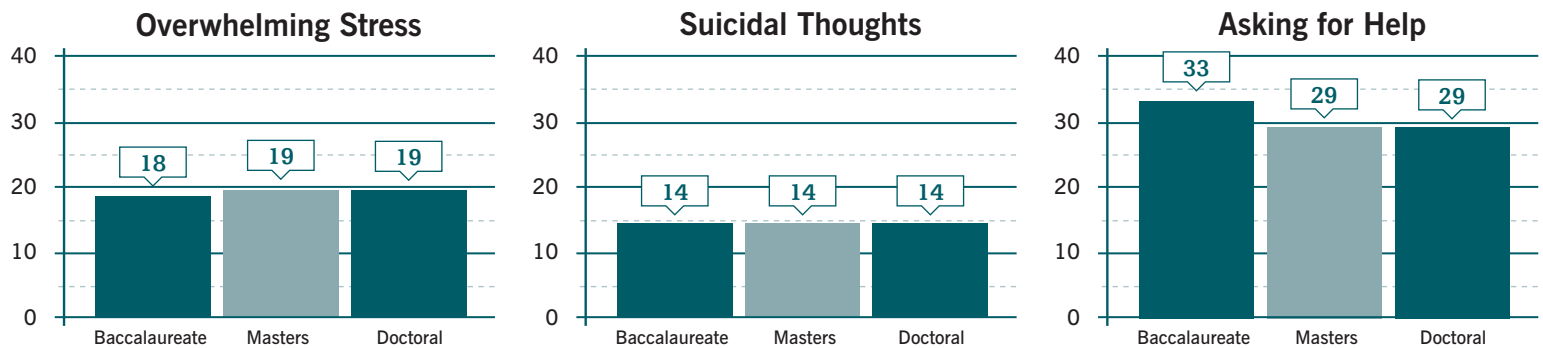


DIFFERENCES IN HELP SEEKING BEHAVIORS BY INSTITUTIONAL CLASSIFICATION

The Carnegie Classification system has been the long-standing framework for categorizing institutional diversity in the United States. These categorizations have been used to help policy analysts and researchers classify the wide variety of institutions represented in higher education. As institutions of higher education have evolved, the classification system has morphed to accurately reflect the categories of institutions. This brief uses the Basic Classification to discuss mental health experienced by students at colleges and universities in Missouri and how students respond. *More information about the Carnegie Classification system can be found in the Partners in Prevention and the Carnegie Classification System Fact Sheet.*

DISCUSSION

According to the 2013 Missouri College Student Health Behavior Survey the rates of overwhelming stress, suicidal thoughts, and asking for help with mental health problems are consistent across the Carnegie classification system. However, where students turn to for help at Doctorate-Granting Universities, Master's Colleges and Universities, and Baccalaureate Colleges differs.



How students seeking help differs

Resource	Baccalaureate	Masters	Doctorate
Friends and Family	57%	33%	12%
University Counseling Center	61%	25%	5%
Religious or Spiritual Advisor	48%	73%	3%

This above chart reveals that students turn to family and friends and university counseling centers for help, however, students at Master's College and Universities and Doctorate-Granting Universities are less likely to turn to a religious or spiritual advisor than students at an exclusively Baccalaureate college.

Who students feel they can go to on campus with personal concerns

Resource	Baccalaureate	Masters	Doctorate
Faculty/Professor	25%	20%	11%
Academic Advisor	23%	17%	11%
Residential Life Staff	20%	14%	7%

This opposite chart (above, right) reveals that students at Master's Universities and Doctorate-Granting Universities are less likely to approach faculty/professors, academic advisors and residential life staff with personal concerns.

SUMMARY

Information in this brief can be used to provide better services on each campus. Campuses could devote time to training those to whom their students are most likely to turn to in a time of need. Since many students list "family and friends" as a resource, schools could encourage student to seek help from whoever they are most comfortable with if they have mental health concerns. The Ask. Listen. Refer. online training program is available for free to all students, faculty and staff and can serve as a tool for those who will serve as a resource to others.

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