been to meetings in the fall, and the numbers had been going down, and even a bit last spring, but I was still bummed. I was kinda hoping that the meetings where there wasn't a lot of participation were anomalies, as opposed to how they were going.

She also said that identifying creative ideas regarding how to sustain a group and engage students on campus was not her strength: "[The students] didn't ask me for help but if they had, I would not have been the best resource for them." She described another potential advisor who she saw as "much more creative when it comes to suicide prevention and other activities." She said in the future, she might recommend that person to advise a campus group like TWLOHA, "That could be really different, you know. A different kind of cultivation…I want the organization to work regardless of my level of interaction with it."

3.2.5 National Organization: Facilitators and Barriers

Participants reported that, initially, the UChapter's relationship with the national TWLOHA organization was strong, but that it became "disconnected" in later years. Paul reported that in the UChapter's first year, student leaders "had a good relationship with [TWLOHA nationals] but that was completely devoid this semester." Paul stated,

> The national-UChapter relationship seems very disconnected. The only emails I got from nationals were, 'You need to do x, y, z.' And maybe they just have too many now or they only have more of a relationship with those that have gone to the conference in the summer we – that sort of thing, um, because it's personal but, um, we – I didn't feel any connection at all with nationals.

As one example of the lack of connection with or support from the national TWLOHA organization, Paul described how initially, the national organization,

Would send [Sophia] merchandise in the first year and that would help like [Sophia] table and stuff like that. [We] had to buy everything [ourselves], so that wasn't exactly, uh…didn't feel supportive, because they didn't send us anything… Granted money goes to them but at least you have something at your table... but for us we'd have like lollipops…As much as people love lollipops, it didn't – it doesn't connect as much as a mug or, you know, a thermos that TWLOHA would provide.

While Paul described a lack of connection with nationals, Anna described a frustrating connection. Anna reported frequent changes in the national UChapter manual.

I have noticed that the manual has changed, because I have the manual, um, so it would have all the activities, things to talk about, things to do, but the newer manual that came out last semester was saying plan an event with all your members and that's going be how you outreach and reduce stigma is just, this entire event [sounds skeptical], in addition to talking about heavy topics. So I thought that was kind of weird because not a lot of people want to join an organization when they're just planning an event…

They actually change your access so you only have access to [the new manual]. Luckily [our advisor] printed out the previous manual so we did have that.

Anna perceived that instability in the role of the national UChapter coordinator led to the changes in the manual. Anna described the UChapter coordinator as someone who oversees the UChapters. "They write the manual and kind of help us out or facilitate what we're doing." However, as she described it, the frequent changes in who filled that role led to changing guidelines and expectations.

So like my first two years being involved with TWLOHA – [the coordinator] was one person. And then the next year it changed. And then there was like another person the third year. And then I think it recently changed again.

Seeing the difference in the manual, I don't know if that has to do with who's running it. Um, they want different requirements; they think UChapters should go in a different direction. Um, because I guess the UChapters, they're pretty new as well, so it's just kind of developing each year, but… I guess it felt like we didn't have too much support.

Sophia's responses aligned with Anna's assessment that prior UChapter coordinators and manuals were more helpful than recent ones, saying "When the original UChapter

coordinator like was there, [she] was really good about connecting us and helping us, but I think that when [she] left they kind of struggled as far as keeping that on track and all of that."

Anna seemed skeptical of the new UChapter guidelines to focus almost exclusively on event planning, saying "planning is more like an exec board job." She cited only one time, during the group's second year, when leaders tried to engage other members in planning an event. A review of the 2015-16 TWLOHA National UChapter manual confirmed Anna's notion that the national organization wanted the UChapters to focus on planning and hosting events.

> The UChapters program is a network of student organizations on college and university campuses that exist to embody the mission and vision of To Write Love On Her Arms. Through events and fundraising campaigns, each UChapter serves as voice of hope, inspiration, and support for students in their campus community. (TWLOHA UChapter manual, p. 5)

National TWLOHA also cautions students about sharing "their story" in the context of a UChapter.

