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Mental Health Help-Seeking Behaviors of First-Year University Students

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MENTAL HEALTH HELP-SEEKING BEHAVIORS OF FIRST-YEAR UNIVERSITY STUDENTS

by

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(Under the Direction of Tamerah Hunt)

ABSTRACT

The early college years represent a specific period in a student's life that is crucial for their development. Approximately one in three college students meet the criteria for a mental health problem (Eisenberg et al., 2013). Universities have unique opportunities for identifying risk and delivering prevention or intervention strategies to students in need. The purpose of this study was to investigate factors associated with First-Year University students' help-seeking behaviors for university-based mental health services. H_1: There will be group differences between gender and race/ethnicity on help-seeking behaviors, knowledge barriers of services or providers and perceived stigma. H_2: Lower knowledge barriers of services or providers and limited perceived stigma will be associated with a higher likelihood to seek help for mental health. Sixty-seven students enrolled in a First Year Experience (FYE) course completed an online survey to determine their willingness to seek help from university-based sources, their knowledge barriers of services or providers at the university and their perceived stigma towards mental health. A MANOVA was calculated to examine differences between gender and race/ethnicities on help-seeking behavior, knowledge barriers and stigma. Pearson correlations examined relationships between help-seeking, knowledge barriers and stigma. Linear regression examined the influence of knowledge barriers and stigma on help-seeking behavior. The sample was majority Freshman (94.0%), Caucasian (65.7%), Female (59.7%), and in-state (89.6%) students. No significant differences existed for help-seeking, stigma, and knowledge barriers when it came to gender ($F(2,67) = 1.593, p>0.05$) or race/ethnicity ($F(4,67)=.935, p > 0.05$). A statistically significant correlation existed between stigma and knowledge barriers ($r(65)=.533, p<.01$). No significant correlations were obtained between help-seeking and other variables ($p>0.01$); therefore, a regression was not performed. Previous literature supports relationships between help-seeking behaviors, perceived stigma, and knowledge barriers. The current study could not corroborate this. Regardless, mental health challenges still pose a threat to university students, and other

factors may play a role in help-seeking behaviors. Examining a larger, more diverse sample would better determine the appropriate actions needed to improve awareness of the resources available to their students to aid student safety and success.

INDEX WORDS: Mental health, FYE students, Help seeking, Perceived stigma, Knowledge barriers

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DEDICATION

This thesis is dedicated to my younger brother, Dylan. You are a shining example of resilience through even the most difficult times. The mental strength you have demonstrated serves as an inspiration and reminder that we should celebrate every victory, even the ones that seem small. You have shown me that we will never walk alone because we will always have each other.

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TABLE OF CONTENTS

LIST OF TABLES

Page

CHAPTER 1

INTRODUCTION

Mental health is a significant and growing concern for students on college campuses across the United States (Lipson et al., 2019). Mental health challenges during college are predictive of lower academic success, and depression alone is associated with a two-fold increase in risk in dropping out or "stopping out" of college without graduating (Eisenberg et al., 2009; Lipson et al., 2022). The mental health needs of students are described in the literature as affecting approximately 35% of students on a college campus as this is how many meet the diagnostic criteria for at least one common mental health condition (Auerbach et al., 2018). In the young adult population alone there has been a steady increase in the rates of mental health disorders such as anxiety, depression, and suicidality throughout the 2010 decade (Duffy et al., 2019). This rise in mental disorders was potentially further exacerbated by the traumatic experience of the Coronavirus Disease 2019 (COVID-19) pandemic in recent years.

The COVID-19 pandemic had a major impact on both adolescent and college aged students (Kim et al., 2022). Both adolescent and college aged students were part of a particularly vulnerable group of individuals who were at risk of developing mental health challenges. The pandemic opened students up to a number of mental health risk factors including the threat of illness, death, isolation, and economic uncertainty (Kim et al., 2022). These factors were coupled with intense levels of stress associated specifically with schooling (Rao & Rao, 2021). This intense stress has been found to have persistent negative effects on students' behavioral and emotional functioning, particularly externalizing and attention problems, which is consistent with studies looking at individuals who have experienced a natural disaster (Copeland et al., 2021).

As a result of this pandemic, mental health has continued to grow as an area of concern as there were many students preparing for the transition into young adulthood during this traumatic time.

Young adulthood is an established at-risk transitional period with changes in social networks, education, employment and living situations for people between the ages of 18 and 25 (Adams et al., 2014; Maybery et al., 2022). Similar to how adolescence serves as a well-known transition period between childhood and young adulthood, there are many transitions that students must go through following high school such as deciding whether they plan to attend a university or join the workforce (Casey et al., 2010). Transition periods are most easily recognized as the process of changing from one form to another which encompasses the transition from adolescence into adulthood.

For adolescents who decide to enroll in higher education following high school, there is a multitude of other changes that they will have to face during this difficult period. First-year college students are often transitioning into a specific time of their lives where they may face greater academic demands (Doane et al., 2015; Kerr et al., 2004), increased responsibility for their own health and decision-making (Doane et al., 2015), changes in family and peer relationships (Doane et al., 2015; Kerr et al., 2004; Larose & Boivin, 1998) as well as increased perceptions of stress when they begin their journey in higher education (Doane et al., 2015; Kerr et al., 2004).

Another big change the student may face is the availability of social support. Students entering college are in a period of life where they are developing a greater need for autonomy from family while simultaneously creating opportunities for more sophisticated relationships with peers (Moeller & Seehuus, 2019). Just as these factors influence the risk of students

developing mental health challenges, there are several factors that influence the likelihood of a student to seek out help through the proper services including gender (Eisenberg et al., 2007a; Juvrud & Rennels, 2017), race/ethnicity (Chen et al., 2019; Lipson et al., 2018; Lipson et al., 2022), perceived stigma (Eisenberg et al., 2009) and knowledge barriers of services or providers (Yorgason et al., 2013).

Help-Seeking

Help-seeking is defined as, "the steps that people take to solicit resources from others" (Gourash, 1978)**.** Presently, help-seeking is recognized as a dynamic and psychosocial process without sequentially fixed stages, where young people (11-25 years of age) express an unfamiliarity with, insecurity about and lack of knowledge of mental health challenges, a longing for self-reliance and, in some contexts, a presence of stigma (Westberg et al., 2022). Typically, help-seeking is more likely to occur when a mental health problem is recognized as undesirable and when it is deemed not apt to go away on its own (Cause et al., 2002). A study by Gulliver and colleagues (2010) found that only about 18 to 34% of young people with high levels of depression or anxiety symptoms seek professional help. However, the literature suggests that many students experiencing mental illnesses are more likely to utilize an on-campus service for mental health care rather than other resources (Lipson et al., 2019). Another personal characteristic that influences help-seeking behaviors is gender (Eisenberg et al., 2007a).

Gender differences exist within the diagnosis of specific mental disorders(Eisenberg et al., 20007a), the likelihood to report such disorders (Eisenberg et al., 20007a) and the overall perceptions of stigma (Juvrud & Rennels, 2017; Topkaya, 2007; Vogel et al., 2006). Females have been found to be equally likely to screen positive for depression as their male peers,

however, they are twice as likely to screen for an anxiety disorder (Eisenberg et al., 2007a). Typically, males are significantly less likely to display instances of help-seeking behavior, compared to females who have been found to be twice as likely to ask for help (Juvrud & Rennels, 2017). This lack of willingness to seek help for males may be linked to the fact that they experience higher levels of both self-stigma and public stigma associated with mental health help-seeking than females (Eisenberg et al., 2009; Topkaya, 2007; Vogel et al., 2006). Similar to gender differences, racial/ethnic differences have the potential to affect university students' likelihood to experience mental health challenges and their willingness to seek help for such challenges.

