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Opening Closed Doors: A Rationale for Creating a Safe Space for Tutors Struggling with Mental Health Concerns or Illnesses

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Introduction

Because writing centers exist to help students find success in academia—to enter doors that may otherwise be closed to them—writing center literature rightly discusses the need to work with students of all backgrounds and abilities (Pemberton; Neff; Hamel). Writing center personnel have written about how writing centers and other campus resources can support students with disabilities (Hewett; Logan; Zimmerman), as well as the diverse ways in which these students learn and what we, in turn, can learn from them. The field actively recognizes that writing centers and student support centers in general are actually engaging in political advocacy, a fact that has been noted in this very publication.

Supporting and advocating for students means actively listening to them, helping them master the tools they need to succeed in academia, and helping them express themselves in their own words. Such work thus means acknowledging that "*all* students have different abilities, types of knowledge, and literacies. Secondly, *all* students can benefit from engaging with texts in different ways—visually, aurally, and kinesthetically—and in different contexts (Hitt). What remains constant throughout the field is this commitment to help all students regardless of their dis/abilities and a focus on the need, per North, to improve students, not papers (69). The field, too, tends to emphasize tutor training and strategies that tutors can employ to help students who learn differently, whether because of hearing issues (Babcock, "Tutoring Deaf Students…"; Ameter and Dahl), vision issues (DiNuzzo; Sisk), or cognitive impairments ("Students Who Identify"; Babcock, "When Something Is…").

Composition scholars also note the importance of discussing disability in teaching situations, and in their collection, Lewiecki-Wilson and Brueggemann provide essays from instructors with disabilities, as well as tales about teaching students with a range of disabilities, including learning and hidden disabilities. Hidden, or invisible, disabilities, which include such mental health concerns as depression, anxiety, or bipolar disorder, have indeed been discussed in writing center circles (see, for example, Murray and Haen), but little attention has been given to tutors with these disabilities. Articles about tutors with disabilities obviously do exist: on the *Praxis* blog, two different tutors recently talked about hearing disabilities and their effect on the tutorial session (Picherit; Rinaldi), and elsewhere McHarg claims her disability may uniquely position her to work with other students with disabilities (14), but research on tutors with disabilities linked to mental health is lacking.

According to Brohan et al., people afflicted with mental illnesses are faced with a unique decision in professional settings—one that people with observable physical disabilities do not have to consider. Those with hidden disabilities, like mental illnesses, can often opt not to disclose to a supervisor or human resource manager because of these illnesses' "relative concealability" (2). Save for certain symptoms manifested through behavior or the side effects of medications, these illnesses are often unobservable to potential employers, and job applicants and employees with mental health problems thus "have a level of choice regarding if and when to disclose" (2). For this reason, McHarg's article resonates with us. Although she reveals she has a disability, she chooses not to disclose its name to her readers (15), and like McHarg, we recognize the dangers of disclosure—the perceived link between disability and deficit, that disability is "an unspeakable topic" (14).

With disclosure frequently being more than a one-time decision (Brohan et al. 8) and with employees with mental illnesses often beginning in "a default

position of non-disclosure" (Toth and Dewa 742), research emphasizes that people often do not disclose their mental illnesses because they fear rejection, a loss of credibility, and unfair treatment, as well as gossip (Brohan et al. 5). Additionally, they may want to maintain confidentiality and boundaries between home and work (Brohan et al. 5; Toth and Dewa 743). On the other hand, many people find disclosure to be a positive experience and a stress reliever (MacDonald-Wilson 12): without opening up, individuals "often live in constant fear … [and may find themselves] expending considerable mental energy in identity management and seeking to conceal a mental health issue" (Toth and Dewa 733). Moreover, individuals often find themselves supported upon disclosure and able to explain honestly to colleagues and superiors what may have been perceived as erratic behavior (Brohan et al. 8). As a result, rather than advocate for a normative stance placed on disclosure, Toth and Dewa suggest "organization[s] should strive to create an environment in which employees feel safe to disclose should they wish to do so" (743).