> SHARING YOUR STORY
> While TWLOHA encourages sharing your story in a healthy way with supportive community and a trained professional (if needed), we want to remind you this is not the purpose of your UChapter. We understand that the opportunity to share parts of your story may occur organically within a meeting setting. We ask that in these instances you remember sharing your experiences should not be triggering and should ultimately serve others, not yourself or your own healing. (TWLOHA UChapter manual, p.7)

While these parameters are intended to safeguard students (and perhaps the TWLOHA infrastructure), all three longtime members interviewed described sharing stories as a key part of what made the UChapter meaningful for them. For these reasons, it seems that students preferred older manual guidelines, and thought that the current manual would be enhanced via the inclusion of,

More activity ideas. Because events aren't too bad. I think it's more the reoccurring meetings...I think that was the more difficult. I think we needed more guidance and we needed more ideas for people to actually help plan and get motivated to do it.

Despite some participants' challenges with the national organization, their frustration did not extend to TWLOHA's founder, Jamie Tworkowski. Tworkowski seemed incredibly well liked, with participants describing him with adjectives such as "incredible," "engaging," and "inspiring." Tworkowski seemed almost synonymous with TWLOHA, with one longtime participant describing him as "Jamie Tworkowski kind of carrying it, it being his thing." Another longtime member said,

It's still, like, every time I meet Jamie and every time I hear Jamie speak, it's like one of the best things ever, so…Having him here [on campus] was like really kind of surreal [laughs]. Like, having him here and then like talking to him and I was able to introduce him, like, which was crazy for me.

3.3 Impact of the Group

Three students interviewed had attended more than two UChapter meetings. Each of these three students had significant involvement and leadership in the group over their time in college. These students described personal growth associated with their UChapter experiences. Students described TWLOHA as an opportunity to engage with people from all different backgrounds and cultivate open-mindedness and empathy.

Definitely talking to different people with different minds. Trying to see it their way or see how they're dealing with something. Especially when you're in [a STEM discipline] and you're isolated to your area, you don't really see too many people of other disciplines, so it was a good way to meet other-minded people, kind of see their perspective on life, on different topics, so that was good. (Anna)

I've almost always been a really empathetic person, but just the way that I grew up and the way that my life experiences were, I kind of was like…I don't wanna [be], but definitely bringing people together like that and actually being involved with other people has definitely changed the way that I embrace being empathetic. Like that's just part of who I am. I still am really sarcastic sometimes [laughs] but um yeah, I definitely try to be more open and more understanding." (Sophia)

Another student described how being involved in the UChapter helped the participant to

learn,

> Just how different people can be and then I think from TWLOHA essentially that
> no one can predict anyone else's story, at all. I often get labeled as some sort of
> privileged, rich type, um, because I'll dress nice and I'll act, um, nicely and yet,
> not a single person would say, 'Oh you're a homeless [person].'No one's ever
> known, and so uh. I think that's the benefit of TWLOHA, and I think that's how it
> can help people like realize [that] you're not alone….everyone has their problems,
> they just don't always share it…[In college] you just learn how to live with people
> and completely different people. (Longtime member)

For one of these students, her experience with TWLOHA and the UChapter was so

significant that it shaped her career choice. Sophia said, "It's kind of what I want to do

now, like I just want to continue working with students, working with student orgs and

helping other people find their communities whether it's within a group like TWLOHA

or totally different."

In addition to the growth students described in terms of their understanding and

empathy for others, one student also identified an increase in her own confidence and

ability to discuss issues related to mental health. When Anna joined the UChapter, she

"already understood that mental illness was a thing and people should talk about it and

get help for it." Over time, she realized that "I definitely feel more equipped to talk about

these kinds of things… And not being hesitant to talk about it and being, 'Oh, I don't

want to say the wrong thing or I don't want to do this.' I definitely know how to approach

it more." She also described gaining skills in terms of event planning and learning how to

"navigate" bureaucratic aspects of the university.

Participants with longtime group involvement also described the impact they

hoped the group had on campus. One student said he hoped the group had offered some

"relief" to campus. "We can't really cure much, but I think offering little pockets of relief helps a lot." Longtime member Anna said that, "In the end, I definitely would have liked to help more people, but knowing I helped anyone at all is good."