Racial and/or ethnic differences have been found amongst university students not only with the diagnosis of mental disorders (Chen et al., 2019) but the likelihood to report such disorders (Harris et al., 2005) and their perceptions of stigma towards mental health (Polite, 2015). Racial/ethnic minority students have been found to be at a potentially greater risk of experiencing undetected mental illness (Chen et al., 2019) and are considered to be less likely to access mental health treatment (Lipson et al., 2018). The literature surrounding racial/ethnic minorities continues to highlight a mental health 'treatment gap' for these students (Kohn et al., 2004; Lipson et al., 2022). In a 2013 to 2021 study, there was a 25.6% increase in past-year mental health service utilization found for a national sample of college students (Lipson et al., 2022). However, the smallest rates of utilization increases in this study were seen amongst minority groups including American Indian/Alaskan Native, Arab American, Black, and multiracial students (Lipson et al., 2022). This restricted willingness to access mental health

treatment may be in part due to desire to have race concordant relationships with the practicing mental health professional and may further impact the stigma experienced by these individuals.

While race concordant or same race relationships have been found to be positively associated with interpersonal factors that influence rapport (Stevens et al., 2003), race-discordant relationships lack a feeling of connectedness due to the absences of social sharing or shared perspectives (Echterhoff et al., 2009). In the literature, Harrison (1975) found that counselors recognize that they have better relationships with patients when their personal characteristics resemble each other. Similarly, Harrison (1975) looked from the patient perspective and determined that specifically Black counselees show more negative effects in a race discordant relationship. These feelings towards professionals available may further influence the stigma expressed by racial/ethnic minority groups, especially the African American population, as they report to experience increased perceived public stigma towards mental health (Polite, 2015).

While both gender and race/ethnicity may impact a student's perception of stigma, literature suggests that stigma is developed during an individual's early adolescent period and is carried with them into young adulthood (Corrigan & Watson, 2007). Due to the early beginnings of the development of either positive or negative stigma towards mental health, it is important to recognize that stigma can also be influenced by the area in which the student was raised. Students raised in areas that are considered to be isolated or rural, tend to express greater perceptions of both self-stigma and public stigma as well as a greater desire to deal with psychological problems privately than students who may have been raised in less rural areas (Stewart et al., 2015). Vogel and colleagues (2007) found that perceived public stigma is positively related to self-stigma which is negatively associated with the attitudes individuals

have toward counseling, and that these attitudes are positively associated with willingness to seek help for psychological and interpersonal concerns. The development of negative stigma towards mental health can further influence the student's willingness to seek help in a negative way similar to that of knowledge barriers of the services or providers.

A lack of knowledge regarding the services or providers available to the students influences the student's willingness to seek help for their mental health. This knowledge includes knowing the services or providers available through on-campus resources. One study found that more than 10% of the overall student population sought mental health services specifically at their campus counseling center (Lipson et al., 2019). This finding is consistent with other studies that determined between 30 and 60% of students report that they are unaware or uncertain of the availability of mental health services available on their respective campuses (Benedict et al., 1977; Gelso et al., 1972; Henggelar et al.1982; Yorgason et al., 2013). This lack of awareness or uncertainty of the resources available to them serves as a barrier to help-seeking and mental health care for students who may be experiencing a mental health challenge (Wei et al., 2013).

Regardless of the students' help-seeking behaviors, gender or racial/ethnic differences, perceptions of stigma or knowledge barriers to services or providers, colleges and universities have many unique opportunities for identifying risk and delivering prevention and intervention to students in need. These institutions can utilize opportunities such as through residential life, athletics, and academic advising (Lipson et al., 2022). For these reasons, higher education represents an ideal setting to address mental health during a psychosocially significant life period of the students' lives (Lipson et al., 2022).

This current study aims to investigate the factors associated with mental health help-seeking behaviors in a first-year university student population. The first-year university student population encompasses young adults between the ages of 18-25 who are navigating a challenging time in their lives as they transition into college (Adams et al., 2014; Doane et al., 2015; Maybery et al., 2022). These students will be targeted specifically through their First Year Experience (FYE) course that they are required to take as they begin their journey in higher education. The goal of FYE is to introduce students to college-level inquiry and campus engagement by specifically teaching modules that require students to develop and apply information literacy skills, engage in their degree program, campus resources and community; and discuss diversity and inclusion. The curriculum of this course includes educating the first-year students on the mental health resources available to them as well as how to access these resources.

This study aims to address two research questions: (a) Are there group differences (gender and race/ethnicity) on help-seeking behavior, perceived stigma and knowledge barriers of services or providers? (b) Are perceived stigma and knowledge barriers of services or providers associated with student mental health help seeking? It was hypothesized that students with lower levels of perceived stigma and knowledge barriers of services or providers will be associated with a higher likelihood of help-seeking than students experiencing greater levels of perceived stigma and knowledge barriers to services or providers.

CHAPTER 2

REVIEW OF LITERATURE

Mental Health

The World Health Organization (2022) defines mental health as the "state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community". While an individual can experience poor mental health without having a diagnosed mental illness or disorder it is imperative to understand what these are. The United States Surgeon General Report (1999) described mental illness as the term that "refers collectively to all diagnosable mental disorders" and defined mental disorders as "health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress and/or impaired functioning" (pp. 4-5). One of the main areas of research regarding mental disorders is the age at which the onset occurred. This is typically broken down into three groups: before the age of 14, before the age of 18 and before the age of 25 (Solmi et al., 2022).

While many mental disorders are noted to begin during adolescents, individuals between the ages of 18 to 25 are susceptible for a number of different reasons. These individuals are navigating young adulthood which is in general an established at-risk transitional period with changes occurring within social networks, education, employment and living situations (Adams et al. 2014; Maybery et al., 2022). The early college years in particular represent a specific period in a student's life that is not only crucial for their development but is also a peak time for the first onset of such mental disorders (Ibrahim et al., 2013). According to Kessler and

colleagues (2007), approximately 75% of mental illnesses have first onset by the mid-20's which includes the population of young adults regardless of whether or not they are a college student.

Research related to mental disorders on college campuses, have determined that these disorders are just as prevalent among college students as same-aged non-students (Blanco et al., 2008). However, the mental health and wellbeing of university students is becoming a growing concern with about 35% of students meeting the diagnostic criteria for at least one common mental health condition (Auerbach et al., 2018). This is consistent with a study completed by Eisenberg and colleagues (2013), which found that approximately one in three students meet the criteria for a clinically significant mental health problem on a college campus. Due to the alarming rates in which students are experiencing mental health challenges, it is important to consider all of the factors that might be influencing the onset.

Social Determinants of Health for University Students

As students go through the transition period into college, the social determinants of health or SDoH that may potentially influence their mental health transitions too. Social determinants of health are defined by the World Health Organization as "the conditions in which people are born, grow, live, work and age" ("WHO", n.d.). When looking specifically at university students, their lives both in and out of the classroom have to be considered as both can potentially influence their mental health.

Economic stability is the first social determinant of health identified for this population and is often recognized as the connection between the financial resources an individual has and their overall health. The financial resources available to students is heavily dependent on the growing cost of higher education and subsequently their access to financial aid (Olfert et al.,

2021). Olfert et al. (2021) found that due to the congruent rise in the cost of school and in the cost of living, students are taking on more substantial amounts of debt that not only increase their financial stress but also potentially influence students to cut corners for basic needs. This includes cutting corners on maintaining access to healthy food and adequate housing due to having to choose whether to pay rent or have food. Across the literature, food and housing insecurities are complementary, with concerns about one impacting the other (Olfert et al., 2021).

Another social determinant of health for this population is food insecurity. This is described as the household-level economic and social condition of limited or uncertain access to adequate food. While this research is still relatively limited in the young adult or college aged population, food insecurity is a growing concern. In a study by Gaines et al. (2014), there was a 14% prevalence of food insecurity reported amongst 557 undergraduate students living in the Southeastern United States. Additionally, Becerra and colleague (2020) found that being food-insecure was associated with over 3.5 times odds of having psychological distress and an over 2.5 times higher odds of perceiving one's mental health to be average to very poor. This study also identified that students facing food insecurity may simultaneously be facing housing insecurity due to their complementary relationship (Becerra & Becerra, 2020).