We argue that writing centers also have this obligation to create safe spaces in which tutors can disclose about hidden disabilities if they choose—an obligation heightened by facts known about mental health issues. Statistically speaking, per the National Institute of Mental Health (NIMH), an estimated 43.7 million adults suffer from mental, behavioral, or emotional disorders; this translates into 18% of American adults, including those on college campuses ("Any Mental Illness"). Similarly, according to the National Alliance on Mental Illness (NAMI), one in four adults ages 18-24 have a diagnosable mental illness ("Learn about the Issue"). These numbers become even more problematic given that two-thirds of all college students who need help do not receive it, half claim to have been so depressed at one point that they were unable to function, and one in ten students has seriously considered suicide ("Parents and Families").

Logic dictates that writing centers will be affected by these trends, but, as we have noted, few in our field have tracked these numbers, and little exists about the implications of these numbers *for tutors*. This issue of disclosure and hidden disabilities remains a personal one for us, prompting a survey, conducted through the writing center at Saginaw Valley State University (SVSU), on tutors and mental health concerns. However, before we discuss the survey and its results, we momentarily deviate from the conventions of scholarly writing. In the full spirit of disclosure, because the issues surrounding safe spaces and mental health issues are so important to us, we pause to reveal our own backgrounds with this issue of tutors with mental health concerns and illnesses.

Kylie writes:

It started after a regional writing center conference while on the Chicago "L." As we weaved through the city, dipping into its underbelly and emerging through elevated tunnels, I tried to tell Hillary my story.

If I was having a conversation with Hillary about the viral videos or weekend plans, I might speak louder. Or I might stop speaking and simply wait for the conductor to lay off the brakes. But I wasn't making small talk.

No matter how loud the car was, how many times I choked up, or how afraid I was to be seen as vulnerable or incompetent, I needed to speak after being silent for so long. *I won't romanticize this*, I imagined telling her, *or make it seem evident of some higher intellectual ability*. I'll just make it honest: I have depression and anxiety. I'm performing a constant balancing act. I can't just get rid of my illnesses or set them aside. Everywhere I go, they follow—even into the writing center.

Though usually insightful and satisfying, my time as a tutor has also been taxing, frustrating, distressing: a result of behaviors symptomatic of mental illness, adjustments to new medication, or withdrawal from old medication.

I knew I had to speak: "Hey, Hillary, sometimes I feel depressed. Other times, I feel really anxious. Most times, I feel both."

Telling that story wasn't easy. Telling *this* story isn't easy. But the act of telling the story and what has since happened has made dealing with my mental illnesses much easier.

Hillary writes:

As Kylie and I sat squished together on the rattling car, I nervously told her that shortly after I began working at the writing center, I was diagnosed with complex partial seizures. Each of my seizure episodes, Kylie learned, starts with an intense feeling of *déjà vu*. Then I zone out, feel anxious, and experience stomachaches, a tingling sensation in my head, and a flushed face. The episodes last only a couple of seconds, but are disorienting and leave me fatigued. However, my episodes are not visible to others.

Stops ticked off—Fullerton, Bryn Mawr, Jarvis—as we made our way back to the hotel. I told Kylie, quietly so our colleagues and bosses wouldn't hear, about how I had a seizure while I was in a session. Because I had been too nervous to share my seizure disorder with others, I just quietly pulled myself

together and continued with my shift as if nothing had happened.

Chris writes:
As our writing center's assistant director, I have an opportunity to create real, long-term relationships with our tutors, our time together no longer dictated by my teaching load and final exams. And so I learn of our consultants' individual strengths and weaknesses, joys and concerns, accomplishments and worries. Some days I feel as if I have now have dozens of children and parent by proxy: tying ties, deciphering billing statements for new credit card holders, offering condolences for unexpected deaths and break-ups. I regularly say, "Yes, you are gifted, but six classes in one term is way too much." But ongoing mental health issues? Except for some Foucault, these weren't covered in grad school. Thus, I listen, helpless and frustrated, when I know my tutors are struggling or, worse, suffering; when I know their issues are beyond me; when I must admit that I cannot function, in the most technical, clinical sense, as their counselor.