CHAPTER FOUR: DISCUSSION

This study sought to develop a greater understanding of one college student mental health group through its various dimensions: members, goals, processes, potential impacts, and sustainability. Findings demonstrated that students drawn toward this group were generally accepting of MHPs and treatment, often having had their own experiences with MHPs, and they were somewhat concerned regarding the stigmatization of MHPs and treatment. Results also underscored the challenges facing a group such as this one (e.g., lack of clarity regarding goals, limited campus outreach), which discontinued during the study. However, the strengths of this group (e.g., strong student leaders, welcoming members) also provide insight into potential mechanisms for a positive impact on members and the broader campus, as well as possible avenues for similar groups' improvement. The following sections will consider study implications, limitations, and suggestions for future work.

4.1 Implications

Findings showed that while members found the student mental health group meaningful, the group faced challenges at multiple levels. Perhaps most critically, the UChapter was limited by its lack of group definition, goals, and theory of change, as well as the loss of a founding leader in its initial years. Many of the "outcomes" of the group proposed in this study's tentative theory of change did not materialize, likely because the group did not or could not engage in activities to progress towards such outcomes. The lessons from this examination of the TWLOHA UChapter echo those in the nonprofit

management (e.g., Nash, 2010) and program evaluation literature (e.g., Posavac & Carey, 2011): both passion and action are essential to the success of mission-driven organizations; yet, without clear missions, goals, and plans, organizations struggle (Nash, 2010).

One prime study aim was to offer clarity regarding what "type" of group this was. While several different kinds of groups were considered, it seemed that when it was vibrant, this group resembled an informal mutual support group that engaged in campus awareness and advocacy. While the group was fading, however, it offered less support and exhibited even less advocacy. While some mental health education took place, it was within the context of group meetings. Because participants seemed fairly accepting and well-educated about mental health concerns, those efforts likely did not help the group achieve its goal of creating greater campus awareness of MHPs and decreasing stigma. Moreover, for such a group to achieve campus wide changes, campus wide efforts are necessary. Although a longtime member said she hoped the education taking place within group meetings would "ripple effect out" to improve campus awareness of MHPs and reduce stigma, it did not seem that this goal was explicitly discussed with members or that members were provided with tools to educate others.

Similarly, although the group had aspirations for reducing stigma on campus, in later years their campus outreach was limited. Reducing stigma regarding MHPs is an admirable and worthwhile goal, but it likely requires change efforts implemented effectively at multiple levels. In fact, research on interventions to reduce stigma of MHPs on college campuses is in a nascent stage, with the first systematic program to reduce stigma of MHPs underway currently (College Toolbox Project, 2015). Given these

considerations, the students in this group likely would have benefitted from greater

consultation with the national organization or their advisor in developing and

implementing their efforts.

Participants felt it was important for this group to cultivate an element of social

support, even if it was not the group's focus. This may be due to the continuing salience

of peer relationships during emerging adulthood and the characteristics of students

attracted to the group. In its early years, when the UChapter was able to cultivate more

social support among members, it was better-attended. Students seemed disappointed that

the group's promise for fellowship became difficult to deliver. Social support may have

waned in part because of concerns raised by the national TWLOHA organization and the

advisor about calling the UChapter a support group. These concerns are understandable,

especially if one defines a support group as professionally led therapy or counseling. The

advisor cautioned that, "If you set something up as a support group, it can have the notion

that whatever you want to say can be safe, and that people are going to know how to

respond to it," which was not necessarily true of this group. However, alternative,

broader definitions of support groups exist; most notably, mutual support groups which

are peer-led, not professionally-led (Levy, 2000). In mutual support groups, participants

can exchange socioemotional, as well as instrumental support. These groups are typically

non-stigmatizing, grounded in "the belief that significant interpersonal relationships and a

shared sense of community lay the foundation for the process of healing" (Adame &

Leitner, 2008, p. 148). This strengths-based approach contrasts with the more deficit-

driven medical model of MHPs and treatment (Adame & Leitner, 2008), and there is

evidence to suggest it facilitates positive outcomes. A review of studies on mutual

support groups suggests they can promote members' sense of well-being, control, and resilience; in at least two studies, mutual support groups yielded greater benefits than more costly, professionally administered treatment (e.g., cognitive behavioral therapy; Seebohm et al., 2013).