The final financial based social determinant of health affecting college students is housing insecurity, albeit a risk factor for food insecurity. Housing insecurity includes the inability for an individual to pay rent or utilities, or the need to move frequently (Goldrick-Rab et al., 2018) and is an emerging problematic reality faced by many college students (Olfert et al., 2021). Based on the literature looking at college students, Broton (2020) found that

approximately 1 in 10 students experience homelessness and a staggering 45% are considered housing insecure. According to Olfert et al. (2021), the largest role in housing insecurity is the year in school. This study found that with each additional year there were higher odds as students being more likely to move off-campus and experience a 156% higher odds of housing insecurity (Olfert et al., 2021).

In addition to the financial stress brought on by a lack of economic stability regarding access to food and housing, stress is another social detriment of health for students. Students experience a significant amount of stress during their college years. This stress can be attributed to a variety of different variables including both the students' academics as well as their personal lives. According to Beiter et al. (2015), students in post-secondary school experience stress relating to academic performance, pressure to succeed, post-graduation plans, financial concerns, quality of sleep, relationship with friends, relationship with family, overall health, body image, and self-esteem. Many researchers and practitioners alike conceptualize stress as one of the many risk factors that can increase the likelihood that an individual experiences clinically significant mental health challenges (Hubbard et al., 2018). Additionally, these common stressors may also be influenced by the social support available to these students.

The final social determinant of health is social support. Students going through the transition into college meet their developmental needs for greater autonomy from family while also creating opportunities for more sophisticated relationships with peers (Moeller and Seehuus, 2019). This transition period is represented by a shift in the available social support experienced by the students. Oftentimes, this is experienced simultaneously with moving away from their family or roommates into a potential individual living situation. Research shows that adolescents

transitioning into adulthood are in a period of development that is known to be one of heightened susceptibility to experiences of loneliness (Qualter et al., 2015). Cacioppa et al. (2015) reported that individuals who experience loneliness are more likely to experience a range of negative mental health outcomes.

Whether it be a combination of social determinants of health during the transition into college or as they progress through college, these students are at risk of developing mental disorders. In addition to the potential factors influencing the development of such disorders, there are also a number of factors influencing whether or not a particular student will seek out proper help. According to Gulliver and colleagues (2010), only approximately 18 to 34% of young people with high levels of depression or anxiety symptoms seek professional help.

Help-Seeking

Help-seeking has been defined by Gourash (1978) as "the steps that people take to solicit resources from others". In a study from 2022, it was determined that help-seeking is a dynamic and psychosocial process without sequentially fixed stages, where young people (11-25 years of age) expressed an unfamiliarity with, insecurity about and lack of knowledge of mental health challenges, a longing for self-reliance and, in some contexts, a presence of stigma (Westberg et al. 2022). In general, help-seeking has been determined as most likely to occur when a mental health problem is recognized as undesirable and when it is deemed not apt to go away on its own, which can also be seen in the process of service selection (Cauce et al., 2002).

Similarly, to the findings of Cauce et al., the 2022 study reported that the structural factors, and how young people experience the support system, play an important role in the help-seeking process. Despite different contexts, young people have repeatedly expressed

similar concerns relating to issues of availability and accessibility (Westberg et al., 2022). Both adolescents and young adults prefer to rely on themselves rather than to seek external help for their problems (Gulliver et al., 2010). Further, many young people report that they were fearful about the act of seeking help, or the source of help itself (Gulliver et al., 2010). These findings are consistent with the less recent literature by Rickwood and Braithwaite (1994), which found that help-seeking for psychological problems was most likely to occur within the informal social network rather than from professional services.

When looking at help-seeking outside of the informal social network, Velasco et al. found that a trusted and strong relationships with possible gatekeepers (teachers, parents, GPs, health professionals, etc.) and prior positive help-seeking experience were the most cited facilitators for seeking help from a professional (Velasco et al., 2020). Due to the onset of mental disorders occurring between the ages of 18 and 25, it is important to recognize the services available to these transitioning students while they are still in high school and as they transition into the university setting.

Mental Health Services

When looking at the high school population, the school is one of the more likely places for students experiencing mental illnesses to receive mental health care (Wang et al., 2019). Literature for this population shows that schools can be critical in the early detection of mental health challenges, because identification and referral by teachers and other adults are among the strongest predictors of youth mental health service use (Alegria et al., 2012; Hogan, 2003; Thurston & Phares, 2008). While school-based mental health services or SBMHS are available to many students, literature suggests that ethnic minority children with psychiatric disorders are

often under-identified for such series (Alegria et al., 2012). However, while programs are becoming more available to students, there are limited school based mental health services available to high school students in the state of Georgia.

In Georgia there are two major programs that have been created in order to aid in providing services to students facing mental health illnesses or disorders. The first program is the Georgia Apex program (Apex) which was created in 2015 and is supported by Georgia's Department of Behavioral Health and Developmental Disabilities (DBHDD) for students enrolled in Pre-Kindergarten to 12th grade (Georgia Department of Behavioral Health and Developmental Disabilities [DBHDD], n.d.). The aim of this program is to increase access to youth mental health services, to provide early detection of mental health needs in childhood and adolescence, and to strengthen coordination between community-based mental health providers and local schools (Georgia Health Policy Center [GHPC], 2016). As of 2020, the Apex program has been established in 430 schools, in approximately 100 counties (DBHDD, n.d.).

The second program was created in 2017 by Georgia HOPE, a community-based provider of mental health, substance use, and family preservation services in Georgia (Georgia HOPE, 2017). The Georgia HOPE School-Based Mental Health program aims to provide early intervention services within the participating schools and address childhood mental health symptoms before they become chronic (Georgia HOPE, 2017). In contrast to the Apex program, Georgia HOPE does not rely on referrals for the students as they house their therapists in each of the schools to provide services and multi-tiered support on all levels as this is believed to break down stigmas and increase access to services for students in need (Georgia HOPE, 2017). However, despite the presence of the Georgia APEX and Georgia HOPE school-based mental

health programs are promising, there are a number of students still not receiving the mental health care they need. In addition to aiming to improve the availability of these services to all students, it is dire that the overall help-seeking behaviors of these individuals of adolescents is considered. Additional factors that may influence help-seeking include stigma, culture, ethnicity, race, socioeconomic status and geographical or regional differences.

Similarly, to the high school setting, on campus services become one of the more likely places for students experiencing mental illnesses to receive mental health care (Lipson et al., 2019). In a study by Lipson and colleagues (2019), more than 10% of the overall student population sought services at their campus counseling center. Specifically at Georgia Southern, students have access to mental health care and support resources through the Counseling Center, the Psychology Clinic and Student Health Services.

The Counseling Center is "a place where students can go to receive services and participate in programs that are designed to help them handle day-to-day challenges and encourage their personal growth and development" (About Us | Counseling Center | Georgia Southern University, 2021). This resource offers the only no-cost mental health care service for both full time undergraduate and graduate students enrolled at the university (About Us | Counseling Center | Georgia Southern University, 2021). Due to the no-cost nature, each student is allotted up to 16, 45-to-50-minute sessions over the course of a single semester (About Us | Counseling Center | Georgia Southern University, 2021). Within the counseling center there are also people available for crisis intervention for more pressing cases.

Another resource available on campus is the Psychology Clinic. This clinic aims to "provide quality, low-cost psychological services to the residents of Bulloch County and

surrounding areas" (Psychology Clinic | Psychology | Georgia Southern University, 2015). Due to this clinic not being tailored to students, there is a cost that the student has to cover in order to be seen here. However, unlike the Counseling Center, the Psychology Clinic offers a greater variety of sessions including, individual, marital/couple and group therapy for children, teens, and adults (Psychology Clinic | Psychology | Georgia Southern University, 2015). While this resource is not aimed directly at students and is still conveniently located on campus.

