

Let's Talk About It: Breaking Down Barriers to Discussing Mental Health at Dartmouth

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Mental illness has become a nationwide epidemic, affecting approximately 50% of Americans at some point in their lives (CDC 2018). College students, in particular, suffer from a number of disorders including depression, anxiety, and substance abuse, which have been increasing in both prevalence and severity (Kim et al. 2011). These disorders not only wreak havoc on students' physical and emotional health but have negative academic and social consequences as well (Hunt and Eisenberg 2009). Even students who do not suffer from a diagnosed mental illness may face similar negative consequences. Regardless of whether someone suffers from mental illness or experiences mental health, defined as the absence of mental illness, they can still be a victim of "languishing," meaning they may have limitations on their activities of daily living and/or experience unhealthy psychosocial functioning including unclear life goals, lack of resilience, and low intimacy (Keyes 2005). This demonstrates that all students may be at risk for suboptimal daily functioning that prevents them from flourishing.

Given this widespread impact, colleges have taken a keen interest in discovering the steps they can take to improve students' mental health. Many colleges now offer resources such as counseling through campus health services and informational organizations and programs that promote mental health. However, studies have shown that only a small percentage of students actually utilize the resources made available to them (Eisenberg et al. 2011; Hunt and Eisenberg 2010). For example, a web-based survey conducted by Zivin et al. (2009) shows that more than half of the students at one college had a need for mental health services, yet fewer than half of those students actually took advantages of those services. This clear discrepancy in need and utilization leads to the question of why this issue exists.

Barriers to Discussing Mental Health: Stigma

On college campuses, students face many potential barriers to seeking help for mental health (Rosenbaum and Liebert 2015; Pescosolido 2013). Of those barriers, the stigma surrounding mental health concerns and mental illness is one of the largest (Pescosolido and Martin 2015). Link and Phelan (2001) define two types of stigma that develop and influence the behavior of the stigmatized. The first type is *personal stigma*, which encompasses one's own beliefs about mental health concerns and mental illness. Someone with high levels of personal stigma may be less likely to seek help or openly discuss their mental health concerns or mental illness out of fear of conforming to their stigmatizing beliefs (Thoits 2016; Eisenberg et al. 2009). The second type of stigma is *public stigma*, which encompasses feeling and attitudes held by larger groups towards mental health concerns and mental illness and is influenced by cues, stereotypes, prejudice, and discrimination (Corrigan 2004). Public stigma essentially places a societal-level label on vulnerable individuals and damages their material, social, and psychological well-being, making them less willing to speak openly about their mental health concerns or mental illness (Kroska 2006; Rosenfield 1997). Together, these conceptualizations of stigma demonstrate its multifaceted nature and the far-reaching impacts it can have.

Many studies have revealed psychological and behavioral consequences of stigma. A systematic review and meta-analysis of 127 articles by Livingston and Boyd (2010) sought to determine the relationship between internalized stigma, comparable to personal stigma, and a variety of sociodemographic, psychosocial, and psychiatric variables. The researchers found that perceptions of stigma among mentally ill people negatively impacted their self-esteem, self-efficacy, quality of life, symptom severity, and social support. This broad range of factors that suffer as a result of internalized stigma demonstrates just how detrimental social forces, and,

more specifically, the perception of those social forces can be on individuals. Similarly, Corrigan (2004) highlighted how people suffering from mental illness or experiencing mental health concerns often face lower self-esteem due to their constant attempts to escape the labels associated with public stigma and the shame associated with personal stigma. Together, these studies demonstrate the many unfortunate psychological consequences that result from stigma.

Stigma also has a number of behavioral consequences. Schulze and Angermeyer (2003) investigated the effects of stigma on the experiences of those with Schizophrenia, concluding that poor interpersonal interactions and limited access to social roles were among participants' most prominent concerns. This demonstrates how stigma not only affects the way mentally ill people feel, but also the way they are treated and the life opportunities they are presented with (Schulze and Angermeyer 2003). Additionally, stigma is negatively associated with help-seeking behaviors, including both therapy and informal sources of support. This means people who experience stigma are less willing to openly discuss their concerns with others, which is unfortunate, because they are the ones who could benefit the most (Eisenberg et al. 2009).

