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The Mighty Warriors: A Managing Mental Health Group to Support Students with Disabilities and Mental Health Symptoms

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Introduction

Over the past decade, the number of students with disabilities attending colleges and universities has increased (Heiman, 2006). Each year, approximately one in four Americans experience a diagnosable mental illness (Hartley, 2013). In Accessibility Services, there is a growing number of students with mental illnesses that are registered, but many students with other disabilities share mental health struggles, as a result of stress and anxiety. Research shows that students with a learning disability are at a risk of experiencing academic difficulties and that students with disabilities are at least twice as likely to have mental health problems than their non-disabled peers (Piers and Duquette, 2016).

Literature on the difficulties of students with disabilities in higher education, and the factors that contribute to successful graduation reveal that to succeed, those with disabilities need to adjust to the demands of higher education and to learn to deal with deficits in their academic and social skills (Heiman, 2006). These students have a deficit in education surrounding mental health struggles, not in their ability. It has been reported that those with emotional difficulties, compared to students with other disabilities, were more likely to be negatively regarded by both staff and fellow students and were less likely to receive concrete assistance for their difficulties (Dryer, 2016). For many individuals, simply to have an opportunity for further education can assist in recovery for a mental health disorder (Hartley, 2013).

The Americans With Disabilities Act (ADA) of 1990 has ensured that individuals with mental illness have access to the same opportunities as individuals without disabilities (Hartley, 2013). While these individuals have the same access to opportunities as individuals without disabilities, there are no currently no services specific to them at Resilience College, outside of the Accessibility Services Office. These students need a peer-group where they can explore

mental health and well-being topics as well as services and resources available as a college student. The research question driving this project is, what services would be beneficial for students with disabilities that are also experiencing mental health symptoms at Resilience College?

Housed within the greater Academic Success Center, Resilience College has an Accessibility Services Office that is dedicated to providing reasonable accommodations and services to students with diagnosed disabilities, including mental health disorders. In Fall of 2019, the office served 535 students, which was a 20% increase from the year before (reference anonymized). That is about 13.7% of the undergraduate student population and 2% of the graduate student population registered with our office, which is above the national average of 12% (reference anonymized). Part of the Accessibility Services Office's Mission Statement states that it will "develop collaborative relationships on campus and in the community to promote an environment conducive to the completion of higher education degree requirements" (reference anonymized). In order to ensure that students at Resilience succeed personally and academically, it is paramount to provide them with programs and services that match their diverse sets of needs. Of note, the establishment of a peer program to increase student success and reduce stress is principal in assisting students at the college. The developed peer program, named Mighty Warriors, includes a series of intentional activities that lead students to learn about their mental well-being, which in turn, leads them to experience success academically and personally. Desired activities within the program were created in accordance with the Self Determination Theory (Deci and Ryan, 2000), and include bi-weekly meetings, mentorship, organized social activities, and mental health resources.

The Accessibility Services Office embraces the college's mission to enlighten minds, engage hearts and empower the lives of their students. Through education, Mighty Warriors, a managing mental health group, will enhance the student experience for students with disabilities and increase their success both personally and academically at Resilience College. The literature review that follows reviews key findings related to naming challenges that students with disabilities face and interventions advancing their coping skills.

<div align="center">**Literature Review**</div>

There is an increase in comorbidity among mental health issues and disabilities, but there is currently a lack of research on the topic and services available to students. Managing mental health groups are beneficial to students that have disabilities and are learning to cope with the balance of college life. By exploring literature on Learning Disabilities and Student Success, Mental Health and Student Success, Interventions and Student Success, and Coping Strategies for Students with Mental Health and Disabilities, an effective managing mental health group can be created. This project was informed by each of these areas of literature, as summarized below.

Learning Disabilities and Student Success

Carlson and Davies (2011) wanted to measure relationships between internal and external identity management and well-being in individuals with two types of invisible disabilities: learning disabilities and a history of mental health problems. Analysis of the surveys revealed significant relationships between dis-identification with disability and both self-esteem and self-determination in students with invisible disabilities. The results highlighted the stigmatizing effects of diagnostic labels for students with invisible disabilities and the need for a multi-dimensional scale to measure identity with disability. The researchers chose to measure both self-esteem and self-determination as indicators of well-being in individuals with disabilities. In

this study, surveys were used with a sample of 111 undergraduate and graduate students

attending three Pacific Northwest colleges. The population was made up of 59% with learning

disabilities, 4% with mental health issues, and 48% with both. The questions centered around the

degree of identification with disability (spread, containment, or isolation), the degree to which

the individual is out about having a disability, and the levels of self-esteem and self-

determination.

The researchers found that participants that identified strongly with isolation, which

means minimal identification with disability, had increased self-esteem and participants that

identified strongly with spread, which means maximum identification with disability, had low

self-esteem. The participants that identified more strongly with isolation tended to be more self-

determined than participants who identified strongly with spread. The researchers found that

there was no significant relationship between outness and identification with disability. The

correlation between outness scores and self-determination was significant. Students who were

more out about their disabilities were also more self-determined than the less out individuals.

The findings indicated that professionals need to encourage students not to identify with the

stigma attached to disabilities or allow the stigma to define their perceptions of their own

capabilities. Clinicians also need to allow patients to define what their disabilities mean for them

outside of the constraints of societal stigma.

Even with the challenges associated with the stigmatization of disabilities, there is

evidence that social support and social settings may help students be successful, however,

students with disabilities perceive these supports to be lower. Heiman (2006) inquired about how

students with learning disabilities differed from students without learning disabilities in terms of

perceived social support, stress and sense of coherence. The study also investigated students'

perceptions of their academic success as compared to their rating of their struggles and failures. Students with learning disabilities tended to experience slightly higher academic stress than students without learning disabilities. Social support was identified as a protective factor in a student's life that contributed to students' successful adjustment to university. *Sense of coherence* referred to how they developed a general orientation that ensures internal and external environment are known and predictable. In this study, the researchers employed multiple surveys that focused on social support, perceived stress, sense of coherence, and measure of academic success on a sample of 381 undergraduate students (139 men and 242 women) attending Open University of Israel. There were two groups: 191 students with learning disabilities (94 men, 97 women) and 190 students without learning disabilities (45 men and 145 women).

The researchers found that students without learning disabilities reported higher levels of social support, greater support, higher study skills and success and were less likely to attribute success to external factors. Students with learning disabilities reported higher total scores of lack of success and higher stress. Students with learning disabilities reported higher levels of academic stress but not daily. The preliminary findings demonstrated that perceived social support is lower in students with learning disabilities. Thus, social setting was identified as important in supporting students with learning disabilities and the successful adjustment to higher education. This is because students with learning disabilities reported higher levels of stress due to the effort needed to overcome objective deficiencies.

While Heiman (2006) looked at how social support contributed to academic success of students with learning disabilities, Dryer et al. (2016) examined whether the non-academic constructs of psychological well-being, motivation to learn and quality of life explained the variance in the academic achievement of students with disability and students with a mental

health disability differed from the students with other disabilities on academic achievement and non-academic constructs. The results showed that social relationships and self-efficacy were significant variables that could clarify the variance in academic achievement. Students with mental health disability differed from other disabilities on measures of psychological health, physical health, and social relationships. *Motivation* was described as an integrative process incorporating the human need for competence, autonomy, and relatedness, which are likely moderated by intrinsic and extrinsic goal intentions.

The study indicated that it was important to acknowledge the complexities of disabilities and focus on the motivational and well-being issues that may impact academic attainment and the potential differences between two disability groups; those with mental health issues and those without. Amongst students with mental health disabilities, their main barriers to learning were around the issues of stigma and alienation, non-accepting culture of fellow students, lack of support from academic staff and lack of awareness amongst staff about reasonable study adjustments. Self-determination theory was used to make a strong theoretical argument for research into the integrative antecedents underlying a student's attitudes and behaviors in reference to explaining educational achievement. Using surveys, the researchers surveyed 83 students with disabilities at Charles Stuart University in Australia with 30 of them with mental health disabilities and 53 with non-mental health disabilities. The questions explored included mental health, motivation, learning strategies, quality of life and more.