Many days I feel disoriented, at a loss, disabled, unable. These new roles, particularly that of counselor, weren't in my job description. It's as if I too am on the Chicago "L," distracted by the flashing scenery; the rails' rattle; the smell of metal, rubber, electricity. I'm not sure of what line to take.

Because of these experiences, the national data, and the limited focus on writing center literature on tutors with mental illness, Kylie and Hillary, as undergraduates, created a survey hoping to learn more about the kinds of mental health concerns, illnesses, and invisible disabilities that tutors present in the writing center context, the degree to which tutors self-disclose these concerns, and the impact of these concerns on tutorial sessions. The survey was also meant to uncover tutors' reasons for and against disclosure, what support systems are in place within writing centers, and ways centers can better support these tutors.

In the following paragraphs, we share Hillary and Kylie's findings and argue that the number of tutors with hidden disabilities requires direct action on the part of writing centers. More work needs to be done to support tutors with hidden disabilities, particularly mental health concerns and illnesses, and, by extension, the students they serve. Writing centers have an obligation to conduct more research in this area using "replicable, aggregable, and data supported" models (Haswell 201) and thereby help reduce the stigmas associated with hidden disabilities.

Research Methods

The research project began with the assistant director of our institution's student counseling center. She suggested a methodology consisting of a survey, which could reach our target population of writing center tutors with relative ease and which would be able to ensure questions were being asked in a consistent way. She offered a template to which to refer in creating our survey: the National College Health Assessment from the American College Health Association.

Based on the National College Health Assessment, and with much feedback and support from our center's director, Helen Raica-Klotz, we created a ten-question survey (see Appendix A) and hosted it on SurveyMonkey, a cloud-based online survey and questionnaire tool. The decision to use SurveyMonkey rather than another data collection tool (e.g., SurveyGizmo, FluidSurveys, FormStack, QuestionPro, etc.) was simply based on a level of comfort with SurveyMonkey's software. We valued our experience with the software enough to overlook any of its design, collection, or analysis limitations.

Before the survey could be disseminated, Institutional Review Board (IRB) approval was needed for our research and methodology. Our IRB conditionally approved to distribute our survey to tutors and administrators at our center in March 2014, provided we eliminated from it any mention of "suicide" or "suicidal thoughts." We understood the need for sensitivity when speaking about these topics, and we obviously did not want to cause any emotional harm to survey respondents, but we remain concerned that, by taking out any mention of suicide—an idea found in the National College Health Assessment—we were contributing to the stigma associated with mental health concerns or illnesses. The project, after all, was about creating, rather than censoring, opportunities for conversation.

We continued to meet with the staff of our student counseling center to discuss minor changes that would clarify our intentions, particularly referring to "mental health concerns or illnesses" rather than "mental health concerns, disabilities, or disorders." (Our initial scope included mental illnesses; physical, cognitive, sensory, emotional, or developmental disabilities; and a variety of disorders that often overlapped with the list of mental illnesses provided by the National College Health Assessment.) Ultimately, we focused on invisible illnesses, making no mention of physical or learning disabilities as these

could be separate studies and are already discussed in writing center literature. To focus the survey even more, we also used information from the NIMH to formulate descriptions of our targeted mental illnesses. (See questions four and five on the survey in Appendix A.)

Our center distributed our survey (finally titled "An International College/University Writing Centers Tutors Mental Health Survey") through the Michigan Writing Center listserv in September 2014 and then, in December 2014, through the European Writing Centers Association and Wcenter listservs. The choice of these particular listservs was influenced by Ellen Schendel's research methodologies outlined in her 2012 "We Don't Proofread, So What Do We Do? A Report on Survey Results."

Results

From March 2014 to January 2015, 127 individuals responded to our survey. Although our initial target population consisted only of writing center tutors, we ultimately received responses and commentary from administrators. Responses were captured via Likert scales and open-ended comment boxes, and based on the latter and the fact that 80% of participants were between the ages of 18 and 30, we estimate about three-quarters of our respondents were tutors. Sixty-six percent of respondents were female, 28% were male, and the remaining 6% self-identified as "cisgender-female," "transgender man," "non-binary," "approximately female," or "androgynous/queer." The majority of respondents had been working at writing centers for one semester (36%). Other answers included five or more semesters (28%), two semesters (13%), four semesters (12%), and three semesters (11%).