The Role of Demographic Characteristics

When considering the barriers people face to discussing mental health, such as stigma, and the potential steps for addressing those concerns, we must also consider the role demographic characteristics play. A study by Eisenberg et al. (2009) shows that demographic characteristics such as gender, race, age, and socioeconomic status affect college students' perceptions of stigma. Additionally, Eisenberg et al. show that those perceptions are correlated with help-seeking behavior, indicating some demographic groups experience stigma in a more negative way and are less likely to openly discuss their mental health than others. In particular, the groups that were found to have more negative perceptions of stigma and lower levels of

support-seeking were males, racial minorities, younger people, and low-income students. One potential explanation is that these demographic groups may experience different or more severe barriers to discussing mental health. For instance, males may feel less comfortable openly discussing mental health concerns than females because of the societal construction of masculinity (Fleming, Lee and Dworkin 2014), and racial minorities may feel they are at a societal disadvantage due to their race (Hunt and Eisenberg 2010). More generally, these demographic groups may avoid disclosure because they fear a lack of environmental support and worry that it would have detrimental consequences (Ragins 2008). From these studies, we can conclude that demographic groups experience stigma differently and may need varying forms of intervention to remove the barriers they face to discussing mental health.

Demographics and Mental Health at Dartmouth

Based on the literature reviewed, there is clear evidence that mental health concerns are prevalent on college campuses and that students face numerous psychological, physical, and emotional consequences as a result. There also appears to be a disconnect between students' mental health concerns and their willingness to discuss their concerns, which may be due to the stigma students experience, especially those who identify with the aforementioned demographic groups. Students at Dartmouth College are likely no exception to these nationwide trends. In fact, data from the Dartmouth General Health Survey (2018) revealed that 62% of students agree or strongly agree that Dartmouth's climate negatively impacts students' mental health and emotional well-being. However, further research is needed to determine what specific barriers Dartmouth students face and whether the various demographic groups on Dartmouth's campus experience those barriers differently, as the literature suggests. Investigating this will, in turn,

help effectively tailor and target efforts aimed at removing stigma and fostering open and authentic discussion about mental health among students on Dartmouth's campus.

RESEARCH QUESTION

Given this gap in the literature regarding the specific barriers demographic groups at Dartmouth face, the proposed study seeks to investigate the following questions: 1) Do students at Dartmouth College face barriers to authentically discussing their mental health and emotional well-being? 2) Do demographic characteristics differentially affect Dartmouth students' perceptions of barriers to authentically discussing their mental health and emotional well-being? 3) What specific steps can be taken to reduce those barriers and make students feel more comfortable authentically and openly discussing their mental health and emotional well-being?

The recurring themes of mental health and emotional well-being embedded throughout the research questions are intended to be conceptualized the same way they are in the Dartmouth General Health Survey and in the reviewed literature – as indicators of the extent to which negative psychological, physical, and emotional consequences are experienced due to stress and other life demands. Similarly, open and authentic discussion surrounding mental health and emotional well-being is intended to be conceptualized the way it is in the reviewed literature – as feeling comfortable talking to various people about mental health, stress, and emotions and being willing to utilize available resources. These conceptualizations, alongside the proposed research questions, lay the foundation for the following study which intends to gather data from students to help transform Dartmouth's campus climate and foster open and authentic discussion of mental health and emotional well-being.

METHODS

Online Survey

The proposed study intends to collect data from students using a ten-minute online survey, also known as a computer assisted self-interview (CASI), which will be distributed via e-mail. This method is the most appropriate method for answering the proposed research questions, because it allows for a mixture of qualitative and quantitative self-report questions. This combination of questions will provide a high-level overview of demographic data and students' perceptions of mental health on campus as well as rich information regarding the barriers students face to discussing mental health and potential solutions for removing those barriers.