The final on-campus recourse available to students is Student Health Services. Student Health is available to all students regardless of campus affiliations for consultations, examinations, diagnosis and treatment of illness and injury (Psychiatry | Health Services | Georgia Southern University, 2023). However, Health Services is able to aid in the treatment of general mental health conditions (e.g., depression, anxiety, eating disorders, ADD/ADHD) through their Psychiatry Clinic (Psychiatry | Health Services | Georgia Southern University, 2023). This clinic allows for Health Services to provide psychiatric services upon proper referral. Psychiatry visits are at no additional cost to students who are enrolled and have paid their semester health fee however for labs and primary care visits customary fees apply (Psychiatry | Health Services | Georgia Southern University, 2023).

While access and availability of resources can serve as a barrier to help-seeking for university students there are also a number of other factors that may serve as barriers to help-seeking. Specifically at Georgia Southern University all students have the same access to university resources. However, gender and racial/ethnic differences shown throughout the university student population may serve as barriers.

Gender

Gender has been found to have a potentially negative influence on help-seeking behaviors for mental health care in both the adolescent and young adult populations. Research in adolescents indicates that regardless of who or where an adolescent chooses to seek help, gender is an influential factor in the behavior. In an early study by Rickwood and Braithwaite (1994), gender emerged as the most powerful predictor, with females more likely to seek help than males (Rickwood & Braithwaite, 1994). In a more recent study that explored intentions to seek help for self-harm, it was yet again determined that there are gender differences in adolescents' intentions to seek help. However, this study discovered that males reported a greater willingness to seek help than females (Nearchou et al., 2018).

In the college aged population, gender differences remain present. These differences exist within the diagnosis of specific mental disorders and within the likelihood of the students to report such disorders. Eisenberg et al. (2007a), found that females and males enrolled in university were equally likely to screen positive for depression however, females were twice as likely to screen for anxiety. This was consistent with other research in the college population (Gladston & Koenig, 1994; Nolen-Hoeksema, 1990). In comparison to college-aged women, college-aged men have been found to be more likely to perceive themselves as invulnerable, fail to adopt health-promoting behaviors and engage in risky behaviors when experiencing a mental health challenge (Courtenay 1998; Pinkhasov et al., 2010).

Studies have found that in general, men are significantly less likely than women to display instances of help-seeking behavior (Juvrud & Rennels, 2017). In the study by Juvrud and Rennels (2017), females were found to be twice as likely to ask for help compared to the males.

With gender being explicitly cited as a predictor in help-seeking behaviors, it also emerges from the literature as a predictor for stigma regarding mental health.

When exploring the influence of gender specifically on stigma, Topkaya 2007 found that adult males experience higher levels of both self-stigma and public stigma associated with psychological help-seeking than females (Topkaya, 2007). These findings were consistent across the literature including college aged individuals (Eisenberg et al., 2009; Vogel et al., 2006). Overall, the literature suggests that males are more heavily influenced by the negative public views associated with help-seeking than females. Although gender emerges as a factor influencing diagnosis, help-seeking and stigma, there are also racial and ethnic considerations to consider for each individual.

Race and Ethnicity

In addition to gender, race and ethnicity have the potential to affect not only the likelihood for an individual to experience mental health challenges but also influences the likelihood for the individual to seek help. The current literature available looking into the prevalence of mental illnesses suggests that racial/ethnic minority students may be at a greater risk of experiencing undetected mental illness (Chen et al., 2019). In the study by Chen and colleagues (2019), it was found that Asian/Pacific Islanders and multiracial students appeared to have significantly elevated rates of concerning mental health symptoms compared to their white peers. This was despite having generally lower rates of diagnosed mental illnesses. Additionally, Harris, and colleagues (2005) found relatively low rates of mental health challenges and service usage specifically amongst the Mexican American, Hispanic-Latino and Asian individuals compared directly to their white peers. Both studies concluded that the

highest rates of mental health challenges were found to be across multiracial respondents (Chen et al., 2019; Harris et al., 2005).

On the contrary, there is literature available that suggests that racial or ethnic minority students experience mental health symptoms at similarly high rates as White students (Eisenberg et al., 2013; Herman et al., 2011). Although it has been determined that minority students are less likely to access mental health treatment (Lipson et al., 2018). In a more recent study by Lipson and colleagues (2022), it was found that little progress has been made when it comes to the mental health 'treatment gap' for racial/ethnic minority students. This suggests a lack of attention and resources devoted to serving these populations and their unique needs.

Between 2013 and 2021, there was a 25.6% increase among all students, regardless of race or ethnicity, meeting criteria for one or more mental health challenges (Lipson et al., 2022). However, while the overall rates of therapy increased for all groups, the smallest increases were seen amongst American Indian/Alaskan Native, Arab American, Black, and multiracial students (Lipson et al., 2022). These findings were similar to those of Lipson and colleagues (2018) which found that diagnoses, medication use, and therapy were lower among students of color relative to white students. This study further determined that the Asian population experienced the lowest level of treatment with about 80% of cases going untreated (Lipson et al., 2018). Recognizing these racial and ethnic differences in regards to prevalence and help-seeking is crucial due to the college population being extremely diverse; however, it is also important to consider the stigma each of the students has towards mental health challenges.

Race/ethnic minority individuals may have a desire to have race concordant relationships with the practicing mental health professional which may further impact the stigma experienced

by these individuals. While race concordant or same race relationships have been found to be positively associated with interpersonal factors that influence rapport (Stevens et al., 2003), race-discordant relationships lack a feeling of connectedness due to the absences of social sharing or shared perspectives (Echterhoff et al., 2009). In the literature, Harrison (1975) found that counselors recognize that they have better relationships with patients when their personal characteristics resemble each other. Similarly, Harrison (1975) looked from the patient perspective and determined that specifically Black counselees show more negative effects in a race discordant relationship. These feelings towards the potential professionals available may further influence the stigma expressed by racial/ethnic minority groups, especially the African American population, as they report to experience increased perceived public stigma towards mental health (Polite, 2015).

Stigma

A study by Gulliver and colleagues (2010) found positive reports for seeking help from a professional coupled with findings that stigma and embarrassment about seeking help continues to be the most prominent barrier to help-seeking specifically for mental health challenges. Stigma has been identified as the most prominent barrier to help-seeking in both adolescent and young adult populations (Gulliver et al., 2010; Velasco et al., 2020). This includes the individuals seeking help from their school or university-based resource. Stigma has been defined as, “a mark or flaw resulting from a personal or physical characteristic that is viewed as socially unacceptable” (Blaine, 2000; Vogel et al., 2007, p.40). Corrigan and colleagues (2014) found that stigma becomes a particular concern when it undermines seeking out and participating in services with demonstrated effectiveness in reducing dysfunction and disability and promoting

recovery (Corrigan et al., 2014). The two primary types of stigma associated with the help-seeking process is public stigma and self-stigma.

Public stigma is the perception held by others (i.e., by society) that an individual is socially unacceptable (Vogel et al., 2007). Public stigma occurs when the general population endorses stereotypes and decides to discriminate against people labeled mentally ill. (Corrigan et al., 2014). Perceived public stigma is positively related to self-stigma, that self-stigma is negatively associated with the attitudes individuals have toward counseling, and that these attitudes are positively associated with willingness to seek help for psychological and interpersonal concerns. (Vogel et al., 2007).