The findings suggested that students with mental health disabilities may be vulnerable to social isolation. Thus, the importance of ensuring that these students have adequate access to social networks and study support that may lead to enhanced learning outcomes and self-efficacy beliefs was mentioned. The findings also indicated the importance of examining the influence of

disability type on student's cognitive and behavioral dimensions, such as their motivation to learn, engagement, persistence and academic achievement. This study makes a valuable contribution to literature by providing insights into the possible explanations that contribute to academic achievement in students with disability. These findings demonstrate a need for students to understand their rights and responsibilities as well as self-advocacy.

Dryer et al. (2016) examined whether the non-academic constructs of psychological well-being, motivation to learn and quality of life explained possible contributions to academic achievement. However, advisors would need to understand these constructs and apply it to their advising in order to effectively support students. As such, Ryser and Alden's (2005) study of advisors perceptions of and responses to the social and emotional needs of college students with learning disabilities and ADHD would be informative. Four themes emerged: social-emotional issues that students present in the advising relationship; advisor challenges and responses to presenting issues; sources of advisor support; and monitoring of student medication. Data supports a revised and expanded developmental advising model that includes complex layering of social and emotional challenges that face students with learning disabilities and ADHD and the factors that keep this complex domain in balance with academic and career exploration. When exploring comorbidity issues for these students, one should first consider the degree to which the primary diagnoses exist in tandem with their disability and mental health issue. Although a clear understanding of the underlying causes of the social and emotional problems exhibited by people with learning disabilities remain unclear, the same cognitive processing deficits that appear to interfere with writing, reading, and other academic tasks may adversely affect the learning of social skills.

Data was collected through 34 surveys that collectively added up to 170 years of experience and focus groups that consisted of a random selection of these participants that fell into categories of experience. The sample consisted of 34 advisors from Landmark College in Putney, Vermont, which is a college designed for students with a learning disability or ADHD. The questions were centered around understanding the ways that advisors who work with college students with learning disabilities and ADHD perceive and respond to the social and emotional issues that arise with their advisees. Three themes emerged from the survey and focus group: the ways that social and emotional issues that students with learning disabilities and ADHD present in the advising relationship; advisor challenges and responses pertaining to advisee's social and emotional issues; and the sources of support for advisors working with these students. The fourth theme of monitoring medications came from the focus group. These findings indicate a need for advisors to build effective protocols to help students finesse academic and social-emotional balance.

While Ryser and Alden (2005) focused only on advisors and their helping students finesse academic and social-emotional balance, Piers and Duquette (2016) wanted to more broadly examine the challenges that students with learning disabilities face and the capacities and resources that facilitated their resilience and helped them achieve their current level of academic achievement and mental health. The participants identified a number of interactions among the students and their parents, teachers, and peers that helped shape and develop the capacities they needed in order to negotiate the support and resources that sustained their well-being. Originally conceptualized in terms of risk and protective factors, resilient individuals were seen to be able to manage risks due to quantity and quality of protective factors. Protective factors consisted of individual capacities and environmental resources. Individual capacities are

students coming to terms with learning disabilities and understanding what that means for them, their sense of control and having a positive attitude and temperament. They conceptualized resilience as "the capacity of individuals to navigate their way to psychological, social, cultural, and physical resources that sustain their well-being in the face of adversity, and the capacity, individually and collectively, to negotiate for these resources to be provided" (Piers and Duquette, 2016, p. 24). Students with learning disabilities that actively sought out support and were able to attract or draw support to them from the environment were more successful.

Using interviews, thirteen postsecondary students from Ontario with learning disabilities were focused on in addition to their families. The questions were broken into three interviews with the first focusing on context, the second focusing on challenges faced with a focus on capacities and resources used to help, and the third question providing an opportunity to reflect on what was shared. While each story was unique, the overarching paths of their journeys revealed common themes including the presence of early academic and socio-emotional challenges; the importance of early diagnosis and intervention; common family characteristics and support; development of self-awareness, self-acceptance, and self-advocacy over time; the importance of goal setting and determination; and the important, yet complex role of social support. The findings indicate that there is a need to switch the focus from changing individual behaviors to improving the availability of resources within the community to facilitate resilience.

Mental Health and Student Success

Jones, Park and Lefevor (2018) wanted to provide insight about student anxiety as reported by students and their counselors. Analyses showed that academic distress accounted for the largest amount of variance in anxiety, followed by financial stress, family support and peer

support. The relationship between academic distress and anxiety is bidirectional. Financial stress is associated with a decrease in both mental and physical health as well as an increase in anxiety. Social support appears to mitigate the negative effects of distressing events. Social support has an inverse relationship with anxiety. This analysis of data from Center for Collegiate Mental Health database from 2013 to 2014 examined data from 101,027 clients at 140 college counseling centers in the US, Canada and the UK. Of these, 80,509 met the inclusion criteria, leaving a sample of 49,706 of them being women (61.7%), 29,330 men (36.4%), 0.3% transgender, 0.5% self-identified, and 1.0% missing data. The questions were centered around how much each of several factors (academic distress, financial stress, peer support, and family support) affect anxiety and how much of the variance in college student anxiety can be attributed to the combination of these factors.

The findings showed that academic distress accounted for the most variance in anxiety. The extent to which academic distress predicted anxiety, especially relative to other well-known predictors of anxiety, is an important contribution to understanding collegiate anxiety. Financial stress was significantly related to anxiety and accounted for the most unique variance in anxiety, after academic distress. Although family and peer support accounted for a smaller portion of the variance in anxiety relative to academic distress, both were significantly negatively related to anxiety. These findings indicated parallels between the increase in the cost of education and an increase in mental health concerns. Counselors may teach students study and time management skills to combat the concern of academic performance, as well as coping skills to resolve anxiety associated with future plans and to help students feel better equipped to meet high academic expectations. Counseling centers should consider forming anxiety themed groups that

incorporate skills for managing academic distress to serve a larger number with limited

resources.

While Jones, Park and Lefevor (2018) focused on examining academic distress, financial

stress and support in students with anxiety, Hartley (2013) conversely investigated the

relationship of resilience in academic persistence. Hartley (2013) researched how inter- and

intra-personal resilience and mental health affected academic persistence. Intrapersonal

resilience was more important and operated differently for students with more distress. There

was a strong correlation between resilience factors and mental health that demonstrates that

resilience may assist students with mental health issues to cope more effectively. Resilience is

defined as the complex interplay between individual and environment, in which an individual

can influence a successful outcome by using protective factors. Resilience speaks to the many

ways that individuals cope with adversity. The literature cited for this study emphasized that

resilience may help students with mental health issues cope more effectively with the

complexities of college learning and development and improve retention, which is congruent

with Tinto's Theory of Student Development. Resilience is the cumulative effect of multiple

protective factors that allow students to be successful despite adversity and is critical in today's

demanding college environment.

Data was collected through surveys of 121 participants (87 women and 34 men). These

participants were from two land-grant midwestern universities and the sample contained a higher

percentage of women than the student body but was comparable to the percentage of ethnic

minorities. The questions explored how resilience variables contributed to the explanation of

variance in the response variables and how the resilience variables moderated the relationship

between mental health and the response variables. The researchers found significant interaction

between mental health and intrapersonal resilience indicating that the relationship between intrapersonal resilience and time to credits completed become stronger for students with the most elevated levels of psychological distress. The researchers found evidence that the resilience framework may be an important avenue for promoting academic persistence in students with mental health issues. The findings indicated that resilience interventions should be linked to the student's academic and career goals, making information more useful to students in understanding the past and creating change in the future. They also noted that collaboration with existing college life service providers is beneficial to promote positive peer group norms for students with mental health issues. The theme of effective coping with mental health issues should be prevalent on campus. Counselors should consider the impact of disability-specific factors, such as the impact on college learning and development and how the experience of disability varies by other identities.