Given the benefits of supportive groups (both generally and within the context of MHPs), as well as the fact that prospective members and longtime members alike wanted the UChapter to be supportive, the group probably would have benefited from a discussion among students, advisors, and representatives of the national organization regarding how best to play this role and help meet such needs. If the national organization truly did not want the group to serve a support function, students could have considered their options. For example, the group could have transitioned into more of an advocacy group, eliminating weekly group meetings focused on community building and education in favor of less frequent planning meetings for campus advocacy efforts. Alternatively, students potentially could have "broken" from the national organization to develop their own student-run mutual support or recovery group.

Through an initial literature review, it seemed that other group types, such as opinion-based and identity-based groups, might be relevant to this study. Longtime group stakeholders did share some perspectives regarding mental health (e.g., that MHPs are stigmatized, that society should be more accepting of MHPs) and those shared opinions and values helped form the basis of friendships. As one longtime member said,

> TWLOHA shows that this matters to you, things like this matter to you. You can really – show what your opinions are about the world and that you think people should get help and they deserve help and to stay around.

Participants seemed interested in using their opinions to guide action (e.g., awareness, support), though they had limited success with their efforts. Recent work conceptualizes opinion-based groups as a basis for advocacy (Gee & McGarty, 2013), and to a limited extent, the UChapter attempted to translate opinions into action. However, Gee and McGarty distinguish opinion based-groups as those "based on a shared opinion (e.g., support for mental health advocacy), rather than other sorts of social categories (e.g., people who have a mental disorder)," stating that an opinion-based group may "include some, but not necessarily all people with mental disorders" (Gee & McGarty, 2013, p. E426). In this study, almost all participants described their support for TWLOHA in terms of their own MHPs. As such, the concept of an opinion-based group seemed less relevant than other types of groups for this UChapter.

The concept of identity-based groups was also partially, but not fully, relevant. While many participants were drawn to the group based on their own experiences with MHPs, this group did not label itself as a group for people with MHPs. Indeed, student leaders said they tried to avoid the perception that the group was only for those struggling. It seemed they had limited success in avoiding that perception and the associated stigma. One student who participated in both the UChapter and an LGBTQ group described how,

> Both mental illness and then being LGBTQ… they're both disadvantaged in society, so I do see ways that they relate. But like it's just different…You know I have mental illnesses and I'm gay. And so I've never really felt like 'Oh, I really wanna make friends with people who have a mental illness!' Versus like, 'Yeah! I wanna meet some other gay people! [Raises hands up] And like yeah!' You know what I mean? It's different I guess.

Although the student perceived that "the whole basis of the group was mental illness" and that it was intended for people with MHPs, "it didn't stop [her] from going." However,

she cautioned that for "the majority" of people it might. For such reasons, the UChapter seemed to avoid functioning explicitly as an identity-based group.

Findings also shed light on the importance of the effectiveness and continuity of student leadership, as well as complexities facing leaders of student mental health groups. This group only had its founding members in leadership for a limited time. Greater transition planning and support for new leaders may have been helpful, though since the group was still young, its capacity for such efforts, or for strengthening the group's infrastructure or norms about process, was likely limited. While some of the challenges participants reported were those common to many student organizations (e.g., members graduating, campus advertising), others were unique to a group like TWLOHA. Leaders of this group had to navigate complex issues such as stigma, marketing a group focused on mental health concerns, and facilitating an appropriately supportive environment. For many members and leaders of the group, the work of the UChapter was personal, since many students had experienced their own MHPs and life challenges. This seems to have created passion and empathy among students. The personal nature of students' interest in the group also raises questions not addressed in this study. For instance, to what degree do students become involved in leadership because they are faring well in their own recovery? Can participating in a leadership role be part of recovery? If a leader experiences a significant setback, what does that mean for the group and its leader? Future studies may consider such questions.

Given the significant tasks facing students who wish to lead a mental health group, it seems that greater supports are needed. In this case, the national organization appeared to change its UChapter model and suggested activities without consulting with

the UNCC group or explaining the context for its decisions. Greater consistency and responsiveness from the national organization would be beneficial. Particularly when changes are made to group structures or purposes, it is important to engage local stakeholders. If it is not feasible for local chapters to be involved in decision-making, national organizations should at least explain decisions and facilitate transitions. On a campus level, while there are benefits of having an advisor who is a mental health professional (e.g., leading heavy topic meetings), there are also challenges. In this case, the advisor employed a somewhat "hands off" approach because she was a clinician and, understandably, did not want to interfere with existing therapeutic relationships or processes; she also did not want the group to become a "support group." However, because the advisor and student leaders had limited engagement, students did not reach out to the advisor for help when the group was struggling. In the future, it may be helpful for student mental health groups to consider having two advisors to fill their multiple needs (e.g., recruitment, event planning, campus discussions regarding mental health), or at least consulting with other campus officials.