Self-stigma is the perception held by the individual that he or she is socially unacceptable, which can lead to a reduction in self- esteem or self-worth if the person seeks psychological help (Vogel et al., 2007). The internalization of these negative images expressed by society towards those who seek psychological help (Vogel et al., 2007). Self-stigma and attitudes were also found to be separate mediators of the relationship between public stigma and one's willingness to seek help, sup- porting the conceptualization that self-stigma is the internalized negative perceptions of oneself if one were to seek help, whereas attitudes toward seeking counseling are the positive or negative perceptions of counseling in general. (Vogel et al., 2007).

Currently, the majority of research related to stigma occurs within the adult population. However, there is literature that suggests that stigma is developed in early adolescence and carried into adulthood (Corrigan & Watson, 2007). Corrigan & Watson (2007) identified that the cognitive stage model (Flavell, 1999; Piaget, 1985) and the incremental learning model

(Katz et al., 1975) together predict that from age five, children develop the cognitive ability to conceptualize difference more subtly than ‘‘good’’ in-groups and ‘‘bad’’ out-groups, whilst simultaneously learning social desirability rules that constrain endorsement of prejudices (Mueller et al., 2015). These cognitive abilities continue to develop as the child develops and engages in communication about mental illness thus allowing stigmatized attitude transmission and learning to occur (Mueller et al., 2015). Oftentimes, parental communication about mental illness tends to be implicit, limited, and contradictory (Mueller et al. 2015).

In addition to stigma developing early on in an individual's life, there is a relationship between stigma and the location in which an individual resides. Both have been found to influence the early development of stigma. When looking specifically at the location in which the individual was raised, it has been recognized that individuals in isolated, rural areas express greater perceptions of self-stigma and public stigma as well as a greater desire to deal with psychological problems privately than those in less rural areas (Stewart et al., 2015). According to the U.S. Census Bureau (2011) 64.4% of the total rural population lives east of the Mississippi River. This area includes portions of the map commonly referred to as “the South”, which includes the state of Georgia. This region, according to the U.S. Census Bureau, is home to many ethnic and racial minorities including roughly 57% of the African American population (2010), who on average report increased perceived public stigma regarding mental health (Polite, 2015). Regardless of when or where students develop stigma, all university students are able to carry it with them into their college experience which can affect their willingness to seek help for their mental health.

Knowledge Barriers Related to Services or Providers

In addition to stigma, knowledge barriers serve as another potential factor influencing help-seeking behaviors in both the adolescent and young adult populations. Knowledge barriers to services or providers is a component of mental health literacy. Mental health literacy is defined by Jorm and colleagues (2000) as the "knowledge and beliefs about mental disorders which aid their recognition, management and prevention" (pp.396-401). In the literature, mental health literacy is more heavily researched than specific knowledge barriers to services and providers.

Regardless of the limited research, a lack of knowledge in service or provider selection serves as a barrier to recognizing, managing, or preventing such illnesses and may prevent young people from seeking out proper care (Wang, 2019). Knowledge of services and providers includes students "knowing when and where to seek help" for their mental health needs and then being able to do so (Kutcher et al., 2016, p. 155). This is in accordance with Cuace's model of mental health help-seeking which states that "knowing where to seek help or lacking such knowledge can contribute to the service selection process" (Cauce et al., 2002).

Knowledge barriers to services or providers as well as an overall lack of help-seeking behaviors have the potential to extend into seeking care from school-based resources (Wang, 2019). If students do not know what services are available to them through their respective university, they may not be getting the mental health care they need. However, improving the knowledge of where to seek mental health care has been reported to enhance both their awareness of resources available (Wei et al., 2013).

Presently, most of the research regarding knowledge barriers to services and providers occurs within the adolescent population however, it is applicable to the university student population as well. Research has shown that between 30 and 60% of university student participants were unaware or uncertain of the availability of mental health services on campus (Benedict et al., 1977; Gelso et al., 1972; Henggelar et al.1982; Yorgason et al., 2013). This helps to highlight the lack of knowledge regarding the services and providers available to them. Additionally, Benedict et al., (1977) found that only about 14% of students are able to locate their university's counseling center and many students commonly confuse their universities counseling services as career guidance counseling. Regardless of the research being completed primarily in the adolescent population, university students face similar knowledge barriers which can serve as a hindrance to their help-seeking behaviors.

Conclusion

Based upon the present literature, there are evident relationships between gender, race/ethnicity, stigma, and knowledge barriers on help-seeking behaviors. This is especially true in the young adult population which includes first-year university students. The current literature reiterates that gender is a major influencer when it comes to students seeking help for mental health related issues. When considering the ways to improve the help-seeking behaviors of the young adult population, one of the major findings according to literature is to decrease the stigma associated with such actions (Burns et al., 2009). The literature further suggests that students facing mental health illnesses may be apprehensive to seek the help they need, even through the use of school or university-based mental health resources, potentially due to the perceived stigma and lack of knowledge regarding services or providers. This apprehension to seek help for their

mental health related issues may further be fueled by the culture in which the student is a part of based on their racial or ethnic background and geographical location.

CHAPTER 3

MANUSCRIPT

INTRODUCTION

Mental health is defined by the World Health Organization (WHO) as the "state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" (para. 1). While one can experience poor mental health without a diagnosed mental illness, it is important to recognize the components of a mental disorder. According to the United States General Surgeons Report (1999), "mental disorders are health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress and/or impaired functioning" (pp. 5). Presently, mental health and subsequent mental disorders are of growing concern in the college aged population.

The early college years represent a specific period in the student's life that is not only crucial developmentally but is also a peak time for the first onset of such mental disorders (Ibrahim et al., 2013). Students transitioning into college are susceptible to a variety of changes such as living in a new place away from their family, adapting to a new form of course deliverance and taking on an overall new level of responsibility for themselves. In addition, to adjusting to these changes, these individuals are at a unique risk of developing mental health challenges.

According to Eisenberg and colleagues (2013) approximately one in three students meet the criteria for a clinically significant mental health problem on a college campus. Personal characteristics such as gender (Eisenberg et al., 2007a) or race/ethnicity (Chen et al., 2019) have

been linked to incidence of mental health challenges. Eisenberg and colleagues (2007a) found that amongst a sample of college students, females were twice as likely to screen positive for anxiety disorders. While Chen and colleagues (2019) determined that the highest rates of mental health challenges are found across young adults who identify as multiracial. Of those students with higher levels of depression or anxiety symptoms, only approximately 18 to 34% seek professional help (Gulliver et al., 2010).

Gourash (1978) defines help-seeking as the steps that people take to solicit resources from others. When looking at help-seeking specifically for mental health challenges, it is deemed a dynamic and psychosocial process without sequentially fixed stages, where young people express an unfamiliarity with, insecurity about and lack of knowledge of mental health challenges, a longing for self-reliance and, in some contexts, a presence of stigma (Westberg et al., 2022). When comparing help-seeking behaviors across genders, males were found to be significantly less likely to display instances of help-seeking behavior compared to females (Juvrud & Rennels, 2017). Similarly, multiracial, or racial/ethnic minority individuals such as Arab Americans are less likely than their white peers to seek help (Lipson et al., 2018; Lipson et al., 2022).

Regardless of gender or race/ethnicity, help-seeking has been shown to be most likely to occur when a mental health problem is recognized by the individuals as undesirable and not apt to go away on its own (Cauce et al., 2002). Oftentimes, young people prefer to rely on themselves rather than to seek external help for their problems, and many report that they were fearful about the act of seeking help, or the source of help itself (Gulliver et al., 2010). However, this may be further influenced by their stigma towards mental health.

Stigma has been identified as the most prominent barrier to help-seeking and serves as a major factor that can influence help-seeking behaviors. Stigma is defined as a" mark or flaw resulting from a personal or physical characteristic that is viewed as socially unacceptable" (Blaine, 2000; Vogel et al., 2007, p.40). Two of the primary types of stigma associated with the help-seeking process is public stigma and self-stigma. Public stigma is the perception held by others (i.e., by society) that an individual is socially unacceptable (Vogel et al., 2007). Meanwhile, self-stigma is the perception held by the individual that he or she is socially unacceptable, which can lead to a reduction in self- esteem or self-worth if the person seeks psychological help (Vogel et al., 2007). Vogel and colleagues (2007) determined that perceived public stigma is positively related to self-stigma which is negatively associated with the attitudes individuals have toward counseling, and that these attitudes are positively associated with willingness to seek help for psychological and interpersonal concerns.