Hartley's (2013) findings emphasized the importance of collaborating with existing college life service providers but did not take into consideration what is currently being done. McAllister et al. (2014) researched the support role provided to students by staff regarding mental health challenges. Staff shared their experiences and identified personal and organizational challenges as well as the rewards that they receive working with these students. There are many factors contributing to high levels of student distress, which can lead to mental health challenges that then lead to discrimination, social isolation, alienation, and reduced sense of well-being. There is evidence that suggests rates of psychological distress in localized populations of university students. As a result, there is now an expectation that staff understand and provide effective pastoral care. In this study, data was collected through interviews with 27 university staff members from two Australian universities. The interview questions were

designed to explore the parameters and impacts of staff experiences with students who present with mental health challenges. Extra questions were later added for academic staff which included observed apparent impacts of mental health challenges on student learning, self-generated solutions to better manage future approaches from students, and proposals for changes to existing university systems.

Four themes emerged from data analysis that articulated the experience of staff members: factors that facilitate initiation of staff support, barriers to providing support, challenges facing staff, and how universities support students with mental health challenges. The researchers concluded that more research was needed. They also determined that there is a need to shift to mental health promotion rather than illness prevention and an urgent need to review services. There is also a need for the development of guidelines for colleges and universities to facilitate improved educational outcomes for students with mental illness.

Interventions and Student Success

Enrique et al. (2019) wanted to assess the feasibility of an internet-delivered intervention for resilience in college students. Preventative interventions aimed at enhancing resilience have the potential to improve mental health and well-being in college students and internet delivery may improve access to these interventions. Interventions are any forward-looking program that seeks to enhance individual, group, or population resilience in an attempt to prepare users for future adversity. Despite the existence of adequate treatment, the most recent World Mental Health survey reported that only 6.7-23.1% of college students received treatment for their mental health disorder (Enrique et al., 2019, p.1). One of the reasons for low treatment rates is related to low levels of help seeking behaviors among college students, who report beliefs that

stress is normal in university, not seeing their needs as services and not having time for treatment as barriers to seeking treatment.

A preventative approach that focuses on promoting well-being, rather than a problem-focused approach may be particularly attractive to college students given perceptions that mental health problems are normal or not serious. Resilience interventions often seek to enhance protective factors. Using focus groups, undergraduate and graduate students at the Trinity College Dublin were divided into three groups: one with human support intervention, automated support intervention, and waiting list control. The questions were centered around the ability to cope with stress, self-report of well-being, resilience test, depression and anxiety test, self-esteem, and perceived stress. The study is in process but has the potential to reduce the burden of misery that characterizes society's attitude to mental health and foster greater happiness and increasing the prevalence of successful versus stressful life events.

While Enrique et al. (2019) explored the effectiveness of an internet-delivered intervention for resilience, Conley et al. (2019) focused on the effectiveness of a peer-led intervention for reducing the stigma of mental illness and found that internet-delivered intervention assists with this. The intervention evidenced significant benefits for self-stigma about mental illness, appraisals of perceived resources to cope with stigma-related distress, and self-efficacy about disclosure of their mental illness status. Corrigan, Rafacz and Rusch (2011) stated that self-stigma is understood theoretically as consisting of four progressive stages: awareness of negative stereotypes of people with mental illness, agreement with stereotypes, application of stereotypes to oneself, and resulting psychological harm (p. 2). Personal or self-stigma is particularly damaging as it is associated with lower likelihood of help seeking and poor academic outcomes as well as lower quality of life and diminished self-esteem and self-efficacy.

Honest, open, proud (HOP) is a peer led group-based intervention for those who self-identify as living with mental illness with the goal of empowering participants to make decisions about whether and how to disclose their mental health status and to reduce stigma and its impact in the process. In this study, surveys were conducted with a sample of 118 students from 3 university campuses in two urban settings, with undergraduate enrollments of 3,000 to 12,000 and graduate enrollments of 3,000 to 5,000. There were 75 participants from campus one (63.6%), 25 participants from campus two (21.2%), and 18 participants from campus three (15.3%). The questions centered around self-stigma, stigma appraisals of stress and coping, self-efficacy about disclosure or secrecy and mental health symptoms.

The researchers found that there was a decreased level of harm from self-stigma over the duration of the intervention, while there was an increase in the control group. The intervention group exhibited higher levels of resources to cope with stigma stress and had a positive effect on one's level of self-efficacy about disclosure. The findings were not found to have an impact on levels of depression or anxiety. The findings indicate that groups like this help students receive needed services to improve their mental health and associated life outcomes. There is a need for technology based mental health interventions as a way to offset the growing demand and stigma.

Group peer-led interventions were found to impact socio-emotional and mental health outcomes of students by Conley et al. (2019) but Haft et al. (2019) explored one-on-one mentoring as an intervention for this population. Haft et al. (2019) wanted to examine potential interventions to address the issue of learning disabilities and attention deficit hyperactivity disorder (ADHD) often being accompanied by significant socio-emotional impairment and mental health challenges. Results suggested that mentoring shows promise as a potential intervention. This study is the first to quantify the effect of a near-peer mentoring program on

youth with learning disabilities and ADHD. Learning disabilities and ADHD are two high-incidence neurodevelopmental disorders that occur in approximately 5% of population and have higher rates of anxiety and depression than their counterpart without diagnosis (Haft et al., 2019, p. 318). There is an increasing interest in interventions that build socio-emotional resources and protect mental health in this population, such as mentoring. Mentoring influences these outcomes by providing positive interpersonal relationships for social support and modeling adaptive strategies for emotion regulation. This study utilized focus groups and surveys with a sample of students from 18 schools of 234 participants, in which 99 had learning disabilities or ADHD and were mentored, 51 with learning disabilities or ADHD and were not mentored, and 84 without learning disabilities or ADHD. The questions centered around interpersonal relationships, self-esteem, anxiety, and depression.

The results suggested baseline socio-emotional differences between youth with and without learning disabilities and ADHD but show that mentoring could positively impact depression, self-esteem, and interpersonal relationships. Contrary to the hypothesis, youth with learning disabilities and ADHD did not show a significant increase in anxiety than the control group. Thus, mentoring might have a protective effect on interpersonal relationships. The findings indicate that educators and clinicians need to understand the emotional sequelae of youth with learning disabilities or ADHD. These group peer-led and mentoring interventions need to become a focus of both research and practice.

Coping Strategies for Students with Mental Health and Disabilities

Demirbas-Celik (2018) inquired about which factors of personal meaning explain mental well-being in different stages of age. The seven factors explored are achievement, relationships, religion, self-transcendence, self-acceptance, intimacy and fair treatment. All factors except

religion were found to explain mental well-being. Personal meaning is defined as an individually constructed cognitive system and is a building block for well-being. Development theories support that meaning may increase with age and that the search for meaning takes place during adolescence and emerging adulthood, specifically. Having meaning is positively linked with hope and optimism. Cognizance of meaning acts as protective factors against risk behaviors in adolescence. The researchers utilized a personal meaning profile and mental well-being scale with 410 participants (226 female, 184 male), which were then separated into groups for adolescence, emerging adulthood, and adulthood based on age. The adolescence group consisted of 118 participants (60 female, 58 male) aged 16-18. The emerging adulthood group had 115 participants (59 females, 56 male) aged 19-24. The adulthood group consisted of 115 adults (59 females, 56 male) aged 25-59.

The researchers found that, considering the negative relationship between personal meaning and depression, stress and hopelessness, it is clearly important that services that help develop each source of meaning be provided for the sake of protective mental health. In adolescence, success was found to explain mental well-being and self-acceptance was found to be lower in adolescents than when compared to emerging adults and adulthood. In emerging adults, all factors except relationship and religion predicted mental well-being, with intimacy being the biggest necessity during this period. Achievement was found to predict mental well-being in adolescents and emerging adults but not older adults. This study found that it is important that effort is made to provide students with an environment where every student can experience success. Understanding where students are in terms of meaning during their stages of development is vital to providing support for mental well-being and will play a big role in student success.