Mental Health Concerns and Illnesses Most Often Presented by Writing Center Tutors

To determine which mental health concerns and illnesses respondents experienced in the past six months, we provided a list of seven options. Fifty-seven percent of respondents admitted to recently having experienced symptoms of one or more of the following mental health concerns or illnesses:

- Depression: 41%
- Anxiety: 36%
- Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD): 15%
- Bipolar disorder: 7%
- Eating disorders: 6%
- Substance abuse: 6%
- Post Traumatic Stress Disorder (PTSD): 5%

More than half of respondents (61%) had **not** been formally diagnosed. Of those who had been diagnosed however, the most common formal diagnoses were for depression (29%) and anxiety (21%). Respondents had also been diagnosed with ADD or ADHD (6%), bipolar disorder (6%), eating disorders (3%), PTSD (3%), and substance abuse (1%).

Because the number of formal diagnoses is lower than reports of symptoms, it is not surprising that approximately one quarter (24%) of respondents have not sought help. For those who did (50%), a number measured through a text box, the most common help sought included seeing a psychologist and/or psychiatrist, visiting the university counseling center, participating in therapy, and taking medication.

When and Why Tutors Disclose Their Mental Health Concerns or Illnesses

Our survey indicates low rates of disclosure: the majority of respondents who have experienced mental health concerns or illnesses have not disclosed them to anyone in their writing center (72%). Among those who have disclosed, 12% have done so to their administration, 24% to other tutors, and/or 12% to students who visit the writing center. Tutors offered a variety of reasons for why they do (or do not) disclose, and these reasons seem to align with previous research about disclosure in the workplace (Toth and Dewa; Brohan et al.). Some respondents do not disclose because they believe their concerns or illnesses do not affect their tutoring. Some tutors are nervous about being perceived as "unprofessional" or less capable, even worrying about job loss due to their concerns or illnesses. Others did not feel comfortable discussing their mental health with others, and a few did not want to "burden" others with their problems.

Respondents who have disclosed offered other equally valid reasons for doing so. One respondent considers disclosing if the student in the session discloses first or is writing a paper on the topic of mental health. (This aligns with McHarg's experience [15].) A few respondents said they have disclosed to their fellow tutors, as they maintain friendships with one another outside of work. Lastly, other respondents chose to disclose to administrators out of necessity: "I felt it important to let my director know, as it had caused me to miss some shifts and I felt comfortable sharing with her."

Impact of Mental Health Concerns or Illnesses on Tutorial Sessions

Respondents who indicated they had experienced mental health concerns or illnesses in the past six months were then asked whether their symptoms

affected their tutoring abilities. More than half of respondents indicated they had: 36% responded "Yes, Slightly"; 16% "Yes, Moderately"; and 4% "Yes, Significantly." We did not define these adverbs in the survey, but written responses reveal general consensus regarding the degree of each option. On one end, slight or moderate effects included distractedness, problems with concentration, sluggishness, irritability, and apathy, as well as feelings of discouragement and a lack of motivation. As one respondent commented, "I thought that [tutees'] 'problems' with the writing process were so irrelevant compared to what was on my mind." As for those at the other end of the spectrum, significant effects mentioned by a few respondents included missing shifts, the need to resign from the writing center, and hospitalization.

How Writing Centers Do (or Do Not) Support Tutors Experiencing Mental Health Concerns or Illnesses

In terms of tutor training, our survey uncovered that some programs discuss how to tutor *students* with these mental health concerns or illnesses (28%), but only 6% of respondents said their training discussed how *tutors* should cope with these same issues in a tutorial session. The majority of respondents (65%) reported that their training did not discuss coping strategies at all—neither in regards to tutors helping a student or themselves—and 6% never received tutor training. In other words, 71% of tutors never discussed the general topic of mental health concerns or illnesses in regards to students or tutors.