In general, males tend to experience higher levels of stigma, both self and public, when compared to females (Eisenberg et al., 2009; Juvrud & Rennels, 2017). In the literature, the stigma experienced by males is associated with seeking psychological help and tends to be more heavily influenced by negative public views when it comes to help seeking (Topkaya, 2007; Vogel et al., 2006). This greater incidence of stigma in males and decreased instances of displaying help-seeking behaviors may further influence the likelihood of a specific gender to seek help. Regardless of which type of stigma is present, research suggests that stigma is developed during the early years of life (Corrigan & Watson, 2007).

Corrigan and Watson (2007) found that stigma is developed in early adolescence and is carried into adulthood. Based on the cognitive stage model (Flavell, 1999; Piaget, 1985) and the

incremental learning model (Katz et al., 1975) Corrigan and Watson (2007) predicted that starting around the age of five, children begin to develop the cognitive ability to conceptualize difference more subtly than ‘‘good’’ in-groups and ‘‘bad’’ out-groups. During this time, they are simultaneously learning social desirability rules that constrain endorsement of prejudices (Mueller et al., 2015). These cognitive abilities continue to develop as the child develops and engages in communication about mental illness thus allowing stigmatized attitude transmission and learning to occur (Mueller et al., 2015). Oftentimes, parental communication about mental illness tends to be implicit, limited, and contradictory (Mueller et al. 2015). Thus, negative stigmas regarding mental health may be developed and further influence a college student's willingness to seek proper mental health care in a similar manner to the knowledge barriers experienced by many students.

Knowledge barriers of services or providers or an overall lack of knowledge regarding where to seek help may prevent an individual from seeking out proper care (Wang, 2019). In the college population, on campus services are one of the more likely places for students experiencing a mental health challenge to receive mental health care (Lipson et al., 2019). However, if students do not know what services are available to them, they may not get the mental health care they need. Being able to improve young people's knowledge of where to seek mental health care, such as through specific on campus services, has been reported to enhance their overall awareness of the resources available to them (Wei et al., 2013).

The mental health help-seeking behaviors of university students have the potential to be greatly influenced by factors such as gender or racial/ethnic differences, perceptions of stigma and knowledge barriers to services or providers. With the continuing rise in the presence of

mental health challenges amongst these individuals, colleges and universities have many unique opportunities for identifying risk and delivering prevention and intervention to students in need. These institutions can utilize opportunities such as through residential life, athletics, and academic advising (Lipson et al., 2022). For these reasons, higher education represents an ideal setting to address mental health during a psychosocially significant life period of the students' lives (Lipson et al., 2022).

This study seeks to investigate the factors associated with mental health help-seeking behaviors in a first-year university student population. This study aims to address two research questions: (a) Are there group differences (gender and race/ethnicity) on help-seeking behavior, perceived stigma and knowledge barriers of services or providers? (b) Are perceived stigma and knowledge barriers of services or providers associated with student mental health help seeking? It was hypothesized that students with lower levels of perceived stigma and knowledge barriers of services or providers will be associated with a higher likelihood of help-seeking than students experiencing greater levels of perceived stigma and knowledge barriers to services or providers.

METHODS

Study Design

The current study was of cross-sectional design and aimed to examine mental health help-seeking behaviors of first-year university students at a university located in the Southeastern part of the United States.

Participants

A convenience sample of current first-year university students enrolled in a First Year Experience (FYE) course was gathered. A total of 75 students began the survey however, only

67 participants completed the survey. Exclusion criteria included studies completed by students below the age of 18 and all incomplete submissions, this accounted for the removal of 8 responses. Participants ranged in age from 18-24 (M = 18.7, SD=1.3). Majority of the participants identified as freshmen (94%). Of this sample of students, 59.7% identified as female, 34.3% identified as male and the remaining 6.0% identified as either third gender/non-binary or preferred not to disclose. The majority of these students identified as Caucasian (65.7%), while others identified as African American (19.4%), two or more races/ethnicities (9.0%), Latino or Hispanic (4.0%), or preferred not to disclose/other or unknown (4.0%). Among this sample, 86.7% were identified as in-state students, 20.9% were identified as first-generation students and 13.4% were identified as athletes (See Table 1).

Table 1

Demographics

		Descriptive Statistics	
		Frequency (N)	Percent (%)
Age	18	33	49.3
	19	14	20.9
	20	2	3.0
	21	1	1.5
	22	3	4.5
	24	1	1.5
Gender	Female	40	59.7

	Male	23	34.3
	Other	4	6.0
Race/Ethnicity	Caucasian	44	65.7
	African American	13	19.4
	Two or More	6	9.0
	Latino or Hispanic	2	3.0
	Other	2	3.0
Level in School	Freshman	63	94.0
	Sophomore	3	4.5
	Junior	1	1.5
In State Status	In State	60	89.6
	Out of State	4	6.0
	International	3	4.5
First Generation Status	Non-First Generation	52	77.6
	First Generation	14	20.9
Athlete Status	Non-Athlete	58	86.6
	Athlete	9	13.4

Instrumentation

A 28-item survey was developed by combining demographic questions with three previously validated scales. The included scales were the General Help-Seeking Questionnaire (GHSQ), the Perceptions of Stigmatization by Others for Seeking Help Scale (PSOSH) and the

Barriers to Care in School Scale. Demographic questions included participants: age, gender, race/ethnicity, level in school, in-state/out-state/international status, first generation status and athlete status.

General Help-Seeking Questionnaire (GHSQ; Wilson et al., 2005).

The GHSQ is a 12-item adapted version of the General Help-Seeking Questionnaire (22-items) and was used to examine help-seeking behaviors. Participants indicated how likely they would be to seek help for mental health care from respective sources. Sources represent both internal and external sources. This version included three internal sources (i.e., partner, friend, and parents or other relative/ family member) and seven external sources. The external sources include (i.e., family doctor/pediatrician, mental health professional outside of university, counseling center, university academic counselor, lecturer/teaching assistant, phone/texting helpline, or internet). This survey included an additional item for other (i.e., "someone else not listed above") and for no one, (i.e., "I would not seek help from anyone"; reverse-scored). Help Seekers will be identified as participants having a greater total score while non-help seekers will have a lower total score.

The GHSQ has demonstrated high internal (α=.83) and test-retest reliability (r=.92) as well as good overall validity in a non-clinical sample of young people (Wilson et al., 2007). For the current study, the GHSQ was adapted to be more applicable to university students with 'school', 'teacher/aide', and 'school psychologist or mental health counselor' changed to 'university', 'lecturer/teaching assistant' and 'counseling center'. The modified GHSQ for the current study demonstrated internal consistency (α=.81). See appendix A.

Perceptions of Stigmatization by Others for Seeking Help scale (PSOSH; Vogel et al., 2009).

The PSOSH examined perceptions of public stigma through an adapted version of the 5-item PSOSH. Participants were asked to imagine they have an emotional or personal issue that cannot be solved independently and respond to 5 statements based on how others would react towards them if they sought counseling services. The statements included are, "react negatively towards you," think bad things of you," "see you as seriously disturbed," "think of you in a less favorable way," and "think you pose a risk to others." Responses are provided based on what degree the student believes that people they interact with would react to them having sought help. A higher total score represents a greater level of perceived stigma.