While Demirbas-Celik (2018) explored which factors of personal meaning explained mental well-being, Mahoney et al. (2017) worked to understand how to apply well-being to a group intervention. Mahoney et al. (2017) wanted to understand the effectiveness of a 'Five Ways to Well-Being' group in a population of people with learning disabilities. Participants found the group useful and the scores suggested an increase in mindfulness practice but there was no evidence that running a 'Five Ways to Well-Being' group with people with learning disabilities would improve their well-being. The five ways to well-being that the authors named are the following: connecting with people, being active, noticing things around you, continuously learning, and giving to others. Well-being was not just the absence of mental disorders but included feelings of positivity, positive relationships, having control over one's own life and a sense of purpose. Illness and well-being were determined to not be mutually exclusive. The researchers indicated that people with learning disabilities were more likely to experience a range of circumstances associated with an increased risk of developing mental health problems, including stigma, discrimination, and a lack of the same opportunities as those without learning disabilities.

Data was collected through surveys from 12 adults attending a council funded day support service for adults with mild to moderate learning disabilities. The questions in the survey were focused on self-esteem, mental well-being, and how often participants implemented the five ways of well-being into their lives. The findings demonstrated no significant increase in self-esteem or subjective well-being. Through qualitative feedback, support was found in the participants noticing things more often. The finding that participants' uses of mindfulness improved is likely due to repetition of mindfulness practices. These findings indicate a need for more research in this area. It also revealed that it is important that effort is made to provide

students with an environment wherein every student can experience success. Education policies

may be developed in order to create a new perspective on the definition of success. The findings

also indicated that efforts toward increasing self-acceptance in students will contribute to their

well-being.

It is important to note the needs of an individual when exploring their well-being.

Jorgensen et al. (2018) compared aspects related to academic persistence of two groups of

college students with non-visible disabilities (mental health related disabilities and specific

learning disabilities). Results show that students with mental health related disabilities were less

likely to intend to graduate than students with learning disabilities. Different variables predicted

intention to graduate for the groups. This is a key finding in helping students in these groups

successfully graduate, as they may have different academic, social, personal, and

accommodation needs. Theory of Planned Behavior proposes that behavior is influenced by the

intention to carry out the behavior. The literature on students with mental health related disorders

is much sparser than learning disabilities but there is substantial comorbidity between them. A

better understanding of the differences can provide further insight about facilitating inclusion of

students with mental health related disabilities in college. The Theory of Planned Behavior has

been used to predict academic persistence and graduation of students with disabilities in general

and is used in this study to predict intention to graduate among students with learning disabilities

and mental health related disabilities.

A survey was used with 110 Canadian students, which was made up of 55 students with

learning disabilities and 55 with mental health related disabilities. The questions centered around

the students' college experience, Theory of Planned Behavior, self-efficacy and social alienation.

The findings showed that mental health related disabilities were less likely to intend to graduate,

reported lower self-efficacy, and were less likely to register for accessibility services as a result of stigma. A key difference between students with mental health related disabilities and those with learning disabilities was that the most powerful predictors of intention to graduate were subjective norms and how much control students felt that they had over whether or not they graduated, respectively. The findings demonstrate a need to further investigate why students with mental health related disabilities do not register for accommodations, and then to improve the processes and systems for doing so.

In order to improve the above-mentioned processes and systems, there is a need to develop guidelines for these anticipated needs as seen with the National Guideline Alliance (2016). National Guideline Alliance (2016) wanted to develop guidelines so that people with learning disabilities who have mental health problems, receive equality of care and support. These guidelines consider anticipatory care aimed at prevention of mental health problems; care, support, and recovery for persons with learning disabilities who have mental health problems; and associated support for family. The Department of Health used the term 'learning disabilities' when the following three core criteria are present: a significantly reduced ability to understand new or complex information, to learn new skills, with a reduced ability to cope independently, which started before adulthood, with a lasting effect on development (National Guideline Alliance, 2016, p. 19). The World Health Organization defines mental disorders as a "broad range of problems, with different symptoms,... generally characterized by some combination of abnormal thoughts, emotions, behavior and relationships with others" (National Guideline Alliance, 2016, p. 20). The prevalence of mental health problems is influenced by the underlying cause of the person's learning disability if it has a distinctive behavioral phenotype and other factors. Common mental health problems with learning disabilities show high and enduring rates.

In this report, a committee of healthcare, social care, education professionals, lay representatives, and technical experts undertook the development of a guideline. The seven basic steps in the process of developing the guideline was to define the scope, define the review questions of the scope, develop a review protocol, synthesize data retrieved, produce evidence, consider the implications and answer the review questions with evidence-based recommendations for practice. These findings suggest that higher education should take into consideration the comorbidity of these issues. It is important to avoid therapeutic skepticism and diagnostic overshadowing and to offer assessments and person-centered intervention and support plans as one would for other persons with learning disabilities.

In summary, the research referenced in this literature review indicated that there is a need to better understand individuals with disabilities as well as mental health disorders, and that peer led group interventions and mentoring are effective interventions for these two populations, and that the development of coping strategies is that end goal. To develop coping strategies, it is best to focus on alleviating stigma, providing support, and improving overall well-being.

Theory Overview

The purpose of this project is to empower students with both disabilities and mental health issues by developing a Managing Mental Health Group whose outcome is to build conditions for competence, autonomy, and relatedness through the creation of structured learning experiences, mentoring and provision of resources, in order to eliminate alienation and ill-being amongst this student group. In this project, I am using Deci and Ryan's (2000) self-determination theory in order to nurture the innate human potentials entailed in growth, integration and well-being, and to explore the processes and conditions that foster the development and functioning of individuals, groups, and communities. Self-determination theory is an approach to human

motivation and personality that highlights the importance of people's inherent growth tendencies, innate psychological needs for their self-motivation and personality integration, as well as the conditions that foster these positive processes (Deci and Ryan, 2000). The three needs of self-motivation are the need for competence, relatedness, and autonomy. In this project, self-determination theory informs the work on identity development for students with disabilities and mental health issues as they work to understand their needs and advocate for themselves.

Motivation, as understood by the Self-Determination Theory is the core of biological, cognitive, and social regulation because it focuses on activation and intention (Deci and Ryan, 2000). Motivation is highly valued because of its consequences: motivation produces. Motivation is often treated as a singular construct but people are moved to act by very different types of factors, with highly varied experiences and consequences. The issue of whether people stand behind a behavior out of their interests and values, or do it for reasons external to the self, is a matter of significance in every culture and represents a basic dimension by which people make sense of their own and others' behaviors. A major focus of self-determination theory is asking what kind of motivation is being exhibited at any given time. By considering these perceived forces that move a person to act, self-determination theory has been able to identify several distinct types of motivation, each of which has specifiable consequences for learning, performance, personal experience and well-being (Deci and Ryan, 2000). The two main types of motivation that will be discussed are intrinsic and extrinsic motivation.

The construct of *intrinsic motivation* describes this natural inclination towards assimilation, mastery, spontaneous interest, and exploration that is essential to cognitive and social development but also represents a source of enjoyment and vitality throughout life (Deci and Ryan, 2000). The maintenance and enhancement of this inherent propensity requires

supportive conditions, as it can be fairly readily disrupted by various non-supportive conditions. Cognitive evaluation theory (CET), a sub-theory within self-determination theory, aimed to specify factors that explain variability in intrinsic motivation. Intrinsic motivation, being inherent, will be catalyzed when individuals are in conditions that conduce toward its expression. CET shows that feelings of competence will not enhance intrinsic motivation unless accompanied by a sense of autonomy or by an internal perceived locus of causality. Therefore, people must experience their behavior as self-determined for intrinsic motivation to be in evidence. Research shows that extrinsic rewards can undermine intrinsic motivation. Research also showed that not only tangible rewards but also threats, deadlines, directives, pressured evaluations, and imposed goals diminish intrinsic motivation because, like tangible rewards, they conduce toward an external perceived locus of causality. Choice, acknowledgement of feelings, and opportunities for self-direction were found to enhance intrinsic motivation because they allow people a greater feeling of autonomy. Intrinsic motivation is more likely to flourish in contexts characterized by a sense of security and relatedness (Deci and Ryan, 2000).