Advantages and disadvantages. There are a number of advantages to using an online survey. First, an online survey allows for fast and efficient distribution and data collection. It can be sent to hundreds of recipients in seconds through a few simple clicks and doesn't require individually interviewing students, as would be the case with in-depth interviews and face-to-face surveys, which could take several months to conduct. An online survey is also easier to distribute and collect data from than a pencil-and-paper survey, which requires administering the survey in-person and entering the data manually. Fast data collection is an important factor to consider, because the faster the data is collected, the faster changes can be implemented on campus to facilitate open and authentic discussion of mental health and emotional well-being.

Another key advantage to conducting an online survey is cost efficiency. An online survey is free to create through Dartmouth's Qualtrics subscription and free to distribute through Dartmouth's listservs. Given the limited budget at the Student Wellness Center, it is important to consider the factor of cost when deciding on a method. Other methods, such as in-depth interviews and focus groups, are more expensive to conduct due to the materials, time, and man-

power needed to implement them. Therefore, an online survey makes the most sense to use, because it not only is fast and efficient to conduct, but it also costs virtually nothing. A final advantage to an online survey is that it allows students to take the survey, which asks about the sensitive topic of mental health, in a location where they feel comfortable and at a time that is convenient. If the survey were to be conducted face-to-face, as opposed to online, or in the form of an in-depth interview, students may feel uncomfortable responding to questions about their mental health and family's annual income and may be less inclined to answer honestly. It may also be harder to recruit participants due to their busy schedules.

Although there are many advantages to conducting an online survey, there are a few disadvantages worth noting. First, all forms of surveys, including online surveys, present the possibility for self-selection bias. This refers to the fact that all participants have the option to take the survey or not, so participants who choose to participate may be systematically different from those who choose not to participate. To combat this self-selection bias, which can in turn impact the response rate, the proposed survey includes a participation incentive in the form of Amazon gift cards to attract participants who may otherwise not be willing to participate. Additionally, the online survey is accessible and convenient, which will help to maximize the number of responses and the types of people who opt-in. For example, all students at Dartmouth have access to a computer, and almost all students check their email daily or multiple times per day, making it the best ways to reach them. The survey is also very short and can be completed anywhere and at any time, which further increases the likelihood that students will respond.

Another disadvantage that all forms of surveys present the possibility for, including online surveys, is self-report bias. Self-report bias refers to the fact that participants often select answers that are socially desirable to make themselves look good, rather than answers that are

honest and accurate. An example of this would be if a participant reports that their mental health is excellent, when in fact it is rather poor. By having participants take the survey online and in a location of their choice, as mentioned previously, they will be more inclined to respond to questions accurately and honestly, thereby reducing self-report bias.

A final disadvantage to using an online survey is limited flexibility. Other methods, such as in-depth interviews, allow participants to ask clarifying questions and researchers to ask follow-up questions. Online surveys, on the other hand, only allow questions that are explicitly stated on the survey. To address this limitation, the survey contains carefully worded questions to anticipate potential clarifications needed by participants and includes open-ended questions that allow the Student Wellness Center to gather richer, more in-depth information. These various steps taken to address the disadvantages, when considered alongside the numerous advantages, provide support for the methodological decision to use an online survey over other methods.

Survey design. The proposed online survey will contain 13 questions and take approximately ten minutes to complete (See Appendix A). It will consist of a mixture of qualitative, open-ended questions and quantitative, multiple-choice questions to gather data about students' perceptions of mental health on campus, personal mental health, resource utilization, solutions for barrier removal, and demographics. By including both quantitative and qualitative questions, this study essentially takes a hybrid deductive-inductive approach, which allows the study to build on the existing literature surrounding demographic groups and mental health and simultaneously develop a holistic understanding of barriers and solutions.