After a group ends, particularly one that some people found meaningful or special, there is a tendency to want it back. Several participants mentioned their hope for the group to be renewed, with one even describing a possible plan. During interviews, participants seemed to agree that such a mental health group was needed on campus, given statistics regarding MHPs among college students and their personal experiences. One longtime member person said,

> I know that it was a great resource for some people, and I just wish it were still around so other students could have that same opportunity…I know that it's inactive now, I just hope someone else comes along that has the right passion and drive to rekindle it.

Prior to rekindling it, however, it seems critical that stakeholders identify what is needed from such a campus group, and also who the group intends to benefit. In some respects, the second answer is straightforward: the group is for college students, especially those who might be struggling. But in implementation, it becomes more complex. Is the aim of the group to serve its members, the campus, or both? In recent years, the UNCC UChapter focused efforts on its internal meetings (though it engaged members at a somewhat surface level). TWLOHA nationals told its UChapters that they should "ultimately serve others, not yourself or your own healing" (TWLOHA UChapter manual, p.7). However, when a group is intended to serve an entire campus and attempts to facilitate community, where "others" start and "you" begin may become unclear. In the future, it would be beneficial to consider thoughtfully the group's audience, goals, and associated activities.

4.2 Limitations

There are several limitations of this study. One key limitation has to do with the timing of the study and how that affected the sample. Informal observations and meetings with group stakeholders occurred during the "last little whisper" of the group, and interviews were conducted shortly after the group had decided to discontinue meeting. While this may have contributed to additional reflection by respondents that afforded insight into "what went wrong," the group's ending may have colored participants' views regarding what it meant to them while it was active. Other commonly cited challenges of retrospective interviews were also present, such as relying on participants' memories of events, some of which were several years ago. I was not able to observe the group's transformation; rather I relied on participants' description of it. Similarly, I also relied on

participants' self-report. In some cases, I was able to triangulate multiple accounts of a situation (e.g., the group's early years with a dynamic leader) to develop a more complete picture. In other cases, however, that was not possible. As an example, I only have participants' own reports about how their attitudes towards MHPs compared to others' attitudes. Participants considered themselves more accepting than other college students. This could be evidence of positive self-report bias evident from prior work on stigma (e.g., Eisenberg et al., 2009), an actual difference, or both. Despite the limitation inherent to self-report data however, in-depth interviews suggested that at least among longtime group stakeholders, their positive attitudes towards people struggling and seeking treatment were sincere.

The dwindling of the student group and its subsequent ending contributed to the study's small sample size. In particular, only four longtime group participants were interviewed. Had the group been more vibrant during this study, it may have been possible to speak with more participants with a wider range of experiences, rather than the participants in this study, who either had very little experience or significant experience with the group. The sample of those with group involvement was likely biased towards those who viewed it positively; group members who engaged for a significant amount of time (i.e., more than two meetings) and then discontinued did not participate in the study. Given the limited sample, this work should be interpreted as offering insight into one student mental health group located in the southeast United States. It would not be appropriate to attempt to make broad generalizations about student mental health groups from this study's findings. Rather, the current effort might be useful for the development of meaningful research questions to guide future work.

Finally, there are limitations related to my role as a researcher. I am a relatively young, white female whose bias is to support groups that help young people navigate challenges. This lens undoubtedly affected the questions I asked and the answers I received. I conducted and analyzed interviews myself, although I consulted with my faculty committee. All of that said, I took care throughout each interview to ask open-ended questions and verify with participants that I was accurately understanding their meaning (e.g., so I think you said X, does that sound about right?"). In coding and writing, I established the frequency of themes and noted when a finding was an anomaly rather than a regularity. In the future, I may solicit the assistance of another researcher in coding, so that interrater reliability can be established.