The real question concerning non-intrinsically motivated practices is how individuals acquire the motivation to carry them out and how this motivation affects ongoing persistence, behavioral quality, and well-being (Deci and Ryan, 2000). According to self-determination theory, these different motivations reflect differing degrees to which the value and regulation of the behavior have been internalized and integrated. *Internalization* refers to people's "taking in" a value or regulation, and *integration* refers to the further transformation of that regulation into their own so that it will emanate from their sense of self. Internalization and integration are central issues in childhood socialization, but they are also continually relevant for the regulation of behavior across the lifespan. Self-determination theory has addressed the issues of the

processes through which such non-intrinsically motivated behaviors can become truly self-

determined and the ways in which the social environment influences those processes (Deci and

Ryan, 2000).

　　　　The term *extrinsic motivation* refers to the performance of an activity in order to attain

some separable outcome, and thus, contrasts with *intrinsic motivation*, which refers to doing an

activity for the inherent satisfaction of the activity itself (Deci and Ryan, 2000). Self-

determination theory proposes that extrinsic motivation can vary greatly in its relative autonomy,

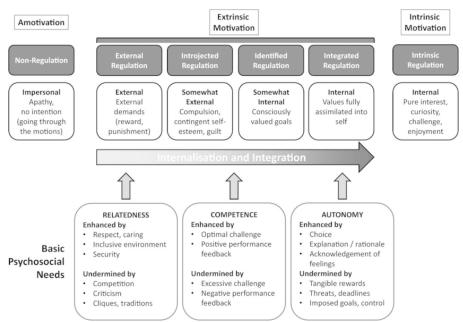or relation of independence (Deci and Ryan, 2000).

*Figure 1.1 The Self-Determination Continuum Showing Types of Motivation With Their
Regulatory Styles, Loci of Causality and Corresponding Processes (cited in reference list)*

　　　　To detail the different forms of extrinsic motivation and the contextual factors that either

promote or hinder internalization and integration of the regulation for these behaviors, Deci and

Ryan (2000) introduced a second sub-theory called organismic integration theory (OIT) (*as seen

in Figure 1.1*). Although many theorists have treated motivation as a unitary concept, each of

these categories identified within OIT described theoretically, experientially and functionally

distinct types of motivation. At the far right of the continuum is intrinsic motivation, which is highly autonomous and represents the prototypic instance of self-determination. Extrinsically motivated behaviors cover the continuum between amotivation and intrinsic motivation, varying in the extent to which their regulation is autonomous. As people internalize regulations and assimilate them to the self, they experience greater autonomy in action. This process may occur in stages, over time, but it is not a developmental continuum in the sense that people must progress through each stage of internalization with respect to a particular regulation (Deci and Ryan, 2000).

They can internalize a new behavioral regulation at any point along this continuum depending on both prior experiences and current situational factors (Deci and Ryan, 2000). The range of behaviors that can be assimilated to the self increases over time with increased cognitive capacities and ego development (Deci and Ryan, p.73). There is evidence that children's general regulatory style does tend to become more internalized or self-regulated over time (Deci and Ryan, p.73). The advantages of greater internalization appear to be manifold, "including more behavioral effectiveness, greater volitional persistence, enhanced subjective well-being, and better assimilation of the individual within their social group" (Deci and Ryan, p.73).

Because internalization of behavior is key to helping individuals move through the OIT continuum until they reach intrinsic motivation, a discussion of one factor that aids internalization is relevant here. Relatedness, the need to feel belongingness and connectedness with others is centrally important for internalization (Deci and Ryan, 2000). OIT proposes that internalization is more likely to be evident when there are ambient supports for feelings of relatedness. For example, students who had more fully internalized the regulation for positive

behaviors were those who felt securely connected to and cared for by those around them, which

is key when working with a college student population.

The relative internalization of extrinsically motivated activities is also a function of

perceived competence. People are more likely to adopt activities that relevant social groups value

when they feel efficacious with respect to those activities. Finally, autonomy facilitates

internalization and is a critical element for regulation to be integrated. That is to integrate a

regulation, people must autonomously grasp its meaning and synthesize that meaning with

respect to their other goals and values. Autonomy allows individuals to actively transform values

into their own, thus reaching desired internalization (Deci and Ryan, 2000).

The Self-determination Theory, and specifically its explanation of how individuals grow

from being amotivated to becoming intrinsically motivated, fits the purpose of this project

because the theory will inform the development of the conditions and activities for our Managing

Mental Health Group. Self-determination theory aims to specify factors that nurture the innate

human potentials entailed in growth, integration and well-being, and to explore the processes and

conditions that foster the healthy development and effective functioning of individuals, groups,

and communities. Since the purpose of this project is to empower students with disabilities and

mental health issues by building conditions for competence, autonomy and relatedness, in order

to determine where their motivation lies and how that will affect behavior; the students in this

group will learn to exercise these decisions after becoming educated and determining how they

would like to handle their mental and physical challenges on their own. By focusing on attitudes

and behaviors, the professionals can gain a better understanding of educational achievement in

the individual. Once the conditions for competence, autonomy and relatedness are built,

participants and trainers can see the impact that this has on our student's decision making and

overall well-being. Self-determination theory also works to eliminate alienation and ill-being by increasing participants' understanding of occurrences that undermine motivation and interrupt internalization. Assessments and interventions would do well to target these primary foundations of mental health and disabilities-- competence, autonomy, and relatedness. Ultimately, self-determination theory helps inform the development of the group's learning outcomes by assisting in the creation of the structured learning experience, mentoring, and resources.

Project Plan

Introduction

In response to the research regarding students with disabilities and managing mental health symptoms, I created a managing mental health group (called the Mighty Warriors) as a safe space to discuss balancing college life with mental health, while promoting healthy practices, self-care and utilizing campus support. In Accessibility Services, there is a growing number of students with mental illnesses that are registered but many students with other disabilities share mental health struggles through our regular meetings. These struggles are a result of stress and anxiety that they might not have experienced before. Based on self-determination theory, the goal of this group is to support autonomy, competence and relatedness by teaching stress management, building resilience and self-advocacy skills in our students, while reducing the stigma associated with seeking services on campus.

Project Outcomes

One outcome of the project is that students will feel a sense of belonging through the creation of this group for students with disabilities and managing mental health conditions. By focusing on a sense of belonging, we will create an environment of relatedness (Deci and Ryan, 2000). On college campuses, counseling centers should consider forming anxiety themed groups

that incorporate skills for managing academic distress to serve a larger number with limited

resources (Jones, Park and Lefevor, 2018). We have decided that the Accessibility Services

Office is the ideal office to start this group because we are already connected with the students in

these populations. By creating a structured learning experience, students will be guided through a

curriculum that focuses on how they can support themselves and others as well as what supports

are available on campus for them. The literature indicates students with learning disabilities that

actively sought out support and were able to attract or draw support to them from the

environment were more successful (Piers and Duquette, 2016). In addition to the professional

staff members, the group will have a mentorship component so that they feel supported during

this vulnerable journey. Mentoring might have a protective effect on interpersonal relationships

and provide social support and modeling adaptive strategies for emotion regulation in this

population (Haft et al., 2019).