The PSOSH was found to have good internal consistency which ranges from (α=0.88) to (α=0.91) and a good test-retest reliability (α=0.82) in the college aged population (Vogel et al., 2009). Validity of the scales was demonstrated through the test-retest reliability and the relation of that measure with public stigma towards counseling, mental illness, and self-stigma (Vogel et al., 2009). The PSOSH in the current study demonstrated high internal consistency (α=.93), greater than that of the previous literature. See appendix B.

Barriers to Care in Schools (Gou et al., 2014).

A 5-item modified version of the Barriers to Care in Schools measure examined knowledge barriers of services or providers (Gou et al., 2014). For this scale, participants indicate which items would inhibit them from seeking services through the university (e.g., "Not knowing whom to talk to or whom to seek help from" or "I do not think people or services at my university will be helpful with my personal or emotional problems"). For this section, higher

total scores correlate with a greater endorsement of knowledge barriers about mental health services or providers.

The Barriers to Care in School scale was found to have an internal consistency of (α=.86) (Wang et al., 2019). This scale was adapted to be more applicable to university students with 'school' changed to 'university' and 'teacher' changed to 'faculty'. Additionally, this scale was modified to exclude questions pertaining to stigma. The modified Barriers to Care in School scale for the current study demonstrated high internal consistency (α=.84). See appendix C. Currently, there are no cut scores for the GHSQ, the PSOSH or the Barriers to Care in School scale.

Procedures

Approval from the University's Institutional Review Board (IRB) was obtained prior to any data collection. The online survey was sent via Qualtrics© to all FYE instructors at the University with the expectation they would share it with their students. In addition to reaching out to the Director of FYE, a total of 50 FYE course instructors were contacted in the fall semester and 16 were contacted in the spring semester regarding their classes' participation in the study. Contact with each instructor occurred via emails which included a brief overview of the study as well as links to the survey. Emails were sent out at two time points throughout the school year. The first was during the final weeks of the Fall 2022 semester and then again early in the Spring 2023 semester. During the Spring 2023 semester, reminder emails were issued to the FYE instructors every two weeks over the course of six weeks to further encourage student participation.

Statistical Analysis

All analyses were calculated using IBM SPSS Statistics for Windows, version 27.0 (IBM Corp., Armonk, N.Y., USA), with an alpha level set *a priori* at 0.05. Descriptive statistics were calculated for demographic questions regarding age (mean and standard deviation), level in school (freshman, sophomore, junior, or senior frequencies), race/ethnicity (frequencies), and gender (frequencies). Additional frequencies were calculated for student status (in state, out of state or international), generational status (first generation or non-first generation) and whether they were an athlete. Descriptive statistics were also calculated for the total score of each of the three survey components (GHSQ, PSOSH, and Barriers to Care in Schools). These descriptive statistics included means/standard deviation as well as minimum and maximum scores.

To examine differences between gender and race/ethnicities on help-seeking behavior, stigma and knowledge barriers of services or providers, a Multivariate Analysis of Variance (MANOVA) was calculated. A Bonferroni post-hoc analysis was calculated to examine differences between race/ethnicities. To examine differences between in-state status, first generation status and athlete status on help-seeking, perceived stigma and knowledge barriers of services or providers, independent Analysis of Variance's (ANOVA's) were calculated. Prior to running a regression, a Pearson correlation analysis examined the relationships between help-seeking behavior, perceived stigma and knowledge barriers of services or providers.

RESULTS

A total of 75 survey responses from students enrolled in an FYE course at the university were collected for the study. Of these surveys, 8 were removed due to being incomplete leaving a

total of sixty-seven responses included in the current study. Participants were primarily female (59.7%), Caucasian (65.7%), freshman (94%), and in-state (86.7%) students.

ANOVAs examined the differences between in-state status, first generation status and athlete status on help-seeking behavior, perceived stigma, and knowledge barriers of services or providers. The ANOVA revealed no statistically significant main effects of interactions for in-states status or athlete status ($p<0.05$). The ANOVA did reveal a significant interaction for first generation status on perceived stigma ($F(1,65)=5.96$, $p=.017$) with first generation students reporting a higher perceived stigma score ($M=10.93$, $SD= 4.4$) compared to not first-generation students ($M=7.67$, $SD= 4.44$) but not help-seeking behaviors ($F(1,65)=.04$,$p=.842$) or knowledge barriers of services or providers ($F(1,65)=1.32$,$p=.254$).

Help-seeking was examined for the population through the General Help Seeking Questionnaire (GHSQ). The scores on the GHSQ ranged from 16-68. The average score for help-seeking behaviors reported on the GHSQ was $M = 43.6$, $SD =11.4$. In the current study, students were also provided the opportunity to list out additional entities they may choose to seek help from. This list included many sources mentioned in the survey as well as sources such as, "Bishop of my church," "old high school teacher (or coach)," "coaches," "teammates," "counselor," "my psychiatrist," and "mentor."

Perceived stigma was examined for the population through the Perceptions of Stagnations by Others for Seeking Help (PSOSH). The scores for this scale ranged from 5-24. The average score for perceived stigma $M = 8.3$, $SD = 4.6$. This is indicative of low levels of perceived stigma across the included sample of university students.

The Barriers to Care in Schools scale was included to assess knowledge barriers to university services or providers. The total score for knowledge barriers of services or providers ranged from 5-25, with the average score was *M*= 15.8, *SD* = 5.5. This is indicative of moderate levels of knowledge barriers to services or providers across the included sample of university students.

A MANOVA examined the differences between gender and race/ethnicities on help-seeking behavior, perceived stigma, and knowledge barriers of services or providers. The MANOVA revealed no statistically significant main effects or interactions for gender and race/ethnicity ($p<.05$). Gender differences on help-seeking ($F(2,67)=1.59, p=.212$), perceived stigma ($F(2,67)=1.08, p=.347$) and knowledge barriers of services or providers ($F(2,67)=1.52, p=.228$) were not significant. Similarly, race/ethnicity revealed no statistically significant differences on help-seeking ($F(4,67)=0.94, p=.450$), perceived stigma ($F(4,67)=1.34, p=.268$) or knowledge barriers of services or providers ($F(4,67)=1.21, p=.317$).

A Pearson correlation analysis examined the relationship between help-seeking behavior, perceived stigma, and knowledge barriers of services or providers. This analysis revealed no statistically significant relationships between help-seeking behaviors and knowledge barriers to services or providers or perceived stigma (see Table 2), therefore, the regression analysis was not performed. However, a statistically significant relationship was evident between knowledge barriers to services and providers and perceived stigma ($r(65)=.533$, $p< 0.01$).

Table 2

Correlation

	GHSQ		PSOSH		Barriers to Care	
	Pearson	Sig.	Pearson	Sig.	Pearson	Sig.
GHSQ	1	-	-.104	.401	0.07	.574
PSOSH	-.104	.401	1	-	.533	.000
Barriers	0.07	.574	.533	.000	1	-

DISCUSSION

The researchers sought to examine the effect and influence of gender, race/ethnicity, stigma, and knowledge barriers of services or providers on help-seeking in first-year university students. Based on the findings of the current study, it appears that no factors influenced or affected first-year students' willingness to seek help for mental health services in this sample. The initial hypothesis that there would be group differences (gender and race/ethnicity) on help-seeking behaviors, perceived stigma and knowledge barriers of services or providers was not supported by the findings of this study. Additionally, the findings of the current study did not support the hypothesis that lower reports of perceived stigma and knowledge barriers to services or providers would improve the likelihood of a student to seek help. Ultimately, these findings are not consistent with previous literature.

Help-seeking behavior scores for the current study were found to have a large variance across the sample. This suggests that many of the students are willing to seek help for mental health services from various sources, including those located on campus. These findings are

consistent with those of the National Center for Counseling which estimated that 49% of college students have received mental health services (Caldwell, 2019). Additionally, the entities provided in the open-ended section of the GHSQ may be representative of areas where these students have previously or are currently seeking help for their mental health, however, this is not confirmed by the results of the current study. Velasco and colleagues (2020) report that the most cited facilitators for seeking help from a profession are prior positive help-seeking experiences. One theory that may explain the students willing to seek help is that a majority of the population identified as in-states students, which may have influenced their prior experiences with mental health services as they are from the same state as the university.