4.3 Future Directions

Multiple next steps arise from this study. This study suggests that student mental health groups can be meaningful and useful to students, particularly those who have experienced MHPs and desire a supportive community. Numerous propositions regarding these groups' theory of change could not be examined in this study. A future study may wish to test some of these propositions more specifically. As an example, a future study may consider whether participation in mental health groups helps decrease students' feelings of internalized stigma and promote their empowerment. Some student groups engage more broadly across campus to reduce stigma and promote awareness of MHPs; future work should evaluate those efforts at a campus level.

Because the timeframe of this study was short and most information was collected retrospectively, this area of research would benefit from a prospective longitudinal study. An in-depth mixed method study might allow for an examination of both group processes

and outcomes. Additionally, it may prove useful for researchers to examine multiple student groups. A comparison of cases could help illuminate differences in what "works" across campuses – this notion, or an awareness of disparities across campuses, appeared to be somewhat baffling to participants in this study (e.g. "I guess they just found a formula that works on their campus… It's what we're doing, but [we're] not seeing the outcome that they're seeing somewhere else.").

In this case, the group of interest unfortunately ended prior to study completion, and as such, recommendations based on findings were moot. In the future, however, a researcher skilled in engaging communities could work with a student group to develop a clear theory of change, strengthen their processes, align and evaluate their efforts, and ultimately, help improve outcomes for emerging adult college students.

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APPENDIX A: INTERVIEW INFORMATION SHEET

First Name_____ Age_____

Year in college _____ or N/A

Gender (circle)   Man   Woman Trans-man   Trans-woman   Other_____

Background (circle all that apply)

   Asian   American Indian   Black/African American   Hispanic

   Pacific Islander   White   Other_____

1. How did you hear about TWLOHA? _____

2. How would you describe your involvement with TWLOHA at UNCC? _____
   _____

3. How long were you involved in TWLOHA? _____or N/A

4. Were you involved with TWLOHA last semester?   Yes   No
   a. *IF YES*, How involved were you?

      A little involved   Somewhat involved   Very involved

5. What was your favorite part about TWLOHA (if any)? _____
   _____

6. What was your least favorite part about TWLOHA (if any)? _____
   _____

7. How would you rate your personal view towards people with mental health
   problems?

      Not at all   A little   Somewhat   Very accepting
      accepting   accepting   accepting

8. How would you rate your personal view towards treatment for mental health
   problems?

      Not at all   A little   Somewhat   Very accepting
      accepting   accepting   accepting

9. How would you rate college students' general view towards people with mental
   health problems?

      Not at all   A little   Somewhat   Very accepting
      accepting   accepting   accepting

10. How would you rate <u>college students</u>' general view towards treatment for mental health problems?

| Not at all accepting | A little accepting | Somewhat accepting | Very accepting |

11. What do you want people on campus to know about TWLOHA (if anything)?_____

_____

APPENDIX B: INTERVIEW GUIDES

Interview guide (semi-structured) for someone who had LIMITED experience with the organization (e.g., expressed interested but did not attend meetings; attended meetings for a short time).

Hi [*name*], thanks so much for talking with me today. I really appreciate it.

1. So you're a (college year)? How are things going?

2. Do you have your major yet?

3. Are you from the area?

4. So as you know, I'm interested in learning about student groups on campus and what makes them successful. Are you involved in many groups on campus?

    a. Which ones?

    b. How long?

    c. What do you like or not like about them?

5. What do you look for in student organizations?

6. So as I mentioned, I'm also interested in the student group TWLOHA. What has your experience with TWLOHA been?

    a. How did you hear about TWLOHA?

7. Did you get a sense for what kind of group TWLOHA was, or what they were about?

    a. Was that something you were interested in?

    b. Did TWLOHA they offer what you wanted? / Would you be interested in coming back?

8. [*Refer to information sheet*] You mentioned here that even though you signed up for the TWLOHA email list at Niner Nights, you never attended a TWLOHA meeting. Can you tell me a little bit about that?

      a.   Is there anything TWLOHA could have done that would have encouraged you to attend a meeting?

9. You may know that TWLOHA will not be meeting this semester due to low attendance at meetings. Can you think why that might be?

      a.   Would you have any advice for student groups like TWLOHA?

10. [*Refer to information sheet*] Can you tell me a little more about how you feel towards treatment and how that compares to other students?