The multiple-choice questions regarding demographic characteristics are quantitative in nature and illustrate a deductive approach that will assist in answering the second research question. The demographic questions include variables that stem directly from the

aforementioned study by Eisenberg et al. (2009) and are operationalized as follows: Class Year (2022, 2021, 2020, 2019, Other), Gender (Male, Female, Other, Prefer not to say), Sexual Orientation (Heterosexual, Homosexual, Bisexual, Other, Prefer not to say), Race (American Indian or Alaskan Native, Asian, Black or African American, Hispanic or Latino, Native Hawaiian or Pacific Islander, White, Other, Prefer not to say), First-Generation Status (Yes, No, Prefer not to say), and Family's Annual Income (<\$20,000, \$20,000-\$34,999, \$35,000-\$49,999, \$50,000-\$74,999, \$75,000-\$99,999, \$100,000-\$149,999, \$150,000-\$199,999, \$200,000 or more, Prefer not to say). Together, these demographic characteristics comprise the proposed study's independent variables and will help the Student Wellness Center to determine whether demographic characteristics differently affect Dartmouth students' perceptions of barriers to authentically discussing mental health and emotional well-being.

This study's primary dependent variable – barriers to discussing mental health and emotional well-being – which is addressed in the first and second research questions, will be measured through questions regarding students' level of comfort discussing mental health with various people as well as their likelihood of utilizing campus resources. This conceptualization of perceived barriers as a lack of willingness to discuss mental health and/or utilize resources stems directly from the reviewed literature and will be operationalized in the proposed study as: “How comfortable do you feel talking to the following people about mental health, emotions, stress, etc.” (Friends, Professors, Dean, Significant Other, Staff, Employer, Family, UGA, Other; Rate each using a 5-point Likert scale from *Very Comfortable* to *Very Uncomfortable* or indicate *Not Applicable*) and “How likely are you to utilize the following resources?” (Dick's House counseling, Student Wellness Center, Religious Services, Sexperts, SAPA, MAV, Other; Rate each using a 5-point Likert scale from *Very Likely* to *Very Unlikely* or indicate *Not Applicable*).

These questions take a deductive approach, which will ease the data analysis process due to their ability to be numerically coded and will be supplemented by two questions that take an inductive approach, allowing for a richer understanding of the barriers Dartmouth students face. The open-ended questions are: “What, if anything, makes you feel uncomfortable with talking about mental health, stress, emotions, etc. with people on campus?” and “What, if anything, makes you less likely to utilize the resources available at the Student Wellness Center?”

To address the third research question regarding specific steps that can be taken to remove the barriers students face, an additional open-ended question will be included in the survey: “What, if anything, can be done to make you feel more comfortable openly discussing mental health, stress, emotions, etc. on campus?” Like the questions above, this question takes an inductive approach and will allow students to suggest a broad range of potential solutions without confining their answers to a limited number of options.

To summarize, this online survey will use a combination of qualitative and quantitative questions to gather data relevant to the three proposed research questions. Since this survey is intended to be administered to a sample of students at a single point in time, providing a snapshot of the current state of mental health on Dartmouth’s campus, it will be a cross-sectional study. However, a follow-up study using a similar survey could be conducted in the future with a new group of participants to assess changes on campus. While a longitudinal design would provide a more controlled way of assessing changes over time, it would be difficult to implement because of the potential for a moderate to high attrition rate due to seniors graduating and participants choosing to opt-out. Additionally, a longitudinal design would not allow for the incorporation of new perspectives from incoming freshman. Due to these limitations that a longitudinal design poses, a cross-sectional design is recommended.