A second outcome of the project will be that students will learn to practice self-care and

explore their self-efficacy. Self-care, as defined by the Oxford dictionary, means the practice of

taking an active role in protecting one's own well-being and happiness, in particular during

periods of stress. It is important to note the needs of an individual when exploring their well-

being, as this will increase their sense of competence and autonomy (Deci and Ryam, 2000). It is

clearly important that services that help develop each source of meaning be provided for the sake

of protective mental health (Demirbas-Celik, 2018). Source of meaning refers to personal

meaning, which is an individually constructed cognitive system, and includes psychological

needs, goals, motivations, and cognitive components (Demirbas-Celik, 2018). Mighty Warriors

works to help the student understand and recognize their needs and advocate for them as part of

self-care. However, it is important to note that self-care is being used to begin the conversation

around self-efficacy. Self-efficacy is one's belief in one's ability to succeed in specific situations or accomplish a task. One's sense of self-efficacy can play a major role in how one approaches goals, tasks, and challenges. Self-efficacy is a significant variable that could clarify the variance in academic achievement for students of these populations (Dryer et al., 2016). Understanding where students are in terms of meaning during their stages of development is vital to providing support for mental well-being and will play a big role in student success (Demirbas-Celik, 2018).

A third outcome of the project will be exploring stigma and identity associated with disabilities and mental health symptoms. Amongst students with mental health and learning disabilities, their main barriers to learning were around the issues of stigma and alienation, non-accepting culture of fellow students, lack of support from academic staff and lack of awareness amongst staff about reasonable study adjustments (Dryer et al., 2016). Professionals need to encourage students not to identify with the stigma attached to disabilities or allow the stigma to define their perceptions of their own capabilities (Carlson and Davies, 2011). These same professionals also need to allow students to define what their disabilities mean for them outside of the constraints of societal stigma (Carlson and Davies, 2011).

A fourth outcome of the project will be that students will build resilience. Behaviors associated with resilience can be seen as crucial to coping with stress and vulnerability (Perlman, 2017). More specifically, higher levels of relatedness significantly predict resilience (Perlman, 2017). Resilience is the capacity to recover quickly from difficulties (Hartley, 2013). There is evidence that the resilience framework may be an important avenue for promoting academic persistence in students with mental health issues (Hartley, 2013). Preventative interventions aimed at enhancing resilience have the potential to improve mental health and well-being in college students (Enrique et al., 2019). Resilient individuals were seen to be able to manage risks

due to quantity and quality of protective factors (Piers and Duquette, 2016). Individual

capacities are students coming to terms with learning disabilities and understanding what that

means for them, their sense of control and having a positive attitude and temperament (Piers and

Duquette, 2016). Through the structured learning environment and mentoring, resilience will be

modeled regularly for students and slowly integrated into their daily life until it hopefully

becomes a habit of theirs. Resilience interventions should be linked to the student's academic

and career goals, making information more useful to students in understanding the past and

creating change in the future (Hartley, 2013). Additionally, there is a need to switch the focus

from changing individual behaviors to improving the availability of resources within the

community to facilitate resilience (Piers and Duquette, 2016). Due to this, the mentors and

professionals will be developing a comprehensive resource to assist the participants and

prospective members.

Intentional Activity #1: Mighty Warriors Meeting

Students with learning disabilities and mental health symptoms will face issues related to

stress management, stigma, self-love, self-care, social supports, and more. In order to prepare

them to be successful, resilient individuals in college, it is crucial to introduce continuous

learning surrounding these skills. It is important to teach students study and time management

skills to combat the concern of academic performance, as well as coping skills to resolve anxiety

associated with future plans and to help students feel better equipped to meet high academic

expectations (Jones, Park, and Lefevor, 2018). This is because students with learning disabilities

reported higher levels of stress due to the effort needed to overcome objective deficiencies

(Heiman, 2006). The Mighty Warriors will facilitate an hour long, bi-weekly workshop sessions

tied to themes chosen by the students in the group throughout the academic year. The learning

outcomes will ensure that students will: 1) experience belonging, 2) understand their motivations and behaviors and 3) develop skills related to each lesson. Self-determination theory will help inform the development of the group's learning outcomes and topics of discussion, due to an understanding of occurrences that undermine motivation and interrupt internalization (Deci and Ryan, 2000). The lesson plans developed for each hour-long session will assist in building conditions for competence, autonomy and relatedness to determine where students' motivation lies and how that will affect behavior (Deci and Ryan, 2000).

A pre-survey will be used to help identify themes that students want to explore and create a plan for the semester. Each theme will have its own session and there will be about seven themes discussed per semester. Some examples of the themes students have expressed interest in are stress management, time management, self-love, stigma, identity, and social support. After the initial semester survey, a pre-survey is sent out the week before each workshop and it digs deeper into what the individual hopes to learn. The questions focus on how the individual defines the theme of the week, what they would like to explore about the theme, and any questions that they have about the theme. This pre-survey is then utilized to customize the cookie cutter curriculum and activities that we developed for the semester for each customized session.

To develop the curriculum and activities for each session, we will utilize the "alongside model", which allows us to model the development in the beginning but allow students to create their own later all. All of this is driven by the pre-survey at first, but later expands. This allows us to maintain a balance of engagement and modeling in our students. The goal is for this group to transition from professional run to peer-led because peer-led groups help students receive needed services to improve their mental health and associated life outcomes (Conley et al., 2019). Peer-led intervention evidenced significant benefits for self-stigma about mental illness,

appraisals of perceived resources to cope with stigma-related distress, and self-efficacy about disclosure of their mental illness status (Conley et al., 2019).

In the first session of the semester, we will focus first on introductions and group bonding. Starting with the two professional staff members, each person introduces themselves, shares why they joined the group, what Mighty Warriors means to them, how they see themselves as a Mighty Warrior, and what they hope to learn from this group. After this, we participate in some icebreaker activities to facilitate group bonding before taking some time to create group rules. Following this, we discuss the initial survey that went out to determine what themes we will be exploring this semester. As a group, we will create a plan for the semester.

Each subsequent session will look similar in their structure. They start with a check-in followed by a review of the group rules and an icebreaker activity. After that, the professionals will do a lesson related to the topic followed by interactive activities. For instance, during the self-care week, students will create their own self-care plan. The goal is to take the lesson and put it into practice in the activity. This will allow students to feel competent. Each session will also include a check-in on the previous week's activity so that students can share what worked, what didn't work, as well as brainstorm and assist one another.

Following each session, a post-survey is sent out to assess the effectiveness of the curriculum. The questions are centered around what did you learn, how would you define the theme of the week, was this what you wanted to learn, and what would you want to learn next time. During this post survey, students will have a chance to reflect on how what they learned relates to their motivations and behaviors regarding the theme.

To conclude the semester, there will be a final session to recap what was learned over the semester, how to continue these lessons over break/ at home, and begin planning for the next

year. This will allow the students to reflect on how far they have come and set goals for where they want to go still. By facilitating this conversation, we are able to assist students in understanding their motivations and behaviors as well as making this experience personal to their goals. Their development will be initiated by engaging in discussions, participating in the activities and reflecting on how this may or may not help them in reaching their personal goals.

Intentional Activity #2: Mentorship

In addition to the two professional staff members that will assist with regular coaching, underclassmen members of Mighty Warriors will be matched with upperclassmen who have been involved with the group for at least one year. These peer-mentors will play a vital role in the student's group experience by validating the students' experience, in numerous ways, as they transition from high school to college. These peer-mentors will play a crucial role by serving as an ally and advocate. This student population is more likely to fall into isolation during this transition, but utilizing self-determination theory to inform the program's activities will work to eliminate alienation and ill-being (Deci and Ryan, 2000). Additionally, we will remind mentors how important their personal journey was and how they can use that to assist others. Through this, we remind the mentors how competent they have become and how they are related to the first years. The peer-mentor pairs will be introduced during the first meeting of the fall semester, and their interactions will continue throughout the academic year. Students will receive support from their mentors through formal and informal opportunities. The pairs will touch base through bi-weekly, one-on-one meetings on the weeks that are opposite to group meetings. Within these meetings, students will check-in with one another, offer advice, and learn from one another. After these meetings, students will be asked to submit a record of meeting via google form to share with professional staff what was generally discussed during the meeting.