11. Do you think that groups like TWLOHA have a role to play here on campus? What kind of role?

12. Is there anything else you'd like to add about TWLOHA or student groups in general?

Thanks so much for sharing. That's all the questions I have for you today. If you think of anything else you would like to add, just let me know. Now I will grab your gift card for you *[pass out compensation and receipt]*

Interview Guide (semi-structured) with someone who had MODERATE experience with the organization (e.g., expressed interest & attended meetings).

Hi [*name*], thanks so much for talking with me today. I really appreciate it.

1. So you're a (college year)? How are things going?

2. Do you have your major yet?

3. How do you like UNCC overall?

4. Overall level of involvement on campus?

5. So as you know, I'm interested in learning about student groups on campus and what makes them successful. Are you involved in many groups on campus?

    a. Which ones?

    b. How long?

    c. What do you like or not like about them?

    Prompt: What led to your interest in that group?

6. What do you look for in student organizations?

7. So as I mentioned, I'm also interested in the student group TWLOHA. What has your experience with TWLOHA been?

8. Have you been to a meeting?

9. How did you hear about TWLOHA?

10. What drew to you TWLOHA?

    Prompt: People become interested in groups for a lot of different reasons. What about your experiences or background led to your interest in TWLOHA?

11. You might know that there is a national organization for TWLOHA. Had you heard of that before hearing of UNCC TWLOHA?

12. Was that something you were interested in?

    a. Did TWLOHA they offer what you wanted?

13. How did attending TWLOHA impact you?

14. How did you decide you wanted to be involved?

    a. What did you like about the group?

    b. What did you not like about the group?

15. Since you joined *[e.g., last year],* how have things changed for you?

    a. Do you think participating in TWLOHA has played a role in that?

16. How has the group changed since you've been involved (if at all)?

17. How did you decide to stop going? Alt: how did you decide to not go?

18. What kind of challenges has the group encountered?

    a. What kind of positive things or successes has the group had?

19. So we know there are a lot of different ways that you can communicate these days (e.g., Facebook, email, twitter, flyers).

    a. Which ways do you typically hear about new things?

    b. Ideas for advertising TWL?

    c. Which ways do you like to receive regular information or updates from?

20. You may know that TWLOHA will not be meeting this semester due to low attendance at meetings. Can you think why that might be?

    a. Would you have any advice for student groups like TWLOHA?

21. Do you think that groups like TWLOHA have a role to play here on campus? or on college campuses in general?

    a. What kind of role?

22. [*Refer to information sheet*] Can you tell me a little more about how you feel towards treatment and how that compares to other students?

    a. Difference between therapy and medication?

    b. Difference between other people and you?

    c. What do you think contributes to that?

    d.   How do you think people's attitudes towards MHP might have influenced

        TWLOHA?

23. Are you familiar with the counseling center here on campus? What do you hear about it?

24. Is there anything else you'd like to add about TWLOHA or student groups in general?

25. Would it be OK to get back in touch in case I forgot anything?

Thanks so much for sharing. That's all the questions I have for you today. If you think of anything else you would like to add, just let me know. Now I will grab your gift card for you *[pass out compensation and receipt]*

Interview guide for student with significant involvement or leadership experience with the group.

1. Hi, so how's your week going?

2. How are classes?

3. I don't think I've ever asked you before, how do you like UNCC overall?

   How did pick it? From the area?

4. So I know you were really involved with TWLOHA, are you involved in other student

   orgs?

   a. Which ones?

   b. How long?

   c. What do you like or not like about them?

5. So we know there are a lot of different ways that you can communicate these days (e.g.,

   Facebook, email, twitter, flyers).

   a. Which ways do you typically hear about new things?

   b. Which ways do you like to receive regular information or updates from?

6. You've mentioned you were also involved with TWLOHA. How did you initially hear

   about TWLOHA? National?

   a. When was that? (Length of involvement)

   b. What led you to attend that first meeting? *Alt: what led you to found the group?*

   c. What was that experience like?

   d. What made you come back?

   e. What led you to want to get more involved (officer, etc)?

7. People become interested in groups for a lot of different reasons. What about your

   experiences or background led to your interest in TWLOHA?

8. How was your experience different as someone attending vs. leadership?

9. I know that you had leadership meetings.

   a. How was the advisor involved in these meetings?

b. How was national involved in these meetings or planning?

10. What kind of group was the UChapter?

a. What did you hope for the group to accomplish?

b. How did you think that would be accomplished?