Sampling Design

A sample of undergraduate students enrolled at Dartmouth College will be recruited to participate in this online survey through a non-random sampling procedure. More specifically, a purposive sampling design will be used, which will allow for the intentional selection of respondents to ensure a balanced representation of various demographic characteristics. An advantage to this sampling design is the ability to select participants that will be most informative to answering the second research question about demographic characteristics and perceptions of barriers. However, this will come at the expense of generalizability to the campus as a whole. This trade-off that comes with using a non-probability sampling design as opposed to a probability one is justified, because this study is more interested in analyzing how individual demographic groups experience barriers and inductively identifying themes in proposed solutions, rather than making sweeping generalizations about the student body as a whole. Additionally, implementing a non-probability sampling design will not require constructing a sample frame of all students at Dartmouth and their corresponding demographic characteristics and contact information, which would be a time-consuming and tedious process.

Since the reviewed literature has most consistently shown gender and race to be factors associated with mental health and barriers to help-seeking, those are the two demographic characteristics this study will purposively sample. For gender, this study will strive to select a balanced representation of males and females, and for race, whites and non-whites. These subcategories essentially combine to form four distinct demographic groups: white males, white females, non-white males, and non-white females. For each of the four groups, 125 participants should be collected, summing to 500 participants in total. This sample size will be large enough to gather a diverse set of perspectives from a variety of students on campus but not so

large that the qualitative analyses become unmanageable. In order to implement this sampling design, the quota feature should be used in Qualtrics. This feature will recognize when each demographic group's quota is met (i.e., 125 white females have completed the survey) and will stop collecting responses from participants who indicate those demographic characteristics. Dr. Rogers can assist with programming the survey and implementing the quota feature in Qualtrics.

Participant recruitment. In order to recruit participants, an e-mail containing the survey link will be sent out to a variety of Dartmouth listservs asking students to participate in the survey (See Appendix B for a sample e-mail). The eye-catching phrase at the top of the e-mail – “Do you care about mental health on Dartmouth’s campus?” – will grab students’ attention and the incentive to win one of five \$25 Amazon gift cards will secure their participation. The listservs to which the e-mail should be sent include Class Councils, LGBTQ, FYSEP, and minority organizations, among others. By specifically selecting these listservs to receive the survey, participants from a variety of other demographic variables of interest, including sexual orientation, first-generation, class year, and racial subcategories, will hopefully be recruited.

Data Analysis

Once the online survey data has been collected using the sampling procedure described above, qualitative and quantitative analyses should be conducted to draw conclusions related to the three research questions. It is important to note that the proposed survey design will not allow causal conclusions to be drawn from the data. Rather, the data will allow for conclusions regarding associations between demographic characteristics and perceptions of barriers. For instance, students who come from families that have an annual income of \$200,000 or more per year may be more likely to utilize resources on campus; however, coming from a high-income family does not necessarily cause a higher likelihood of resource utilization. Given the Student

Wellness Center's primary goal of fostering open and authentic dialogue on campus, it is not necessary that the study design allows for drawing causal conclusions and uncovering underlying mechanisms. It will be sufficient to identify associations and perform inductive analyses to determine barriers to discussion and potential solutions for removing those barriers.

To begin the analysis, the data should be downloaded from Qualtrics. Then, answers to survey questions #1-4 (perceptions of mental health on campus, personal mental health, and resource utilization) and #8-13 (demographics) should be coded numerically. The coded responses to questions #1-4 can then be analyzed for overall trends pertaining to campus perceptions of mental health and barriers to discussion in order to help answer the first research question. Then, they can be compared to the demographic data to uncover associations between demographic characteristics and barriers to discussion, thus addressing the second research question. As indicated in the literature, race and gender seem to be most consistently associated with barriers to help-seeking, so they can provide a starting place for the deductive analysis.