Monthly events will be planned by peer-mentors, providing further opportunities for student engagement and peer interactions. These monthly events can range from attending events together on campus, having study hours together in the library, to catching up during a meal in the cafeteria as a group. This is because students with mental health disabilities may be vulnerable to social isolation (Dryer et al., 2016). Thus, the importance of ensuring that these students have adequate access to social networks and study support that may lead to enhanced learning outcomes and self-efficacy beliefs cannot be emphasized (Dryer et al., 2016). These student-initiated interactions will promote a sense of belonging by allowing students to opt into events where they will have a familiar face. Through these events, we hope that the mentors will be able to share with their mentees what other supports are available on campus, what they look like, and how to take advantage of those opportunities. Through sharing their personal experiences, we hope to better connect students to campus.

Due to the context of the group, each professional staff member would have developed a relationship with each group member allowing us to connect with and tap members to serve as peer mentors. If they are interested, peer mentors will be recruited through an application process and interview process as needed. Peer mentors will be students that exhibit strong academic standing, have at least one year of membership, are well connected on campus with support, and willing to serve as a guide through this transition. First year students and peer mentors will fill-out a questionnaire that will be used to match mentors and mentees based on personal experiences, interests, and goals.

After the completion of their first year of college, members will have the opportunity to continue as a participant of the group. When those students become classified as a rising sophomore, junior or senior, they will be given the opportunity to apply for peer-mentor

positions. The two professional staff members will begin these conversations with upperclassmen during the second semester and begin the recruitment process. The goal is to have the mentor team in place by the end of the second semester in order to begin training for the next academic year.

As a peer mentor, students will have to attend training prior to the first Mighty Warriors group meeting and meeting their mentee. All mentors will attend a Mental Health First Aid training as well as a Mighty Warriors Peer Mentor training. The Mental Health First Aid training is a course that teaches you how to identify, understand and respond to signs of mental illnesses and substance use disorders. The training gives students the skills they need to reach out and provide initial help and support to someone who may be developing a mental health or substance use problem or experiencing a crisis. The Mighty Warriors Peer Mentor training focuses on creating structure around the mentoring relationship such as the expectations, how to ask questions and be supportive, how much follow up to do, how to get help from staff, and how to create boundaries where needed. This training will help the mentors become clear on what they can and cannot do but also give them the confidence to grow in the role as well as balance of knowing what line not to cross. The training will continue to develop the mentors in their competence and autonomy, while creating a sense of relatedness (Deci and Ryan, 2000).

In addition to the mentoring pair, these pairs will be put into groups for each Mighty Warriors session. This will allow the mentors and mentees to meet other members of the group while maintaining that ally. The goal of this is to enhance the social supports that are in place while continuing to foster the mentor/mentee relationship.

Intentional Activity #3: "A Helping Hand at Resilience College"

There is a need for technology based mental health interventions as a way to offset the growing demand and stigma (Conley et al., 2019). One of the reasons for low treatment rates is related to low levels of help-seeking behaviors among college students, who report beliefs that stress is normal in university, not seeing their needs as services, and not having time for treatment (Enrique et al., 2019). Because stress has become normalized for students, students with learning disabilities, as a localized population, will report higher levels of stress due to the effort needed to overcome objective deficiencies (Heiman, 2006). Therefore, a preventative approach that focuses on promoting well-being, rather than a problem-focused approach may be particularly attractive to college students given perceptions that mental health problems are normal or not serious (Enrique et al., 2019).

By constructing a comprehensive resource, such as a mental health guide, students will be able to receive information as to what resources are available to them regarding mental health in an easily accessible way. The mental health guide will be called and considered "A Helping Hand at Resilience College." It will be available online on the Accessibility Services Office website as well as in campus offices across campus. Students will receive a hard copy of this resource at Orientation as well as at the first Mighty Warriors meeting each semester. This is to ensure that all students have access to this information in case it is needed as well as removing the stigma associated with seeking out services.

This resource will consist of services available on the Resilience College campus as well as in the Greater Community. Collaboration with existing college life service providers is beneficial to promote positive peer group norms for students with mental health issues (Hartley, 2013). Other Resilience College resources, such as Hamel Health, the Wellness Peer Educators, Academic Success Coaching, and registration process for accommodations (academic, parking,

housing and dietary) will be included in the resource guide. In addition to this, student groups

such as Active Minds and DREAM will be asked to collaborate on this. Additionally, hotlines

will be made available as well as the process for how to determine if your insurance provider

will cover an off-campus therapist.

This resource will be updated twice a year at the beginning of each academic semester by

the peer mentors. This resource will be developed as a group effort after peer mentor training in

order to serve as a resource for them as mentors as well as their mentees and the general student

population. The responsibility of maintenance will fall on the Accessibility Services Office as the

Mighty Warriors group is a service of theirs. As stated before, there is a need for technology

based mental health interventions as a way to offset the growing demand and stigma (Conley et

al., 2019). The Accessibility Services Office is aware of the growing demand and stigma and has

been working to combat this as the student population at Resilience College continues to

increase.

Benchmarking

There is currently a lack of resources available for students experiencing mental health

symptoms on college campuses. Much like literature on students with mental health related

disorders and learning disabilities being sparse, there is a lack of resources available for these

comorbid issues. Pre-existing resources were not substantiated but the Mighty Warriors will be.

There is a lack of optimal models but Mighty Warriors is how we will address these deficits.

The Association of Higher Education and Disability (AHEAD) has several special

interest groups, including one on Mental Health Disabilities. The mission of the Mental Health

Disability Special Interest Group is to improve services and the campus climate for students with

psychiatric disabilities. This is accomplished by establishing a network for disability service

providers, providing a forum to get answers to their questions, sharing useful resources, and

developing and promoting the use of best practices to provide equal access to higher education

for students with psychiatric disabilities (Mental Health Disability Special Interest Group, 2020).

This group has developed two resources, which are word documents for national anti-stigma and

mental health awareness resources as well as national resources for students seeking mental

health advocacy.

From these resources, I discovered Project LETS, which supports education and

advocacy for people with mental illness, trauma, disability and/or neurodivergence (Project

LETS, 2020). Their mission is for self-determination, opportunity, and equity for all. They utilize

a peer mental health advocates model which is a lived experience that provides long-term

support for students by providing access to mental health help for all (Project LETS, 2020). This

became the inspiration for our peer mentor model. This peer mentor model involves teaching the

practice of making boundaries and focuses on destigmatizing mental health help (Project LETS,

2020).

Additionally, there are campus organizations such as Active Minds, National Alliance on

Mental Illness (NAMI), and D.R.E.A.M. on college campuses. Active Minds is on Resilience

College's campus and empowers students to change the conversation around mental health and

suicide prevention by raising awareness, sharing resources, and inspiring action (Active Minds,

2020). This organization, however, focuses mostly on programming, such as suicide prevention

walks. After discussing whether or not this organization would overlap with Mighty Warriors

with Erin Kaminski, Wellness Educator at Resilience College, we determined that while the

missions align, the structure and execution was very different (reference anonymized). It would

be ideal if we partnered with this organization for their special events but our members could be

members of both without receiving the same information or doing the same work. The theme of effective coping with mental health issues should be prevalent on campus (Hartley, 2013). Mighty Warriors emphasizes effective coping unlike any other group currently on campus.

The National Alliance on Mental Illness (NAMI), which is found on other college campuses, provides advocacy, education, support, and public awareness to mental illness (NAMI, 2020). They focus on outreach and advocacy in the work that they do. They have several programs including NAMI Peer to Peer, NAMI Ending the Silence, and NAMI Stigma Free. NAMI Peer to Peer encourages growth, healing and recovery. These are the values that we want our mentors to share in their interactions with their mentees and we hope that they will model this. NAMI Ending the Silence and NAMI Stigma Free are presentations about the signs and symptoms of mental health conditions, how to recognize warning signs, the importance of acknowledging them, and the stigma associated with them (NAMI, 2020). These presentations were adapted to serve as resources for our first few lesson plans.