When some training occurred, the focus was often on reporting and referral policies. Many respondents indicated that when they suspect a student has a mental health concern, they were told to refer the student to the university's counseling center or another campus resource. Only one survey participant cited an official writing center program: a one-hour training session, called "Fostering Emotional Health," which addressed "recognizing signs of mental health concerns in students, but also [in tutors]."

Other centers favored open lines of communications. One respondent, clearly a writing center administrator, wrote that

> one of the best methods for providing support is to create and maintain a strong community in the center, so that everyone talks through problems and everyone is aware of how his/her colleagues are doing on shift and in life. The more supported people feel at work, the better off everyone is. I always want my employees to feel they can ask me for help or just to talk through something.

Another respondent, a tutor, similarly wrote that "while our training didn't focus explicitly on mental health illnesses, we do regularly have conversations about consultants' (e.g., tutors') self-care practices, including for our mental and emotional health."

Some respondents speculated about what could be done to offer support to tutors with mental health concerns or illnesses. One respondent who had never experienced mental health issues was unsure what could be useful, questioning "whether … there is one, clear way to [support tutors]." Similarly, some respondents felt as though the issue is not "relevant," with one asserting that his/her center does "not have any tutors with mental illnesses/disorders." Others felt as though their centers' support was sufficient.

When discussing ways to improve support for tutors with mental health concerns or illnesses, respondents also suggested revising training sessions, creating professional development opportunities, referring tutors to campus resources such as the counseling center, and providing handouts about mental health. The creation of safe space was also a frequent suggestion. One respondent wrote that his/her center should provide a safe space because "the way it currently is, I doubt anyone would raise up such issues [referring to mental health concerns or illnesses] on their own."

Closely related to this issue of safe space, according to respondents, is the role of writing center administration. Many respondents suggested administrators should take more deliberate steps to support tutors: "make sure that the center has a comforting, safe environment, and that there are opportunities [for tutors] to approach the directors for private, sensitive discussions." Administrators may feel overwhelmed by a potential discussion about mental health, but as one respondent said, "simply checking on [tutors] periodically could go a long way."

Respondents acknowledged, however, that this problem has no clear solution: "[t]he exact support that could/should be offered would vary so much depending on each tutor's concerns and willingness to disclose those concerns."

Discussion

These results raise several issues for us, most notably that more research needs to occur and that mental health concerns and illnesses are indeed affecting our centers. An important discovery from our survey is that 56% of respondents said their symptoms affected their tutoring abilities (either slightly, moderately, or significantly). Even though only 4% of respondents answered that their tutoring abilities were affected significantly, that is still worth addressing. Those tutors with hidden disabilities, no

matter the number, should be given attention to ensure they have successful sessions. Moreover, the variety of responses as to what centers need to do to best support tutors dealing with these mental health concerns shows the solutions to this problem are many and varied. As such, we stress each center needs to determine what is best, continually reevaluate what is best, and try multiple strategies to create safe spaces for disclosures all the while remembering that disclosure is a personal decision. The end goal of these best practices is not disclosure, but the fostering of safe spaces to help all those who enter our centers' doors and to ensure that the students who visit our centers are able to get the best advice they can.

Although we appreciate tutors' decision not to disclose, we remain concerned about those who have chosen not to do so (72%). We worry they are operating out of fear or lack of support since many responses indicated they did not want to burden others with their problems. With this in mind, we, along with other survey respondents, believe that administrators have the power to initiate the creation of these safe spaces and encourage discussion about mental health topics. Discussions about disclosure must be regular occurrences; rather than assume that tutors will disclose, administrators must create opportunities for disclosure *if the tutors so choose*. Tutor training sessions are an easy forum in which to hold these discussions, but 65% of respondents said that these mental health concerns and illnesses were not discussed in their training. This must change. If a new tutor needed accommodation for a wheelchair, then physical disabilities would be discussed in some way. Just because we cannot see mental illnesses as easily does not mean they are not as important as physical disabilities.