For the inductive portion of the analysis, the open-ended responses to survey questions #5-7 should be analyzed for themes, patterns, and keywords. Based on the literature as well as an in-depth interview conducted during Dr. Roger's sociology class, some potential themes to look for regarding barriers to discussion and resource utilization include: a desire to portray an image of perfection, a lack of time, feelings of inferiority, being unaware that one suffers from poor mental health, and having a mindset that lack of mental illness equates to mental health. Some potential themes to look for regarding solutions for barrier removal include: messaging that students do not need to be mentally ill to suffer from poor mental health, more information about resources on campus and how to access them, and more diversity in resource options to attract more demographic groups. As a final analysis, the themes and keywords can be analyzed

alongside demographic characteristics to determine if certain demographic groups tend to indicate similar barriers and suggest similar solutions.

Strengths and Weaknesses

Overall, the proposed study design has a number of strengths. First, the design is efficient in terms of cost and the time it will take to conduct the study and analyze the data. This strength is critical, because the faster and easier the study can be conducted, the sooner changes can be implemented on Dartmouth's campus to begin facilitating open and authentic discussion surrounding mental health and emotional well-being. A second strength to the proposed design is its versatility. The survey allows the Student Wellness Center to ask students a broad range of quantitative and qualitative questions and gain valuable information about demographics, personal experiences, perceptions, and potential solutions. A third strength of the design is the ease with which participants will be able to be recruited. By e-mailing the survey link to students on campus via multiple listservs to take at their convenience and offering the chance to win one of five \$25 Amazon gift cards for participating, obtaining responses will not be a challenge.

There are also a few weaknesses to this design worth noting. First, the design does not allow for causal relationships to be established; however, as noted above, establishing causal relationships is not central to the Student Wellness Center's research goals. Second, the study's results will not be generalizable to the Dartmouth population as a whole due to the use of non-probability sampling. This lack of generalizability does not present a significant limitation, because the purpose of the study is to essentially craft a theory regarding potential barriers and their relation to demographic subgroups, not to make sweeping generalizations about the population as a whole. However, the sampling design does ensure a balanced representation of gender and race to somewhat improve generalizability. Finally, the proposed design does not

allow for high validity or reliability, because of its reliance on self-report measures, which introduce the possibility for self-report bias. However, there is no other way to collect data about students' perceptions and ideas than to ask them directly, which inevitably presents the possibility for bias that can undermine validity and reliability. To combat this potential bias, the survey is anonymous and allows participants take it in a location they feel comfortable. These steps taken to account for the weaknesses of the proposed design, coupled with the numerous strengths, provide sufficient justification for the proposed methodology.

ETHICAL CONSIDERATIONS

This study deals with the sensitive topic of mental health, so it will need to be carefully conducted in accordance with the three core principles of ethical research involving human subjects summarized in the Belmont Report: respect for persons, beneficence, and justice.

Respect for persons will be upheld in this study by treating participants as autonomous agents, who are free to make decisions for themselves regarding their participation. To ensure this, participants will be given a consent form at the beginning of the survey which will emphasize the voluntary nature of their participation and that they have the right to withdraw at any time (See Appendix A). The consent form will not withhold any information from participants that could potentially interfere with their ability to make an informed decision about their participation. Providing participants with a sense of freedom and autonomy will likely also foster a level of comfort and engagement with the study that will enable them to answer the sensitive questions more thoroughly and honestly.

The second principle, beneficence, requires the study's benefits to be maximized and the study's potential risks to be minimized in order to ensure the welfare of participants. The consent form explicitly outlines the potential benefits and risks of participating in this study and allows

participants the opportunity to opt-out if they feel the risks are too burdensome. Specifically, the risks section notes the survey's inclusion of questions pertaining to the sensitive topic of mental health, which may be triggering for some participants, and indicates that participants are not obligated to answer any questions that they don't feel comfortable answering. By making both participation and individual questions voluntary, the potential risks of the study will be minimized. The consent form also informs participants that their responses will be kept anonymous. Ensuring anonymity minimizes potential risks associated with having identifiable information attached to responses to sensitive questions. In addition, questions are worded in a way that feels less triggering and invasive. For example, instead of asking participants, "Why don't you utilize the resources at the Student Wellness Center?" which conveys an accusatory tone, question #6 reads, "What, if anything, makes you less likely to utilize the resources available at the Student Wellness Center?" A final step taken to minimize the study's potential risks was to put the demographic questions at the end, so participants do not feel they are being analyzed on the basis of race, social class, sexual orientation, or gender, which may have negative psychological consequences and influence their responses. In addition to minimizing these benefits, the study attempts to maximize benefits by gathering information about solutions to removing barriers to discussing mental health on campus which can in turn help improve the experiences and comfort of current and future students.