Prompt: What kind of activities did you all do? Were there certain activities that others seemed to really respond to? What do you view as less important activities?

c. What support did you all have in implementing these activities?

d. How do you think the group did in terms of its goals?

11. What would you identify as some of the positive experiences or successes?

12. How do you think members were impacted by the group?

13. What do you think members got out of attending the group?

14. How are you feeling about TWLOHA not meeting this semester?

a. What will you miss about the group?

b. Why do you think the group isn't meeting?

c. Membership

i. How did you build students' interest/engage them?

ii. What do you think makes it hard for people to come to the first meeting?

iii. What makes it hard to come back?

iv. Why do you think people might be drawn to a group like TWLOHA?

d. Besides membership, other challenges you encountered in leading the group?

e. What do you think might have helped TWLOHA stay active? (e.g., help from advisor, UNCC, TWLOHA national)

f. Upon reflection, is there anything you wish the group had done differently?

g. Or anything in general you wish had been different (advisor, national, previous officers, etc.)?

  h. Do you have advice for other student groups like TWLOHA?

15. How do you think the group changed over time? What do you think contributed to that change?

16. Do you think that groups like TWLOHA have a role to play here on campus?

  a. Or on college campuses in general?

  b. What kind of role?

  c. How do you think the campus itself has been impacted by TWLOHA?

17. Sometimes people feel like they grow or change as a result of an experience or something they did. Do you think that you've changed in any way as a result of your involvement with TWLOHA?

  a. How has your involvement with TWLOHA shaped your experience in college?

18. *[refer to information sheet]* Can you tell me a little more about how you feel towards treatment and how that compares to other students?

  a. Difference between therapy and medication?

  b. Difference between other people and you?

  c. What do you think contributes to that?

19. Are you familiar with the counseling center? Thoughts about it?

20. What would you have wanted people on campus, whether its staff or other students to know about TWLOHA?

  a. What would you have wanted national to know?

21. Is there anything else you'd like to add about TWLOHA or student groups in general?

22. Is it okay to get back in touch if I have any further questions?

Thanks so much for sharing. That's all the questions I have for you today. If you think of anything else you would like to add, just let me know. Now I will grab your gift card for you *[pass out compensation and receipt]*

Interview guide with non-student who advised the group.

Hi [*name*], thanks so much for talking with me today.

1. I'm wondering if you could walk me through a little bit, the history of the group?

2. How did you become the advisor of TWLOHA?

    a. What did you see as your role as the advisor?

    b. What did the students see as your role?

    c. How did that go?

    d. Did your role change over time? If so, how?

3. What did you see as the goal of the organization?

    4. How did you see the organization accomplishing this goal? (e.g., activities)

    5. From your perspective, what were the key components or activities of the group?

6. Do you think the organization attained this goal?

    a. Was there any kind of evaluation?

7. Who or what were other entities that supported the student group?

    a. How did the college support (or not) the group?

    b. How did the national organization support (or not) the group?

8. How has the group changed over time?

    a. What challenges did the group face over time?

    b. What successes has the group had?

    c. What was done to help with challenges?

9. What kind of group would you say TWLOHA is?

    a. Others said support (not that).

10. How do you feel about the group not meeting this semester?

    a. What do you think contributed to it?

    b. Marketing ideas?

      c.   What else could have been done (if anything)?

11.   Have you been the advisor for other groups? How did that experience compare to being advisor of this group?

12. Do you have any advice for students or advisors of groups like TWLOHA?

13. Is there anything you'd like the TWLOHA national organization know about based on your experience as an advisor of a chapter?

14. Do you think that groups like TWLOHA have a role to play here on campus?

      a.   Or on college campuses in general?

      b.   What kind of role?

15. [*Refer to information sheet*] Can you tell me a little more about how you feel towards treatment and how that compares to other students?

      a.   Difference between therapy and medication?

      b.   Difference between other people and you?

      c.   What do you think contributes to that?

      d.   How do you think people's attitudes towards MHP might have influenced TWLOHA?

16. Anything else you'd like to add?

17. Would it be okay to reach out if I had any further questions?

Thanks so much for sharing. That's all the questions I have for you today. If you think of anything else you would like to add, just let me know. Now I will grab your gift card for you *[pass out compensation and receipt]*