Such efforts to create environments where, per Tugend and MacDonald-Wilson, disclosure is encouraged and the positives of disclosure outweigh the negatives are particularly pressing given the number of respondents who identify themselves as having experienced symptoms related to the seven mental health concerns and illnesses on which we focused. It is problematic that nearly 60% of our respondents identified as experiencing these symptoms, but only 39% of them had been formally diagnosed and 24% had not sought out help. Granted, self-diagnosis may be at play here, but the realities of co-morbidity, particularly regarding depression and anxiety, are an issue that cannot be ignored (Marano). We do not claim that writing center administrators are equipped to act as counselors, but they are usually more familiar with campus resources that serve in this capacity than tutors are. Some respondents said they felt as though it is not the responsibility of the writing center to support these tutors and that these topics are not relevant in this environment. However, the overall statistics indicate that this is a relevant topic, and to the respondent who remarked the issue was irrelevant because his/her center did not employ tutors with hidden disorders, we counter, "How can you be sure?" We argue, moreover, that by opening their doors to this issue, writing centers are doing their part in helping to break down the stigma associated with mental illnesses. This position is crucial because we worry our survey results may not fully communicate the complexity of mental health concerns. Given the cyclical nature of depression, anxiety, or bipolar disorder, etc., our survey may not have fully captured the number of tutors affected by these issues. Our focus on symptoms experienced in the last six months may have eliminated those who are silently living with these conditions over extended periods of time but have not been formally diagnosed.

As we move forward and encourage others to join us in this research, we readily acknowledge the limitations of our survey. We did not distinguish between the comments of administrators and tutors. For future studies, it may be more effective to survey tutors and administrators separately. For example, it would be interesting to know whether an administrator has had tutors disclose their mental illness symptoms to them or even whether the administrator has a mental illness. It might also be useful to have one examination of tutors who self-reported symptoms but have not been diagnosed and another for those tutors who have been diagnosed by a mental health professional. In addition, future surveys should ask participants to identify their geographic locations, as we realize cultural differences regarding mental health concerns may shape the data.

We also warn others that studying this issue is complicated by the need for a tightly controlled vocabulary. Our first survey included the terms "mental health concerns/disorders/disabilities," a phrase that became "mental health concerns and illnesses." At that time, we maintained these changes were not substantial enough to justify differentiating between survey drafts and were only necessary to clarify intent and ensure accurate results. However, going forward, we would suggest that future researchers separate pilot studies from revised survey drafts to eliminate any misunderstanding. Public perception of mental illnesses is informed by the media's often highly sensationalized depictions of mental illness, so researchers must use the most precise and accurate language possible.

More attention also needs to be paid to causes of bias. We may have introduced bias by asking "What could your writing center do to provide more support to tutors with mental health concerns or illnesses?" With this question, we assumed that writing centers were not providing enough support, when some centers could be doing everything they can to support tutors with mental illnesses. A possible revision could be "What does your center do to provide support to tutors with mental health concerns or illnesses? Do you feel as though your center could provide more support, and if so, what changes could be made to do so?" Lastly, attention also needs to be paid to significance and correlation. Our main goal was to determine whether other tutors were experiencing symptoms of mental illnesses. Now that we know other tutors have experiences similar to Hillary's and Kylie's, future studies should be more focused and organized to see significance and correlation more clearly.

Concluding Thoughts

These particular limitations aside, or perhaps because of them, we reiterate the need for further research and for greater awareness and understanding of tutors' mental health. Even while that research is occurring, much can be done now to make our centers safe spaces. For example, during tutor training at our center when new hires read about challenging situations in Gillespie and Lerner's *Allyn and Bacon Guide to Peer Tutoring*, we stress that challenges in tutors' personal lives are equally important. Another part of our tutor training includes mock tutorials. For example, a veteran tutor will take on the role as a disinterested student. We are now working to incorporate discussions about a tutee who has symptoms of mental illness. Additionally, we try to regularly invite representatives from our counseling offices to staff meetings; we believe administrators and tutors must educate themselves on strategies for serving all students. Our center is also in the process of clarifying its mission and vision statements, as well as its strategic goals. This means, in part, better reflecting our need to make our center a safe space for those who visit, as well as those who work there.