The third principle, justice, requires the study fairly distribute the potential risks and benefits. The proposed study ensures all participants take the same survey that poses the same potential risks and benefits to ensure a fair distribution. Additionally, students of all races, genders, sexual orientations, income levels, class years, and generation statuses (first-year and continuing) will be recruited to participate in this study, so there will not be a greater burden

placed on certain demographic groups over others. By taking this essential ethical step, alongside the others described above, the proposed study will ensure all participants are treated fairly, respectfully, and in manner that seeks to maximize their well-being.

FEASIBILITY AND SIGNIFICANCE

Based on the results from the 2018 Dartmouth General Health Survey and observations made by the staff at the Student Wellness Center, Dartmouth's campus does not appear to foster an environment that welcomes open and authentic discussion about mental health and emotional well-being. With the hope of cultivating a campus climate that encourages more open communication and supportiveness, the Student Wellness Center has determined that research is needed to better understand the barriers students face to discussing mental health and emotional well-being and strategies for removing those barriers.

In order to aid the Student Wellness Center in achieving its goal, the proposed study seeks to investigate Dartmouth students' perceptions of mental health on campus and the barriers they face to discussing mental health and utilizing resources. This online survey design will be feasible for the Student Wellness Center to implement because it is efficient in terms of the monetary cost, the time it takes to distribute and collect data via e-mail, and the analytical procedures it entails, making it good for an organization that has a limited budget and resource constraints. This study is also practical for answering the research questions at hand, because it will gather information on students' individual perspectives, ideas, and experiences.

Additionally, it uses a sampling design that will effectively recruit a diverse sample of participants needed to provide various perspectives on mental health and barriers to discussion.

The results of this study will help identify specific barriers students face to discussing mental health (such as a lack of knowledge about the differences between mental health and

mental illness or heightened feelings of stigma), uncover differences in how demographic groups experience barriers differently (such as males feeling a greater sense of stigma than females), and reveal potential solutions for breaking down those barriers (such as improving the messaging on campus surrounding mental health or increasing students' awareness of various resources available to them). This research will ultimately have the power to positively transform the initiatives at the Student Wellness Center and, more broadly, the campus climate surrounding mental health and emotional well-being at Dartmouth. Over time, conversations surrounding mental health will hopefully become normalized and students will feel a sense of support and comfort when discussing these topics.

In addition to this practical significance, the proposed research will contribute to the existing body of literature surrounding demographic characteristics, mental health, and resource utilization. Currently, little is known about the specific barriers students face and how demographic characteristics differentially affect perceptions of those barriers. Therefore, this research will help to fill the gap in the literature, and potentially help foster open and authentic conversation about mental health and well-being at other colleges as well.

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CONSENT TO TAKE PART IN RESEARCH

Mental Health at Dartmouth Survey
Student Wellness Center, Dartmouth College

You are being asked to take part in a research study. Taking part in research is voluntary.

Your decision whether or not to take part will have no effect on your academic standing. Please ask questions if there is anything about this study that you do not understand.

What is the purpose of this study?

The purpose of the study is to learn more about students' perceptions of mental health on Dartmouth's campus.

Will you benefit from taking part in this study?

You might personally benefit from being in this research study. We hope to gather information about mental health that will help current and future students feel more comfortable.

What does this study involve?

Your participation in this study may last up to 10 minutes. You will be asked to answer a few, brief survey questions.

What are the risks involved with being enrolled in this study?