D.R.E.A.M is a national organization for students with disabilities in higher education and stands for, Disability, Rights, Education, Activism, Mentoring (DREAM, 2020). While the D.R.E.AM organization has its own mission and goals, each D.R.E.A.M chapter is able to adapt it and make it their own. Resilience College has recently started its own chapter. D.R.E.A.M. at Resilience College focuses on planning social events in order to engage students in dialogue around their mission. Mighty Warriors works to engage students in this dialogue while approaching it in a more educational manner through its lessons (reference anonymized).

Outreach and Engagement Plan

To build awareness of this new initiative, we will use social media and email to recruit members. The Mighty Warriors will utilize their own Instagram account, run by the professional

staff members and mentors, to share about upcoming meetings, events, as well as tips and tricks.

A new student's engagement with the program will start at Admitted Students Day, continue into

orientation, FYE, and as a returning student each year. The Accessibility Services Office will

utilize their welcome back email each semester and Admitted Students Day and Orientation

materials to market the program. In addition to this, the professional staff members will reach out

to all students registered with Psychological disorders about joining. For on-going engagement,

the Accessibility Services Office will advertise this student group on their website as well as in

their monthly newsletter.

The target audiences that we seek to engage in the initiative's first year are participants,

leaders, stakeholders, and planners. The participants are students that are experiencing mental

health issues that would like to be actively involved in creating their own support. The leaders

are upperclassmen willing to share experiences while continuing to work on themselves. The

stakeholders consist of the Accessibility Services Office, Hamel Health and Counseling,

Wellness Peer Educators, Residence Life, referrals from faculty, and academic success coaches.

The planners are the Accessibility Services Office staff members (1 professional staff member

and graduate fellow). In addition to regular meetings, there will be other engagement moments

such as FYE, Orientation, and Admitted Student Days.

The program's success will be determined by the feedback of students and professional

staff in the program. There will be regular comparisons of the pre and post surveys to determine

that each lesson is successful. Full engagement will mean attending sessions, actively

participating, demonstrating use of material, and utilizing resources that are available. We find it

imperative to revisit often with participants and also leaders on what we want to do differently

for the next time.

Conclusion

During the formation of this project, determining how Resilience College could provide services that would be beneficial for students with disabilities that are also experiencing mental health symptoms was at the focal point of the research. The literature suggested that students with disabilities have a high comorbidity with mental health illnesses, which impacts the resources that they need from services to excel academically. It is important that effort is made to provide students with an environment where every student can experience success. This includes, addressing stigma and identity, reducing vulnerability to social isolation, providing access to social networks and study support, and examining the influence of disability on the student's motivation to learn, engage, persist, and achieve academically.

Mighty Warriors will enhance the student experience for students with disabilities and increase their success both personally and academically at Resilience College. Through the lens of the Self Determination Theory (Deci and Ryan, 2000), the Mighty Warriors program was created to provide students with support through a series of intentional activities: Mighty Warriors meetings, mentorship, and "A Helping Hand at Resilience" resource guide. By understanding the conditions that undermine positive human experiences, this program can create an environment that optimizes the student's development, performance, and well-being, which is the overall goal of this project. The maintenance and enhancement of this requires supportive conditions as it can be readily disrupted by various non-supportive conditions. Contexts supportive of the three basic psychosocial needs of relatedness, competence, and autonomy is of great significance to motivate students in a way that engenders commitment, effort and high-quality performance. By participating in these activities, students will have a

smoother transition to Resilience College, experience less stressful versus successful life events, and not feel a sense of isolation.

In order to ensure that students are not feeling isolated, the Mighty Warriors program intends to advance inclusion by creating a sense of community through dialogue and mentorship. Forming a sense of belonging among this student population is essential because it is common that these students doubt their ability by focusing on their deficits. More specifically, students with disabilities often feel that they will not be successful in higher education, so it will be important to have constant messaging that each student is capable. This messaging will be repeated on a regular basis from both mentors and professional staff in order for students to feel as if they belong and are able to be successful at Resilience College. In order to strengthen this sense of belonging, the program will focus on relatedness, competence, and autonomy as well as speaking openly and honestly about mental health in a college environment. Through the program, students will establish deeper connections with one another as well as themselves, in order to focus on these three psychosocial needs.

By implementing the Mighty Warriors program, Resilience College will recommit to their mission of enlightening minds, engaging hearts and empowering the lives of their students, by reaffirming this for all students, including those with different abilities. Students of all abilities will continue to be able to participate in higher education and achieve success in greater numbers than before. This initiative advances inclusion for students with disabilities and mental health symptoms in higher education. Through support and education, the Mighty Warriors program will make a significant impact on Resilience College's academic landscape, and emphasize their dedication to student well-being and achievement.

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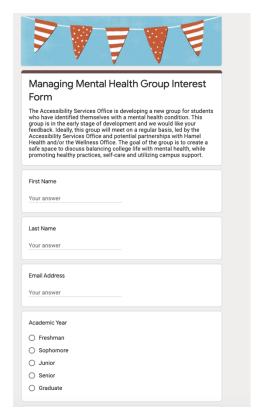
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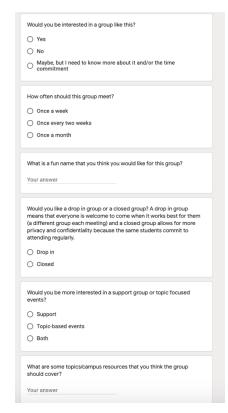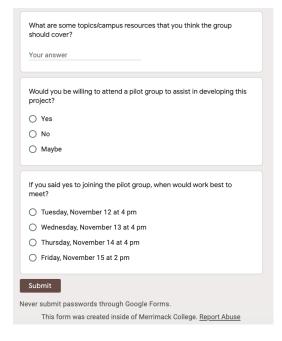
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Appendix A

Managing Mental Health Group Interest Form

This form was sent out to all students registered with the Accessibility Services Office to see if

there was interest in the group and to make a focus group.

Appendix B

Mighty Warriors Meeting Slides for Meetings #1-3

Semester Plan

Mon, March 23- After Midterms
- Time management
- Eating healthy
- Working out
- Getting out of bed on a bad day
- Sleep

Mon, April 6- Self Harm

Mon, April 20- Finals
- Feedback/ Prep for next year
- Create resource guide as a group
- Stress kits

Thank you!

See you on March 23rd!

Resources

Check out these great videos!
- https://www.youtube.com/watch?v=6UIBZuG2cGQ
- https://www.youtube.com/watch?v=VGoiz4wfV_c
- https://www.youtube.com/watch?v=NW6TxBWTtA
- https://www.youtube.com/watch?v=OsiNF8eGg6RA
- https://www.youtube.com/watch?v=rp5-YwlBa6rs

Appendix C

Mighty Warriors Meeting #1 Feedback Survey

The Mighty Warriors Meeting #1 Feedback

Thank you all for coming to our first meeting! We hope that you were able to learn more about stress and come up with a self-care plan that works best for you. We look forward to continuing the conversation on conversation on Feb. 10th! More information to come on our next meeting.

* Required

Did you find this meeting helpful? *

	1	2	3	4	5	
Not at all	○	○	○	○	○	Very helpful

What was your biggest takeaway? *

Your answer

Are there any group rules that you think we should discuss and/or add? *

Your answer

What topics would you like covered in our other meetings? *

☐ Self-Love
☐ Stigma
☐ Time management
☐ Eating healthy
☐ Working out
☐ Getting out of bed on a bad day
☐ Sleep
☐ Meditation
☐ Self-Harm
☐ Stress Kits
☐ Other:

Would you like to schedule a meeting with Katlyn or Ashley outside of the group meeting? *

☐ Yes
☐ No
☐ Maybe
☐ Other:

If you said yes to the question above, please provide your name (we wanted to keep this as confidential as possible) and what days and times work best for you:

Your answer

What are your favorite snacks? *

Your answer

Questions, Comments or Concerns?

Your answer

Appendix D

Mighty Warriors Instagram Page