Although these approaches work well for our center, we recognize they may not be best for all. Just as there are multiple ways to follow North's advice to make better writers rather than better papers, there are multiple ways to make safer centers. No matter the path chosen, the fact remains that centers have ethical obligations to 1.) create environments where tutors, as well as students, grow and 2.) recognize mental health concerns or illnesses as part of the status quo, and not as conditions that are abnormal.

We remain grateful that we are not alone. The James Madison University Writing Center is also doing work in this area (Caperton 3), and our governing bodies have done much to promote the awareness of disabilities in our centers. Consider the International Writing Centers Association's "Position Statement on Disability and Writing Centers." There, we find, among other things, an emphasis on continued scholarship regarding the intersections of disabilities, writing, and tutoring; a resolve that accessibility to organizational events and publications always be considered; and a commitment to remaining up-to-date on individuals' legal rights and working with our individual schools' disability officers. These resolves are directed to both the "recipients of our services … [and the] people who work in writing centers." We applaud these efforts, but note that the IWCA's position statement as a whole maintains a focus on accessibility to materials and spaces (both physical and virtual). We do not mean to be disrespectful or to bite the hand that feeds us; as the IWCA position statement argues, materials do need to appear "in larger print, Braille, tape, CD, or other accessible formats," but we also need to see in our centers an emphasis on the invisible disabilities of mental health concerns. We believe surveys such as this reinforce that administrators must have open-door policies and recognize that tutors' lives outside of our centers are just as important as their performance in tutorial sessions. Centers must provide long-term strategies, not one-time fixes, that promote growth and create opportunities for disclosure. Lastly, centers must recognize that, like writing, the creation of safe spaces is a non-linear, ongoing process of change and revision, a process we encourage all centers to participate in regularly.

Appendix A
An International College/University Writing Centers Tutors Mental Health Survey

1. What is your age?
   18 to 30
   31 to 43
   44 to 56
   57 to 69
   70 or older

2. What is your gender?

3. Approximately how many semesters have you been working as a writing center tutor?
   One
   Two
   Three
   Four
   Five or more

4. Check all of the following mental health concerns or illnesses you have experienced in the last six months.
   Anxiety (excessive and/or unrealistic worry or fear that lasts for six months or longer)
   Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD) (recurring difficulty focusing, hyperactivity, restlessness)
   Bipolar Disorder (a cycle between feelings of extreme sadness and hopelessness [depression], and feelings of intense euphoria [mania])
   Depression (a significant period of sadness lasting two weeks or longer)
   Eating Disorders (an obsession with weight gain, marked by inadequate food intake [anorexia] or excess food intake followed by purging [bulimia])
   Post-Traumatic Stress Disorder (PTSD) (hyper arousal flashbacks, or avoidance of memories of a traumatic event)
   Substance Abuse (an overwhelming need to consume drugs or alcohol that interferes with daily life)
   None of the above

5. Have you been diagnosed with any of the following mental health illnesses? Check all that apply.
   Anxiety
   Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD)
   Bipolar Disorder
   Depression
   Eating Disorders
   Post-Traumatic Stress Disorder (PTSD)
   Substance Abuse
   None of the above

6. Have you sought help for any of the previously mentioned mental illnesses?
   Yes
   No
   N/A

7. Did your tutor training discuss the following?
   How to tutor students with mental concerns or illnesses
   How tutors with mental health concerns or illnesses should cope with these issues in the Writing Center
   My training did not discuss these topics
   N/A (I received no tutor training)

If you did not receive any sort of training, how long did you spend on the topic(s) in training? What specific strategies were you given? To what resources were you directed? Were you directed to any resources on or off campus?

8. What could your writing center do to provide more support to tutors with mental health concerns or illnesses?

9. If you did not have symptoms or a diagnosis of the previously mentioned mental health illnesses please skip 9 & 10.

Have your symptoms ever affected your tutoring abilities?

Yes, Significantly
Yes, Moderately
Yes, Slightly
No, Never

If yes, please explain.

10. Have you ever disclosed your symptoms or diagnosis to any of the following? Check all that apply:

Yes, to my writing center administration.
Yes, to my writing center coworkers.
Yes, to students I have tutored.
No.

Why or why not?

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