This study poses minimal potential risks. Some of the questions ask about information pertaining to mental health, but you are not obligated to answer any questions you do not wish to answer.

Other important items you should know:

- **Leaving the study:** You may choose to stop taking part in this study at any time. If you decide to stop taking part, it will have no effect on your academic standing.
- **Number of people in this study:** We expect 500 people to enroll in this study here.
- **Funding:** There is no outside funding for this research project.

How will your privacy be protected?

The information collected as data for this study includes the topic of mental health. We are careful to protect the identities of the people in this study. We also keep the information collected for this study secure and confidential.

Will you be paid to take part in this study?

If you choose to include your email on the last question of the survey, you will be entered into a drawing to win one of five \$25 Amazon gift cards.

Whom should you call with questions about this study?

If you have questions about this study or concerns about a research related problem or injury, you can call Caitlin Barthelmes, Director of the Student Wellness Center, at (603) 646-6595 during normal business hours.

If you have questions, concerns, complaints, or suggestions about human research at Dartmouth, you may call the Office of the Committee for the Protection of Human Subjects at Dartmouth College (603) 646-6482 during normal business hours.

CONSENT

I have read the above information about the Mental Health at Dartmouth Survey and have been given time to ask questions. I agree to take part in this study and I will be given a copy of this signed consent form.

Participant's Signature and Date PRINTED NAME

Researcher or Designee Signature and Date PRINTED NAME

Mental Health at Dartmouth Survey

1. How much do you agree or disagree with the following statement: "Mental health is a problem on my campus"?

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

2. How would you describe your mental health?

- Poor
- Fair
- Good
- Very Good
- Excellent

3. How comfortable do you feel talking to the following people about mental health, emotions, stress, etc.? (please mark the appropriate boxes with an 'X')

	Very comfortable	Somewhat comfortable	Neither comfortable nor uncomfortable	Somewhat uncomfortable	Very uncomfortable	Not applicable
Friends						
Professors						
Dean						
Significant other						

Staff						
Employer						
Family						
UGA						
Other:						

4. How likely are you to utilize the following resources? (Please mark the appropriate boxes with an 'X')

	Very likely	Somewhat likely	Neither likely nor unlikely	Somewhat unlikely	Very unlikely	Not applicable
Dick's House counseling						
Student Wellness Center						
Religious Services						
Sexperts						
SAPA						
MAV						
Other:						

5. What, if anything, makes you feel uncomfortable with talking about mental health, stress, emotions, etc. with people on campus?

6. What, if anything, makes you less likely to utilize the resources available at the Student Wellness Center?

7. What, if anything, can be done to make you feel more comfortable openly discussing mental health, stress, emotions, etc. on campus?

8. What is your class year?

- 2022
- 2021
- 2020
- 2019
- Other

9. What is your gender?

- Male
- Female
- Other
- Prefer not to say

10. What is your sexual orientation?

- Heterosexual
- Homosexual
- Bisexual
- Other
- Prefer not to say

11. Which of the following best describes your race? (Select all that apply)

- American Indian or Alaskan Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Pacific Islander
- White
- Other
- Prefer not to say

12. Are you a first-generation student?

- Yes
- No
- Prefer not to say

13. What is your family's annual income?

- Less than \$20,000
- \$20,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$149,000
- \$150,000 to \$199,000
- \$200,000 or more
- Prefer not to say

14. What is your email address? (This will only be used to contact you if you win one of the five \$25 Amazon gift cards).

Thank you for your participation!

APPENDIX B: SURVEY EMAIL TEMPLATE

Do you care about mental health on Dartmouth's campus?

Do you want our campus to go from
Surviving to Thriving?

We are looking to learn more about mental health and emotional well-being on Dartmouth's campus and want to hear YOUR thoughts. **Please take [this](#) brief 10 minute survey.**

You will be entered to win one of five \$25 Amazon gift cards!

Thank you!

The Student Wellness Center