Further examination into the sample, revealed that more than 85% were from the state of Georgia classifying them as in-state students. Within a college or university setting, much of the transition for freshman students involves moving away from home and their social support systems (Doane et al., 2015; Kerr et al., 2004; Larose & Boivin, 1998). However, this may not have been the case for the majority of the students in the current sample due to a large portion of the sample being from the same state in which they are now attending university. In-state students may have prior exposure to Georgia mental health programs including but not limited to the Georgia HOPE and the Georgia APEX Program. These programs aim to increase access to mental health services for school-aged students and are located in high schools across the state. This previous exposure may have provided them with additional knowledge of resources and services available to them. The services available within the state of Georgia provide additional opportunities for continued services if students remain in state for their college education.

Theoretically, in-state students are in a unique position when it comes to the resources available to them as they may already have established mental health services from external entities (outside of the university systems). The proximity to home provides a unique ability to return to utilize other resources and potentially continue services with providers they have an established trusted relationship prior to attending university. Help-seeking for psychological problems is most likely to occur within the informal social network rather than from professional services (Rickwood & Braithwaite, 1994). The proximity and availability of their informal social network may aid in their willingness to seek help or continue services that were previously established. Unfortunately, the current study did not examine whether students were previously enrolled or utilized services and how this may impact help-seeking behaviors or its influence on perceived stigma or knowledge barriers of services or providers. The current sample of students endorsed moderate levels of knowledge barriers to services or providers, which may support the moderate help-seeking scores that were obtained. However, the results showed that knowledge of perceived barriers did not significantly influence help-seeking suggesting that other factors such as gender and race/ethnicity may have had an impact.

Surprisingly, the current study revealed that there were no significant gender or racial/ethnic differences on help-seeking behavior, perceived stigma or knowledge barriers of services or providers for the FYE students. These findings are inconsistent with the previous literature which examined the effects of gender on help-seeking. Earlier studies suggest gender was the most powerful predictor for help-seeking, with females more likely to seek help (Juvrud & Rennels, 2017; Rickwood & Braithwaite, 1994). Previous literature also reported that compared to females, males experience greater levels of perceived stigma and are significantly

less likely to display help-seeking behaviors (Eisenberg et al., 2009; Juvrud & Rennels, 2017; Topkaya, 2007; Vogel et al., 2006). Previous literature supports multiracial or racial/ethnic minority individuals are less likely to receive proper diagnosis compared to their white counterparts (Chen et al., 2019; Harris et al., 2005). While the current sample identified as predominantly female and Caucasian or white, no significant findings were seen amongst genders or races/ethnicities. Several theories can be suggested to account for this discrepancy, specifically, low scores on the perceived stigma scale such as a lack of fear towards help seeking, a previous exposure to services or providers, and the current FYE curriculum.

Stigma has been identified as the most prominent barrier to help-seeking in both adolescents and young adults (Gulliver et al., 2010; Velasco et al., 2020). In the current study, no significant differences were found based on in-state status or athlete status. However, significant differences were captured amongst the first-generation students. These students showed a slightly elevated levels of perceived stress when compared to their non-first-generation peers. Overall, the scores still showed a lower level of perceived stigma across the sample. The levels of perceived stigma found in this sample were surprisingly low based on the previous literature which suggests that stigma is influenced by the geographical region in which the survey was administered (Polite, 2015) and the theory that stigma is the most prominent barrier to help-seeking (Gulliver et al., 2010; Velasco et al., 2020). The decreased level of stigma or low score on the stigma scale may represent a lack of fear regarding seeking help for mental health services through the university resources. The low score on stigma thus aligns with our moderate score for help-seeking behavior.

The lower scores on the perceived stigma scale and reduction in fear towards help-seeking may be further explained by a previous exposure to the available mental health resources and access to established resources on campus. Velasco and colleagues (2020), reports that the most cited facilitators of seeking professional help are prior positive experiences. With the majority of the participants being in-state students, it is likely they were exposed to the resources available in Georgia prior to attending university as previously described. Additionally, each of these students were enrolled in the FYE course which educated them on their ability to access the specific mental health resources available at the university. Together, these additional factors may influence the students' stigma towards mental health by potentially further decreasing any fear associated with mental health help-seeking.

The FYE curriculum aims to improve students' knowledge of services or providers available to them as well as educate them on their ability to access the resources. These mental health services are accessible for all students while they are enrolled at the university. Previous literature has determined that access to resources itself has been found to be a prominent barrier to help-seeking, especially for the college student population (Eisenberg et al., 2007b). This is consistent with a study by Westberg and colleagues (2022), which reported that young people repeatedly express concerns relating to issues of availability and accessibility. While all students enrolled at the university have access to the resources on campus, the results of this study did not determine the utilization of such resources.

The results of this study did, however, find a significant relationship between the perceived stigma and knowledge barriers of services or providers. This finding is consistent with a previous study that mentions a presence of stigma may also be associated with an expressed

unfamiliarity with, insecurity about and lack of knowledge of mental health challenges (Westberg et al. 2022). Many young people report that they were fearful about the act of seeking help, or the source of help itself which may be linked to the self- and public stigma they experience towards mental health (Gulliver et al., 2010). Although this was not found in the current study; this does encourage a discussion about the intersectionality of gender, race/ethnicity, stigma and knowledge barriers of services or providers on help-seeking as they may be interconnected and interdependent.

Overall, university students have begun to show a greater interest or intent to utilize the mental health services available to them (Caldwell, 2019; Lipson et al., 2022). In a 2022 study, Lipson and colleagues found that there was a 23.5% increase in past-year treatment from 2013 to 2021 among all students meeting criteria for one or more mental health challenges. While the current study did not examine utilization of mental health services on or off campus, these findings provide hope that stigma is low, and students are seeking help regardless of gender or race/ethnicity.

LIMITATIONS

Overall, the respective study did not go without limitations. The number of total participants who completed the entirety of the online survey for this particular study was low compared to the number of first-year university students enrolled at the university. The number of participants for the current study fell below the sample size calculation based on the regression model which required 100 participants. However, based on the demographics of those who did complete the survey and the university as a whole, this may not have impeded the overall findings of the current study. Albeit consistent with the demographics of the university,

another potential limitation for the current study is the homogeneous sample of students who completed the survey. The sample for this study consisted of primarily in-state, white females of which it is unknown if they previously sought out mental health services. Students' perceptions of stigma and knowledge of services and providers may have been influenced if they had previously sought out services, especially if they were able to continue utilizing services prior to starting college. Additionally, this survey relied on self-selected participation which may have influenced those who chose to participate (i.e., females versus males; those with previous exposure to mental health services etc.). Further, due to the self-selection process for participation, it is possible that those who opted to complete this survey may have already been utilizing some kind of service or had strong feelings against it.

CONCLUSION AND IMPLICATIONS

Although the findings of this study were not statistically significant, valuable findings were obtained. It is evident that help-seeking is not affected or influenced by gender, race/ethnicity, stigma, or knowledge barriers in this sample. However, help-seeking may be an independent problem affecting many university students. This is important as universities are in a unique position to aid students as the number of mental health challenges and the overall willingness of these students to seek help is rising. Although perceived stigma and knowledge barriers to services and providers do not have a statistically significant relationship with help-seeking behaviors based on this study, stigma is still found to be a perceived barrier to care as it has a relationship with knowledge barriers. These results suggest that the university may have provided students with adequate knowledge of the resources available to support them and

ultimately aided in decreasing the stigma around mental health which encouraged mental health help-seeking of the first-year students.

Despite this sample consisting of primarily Caucasian, in-state, females, there is still an urgent need for universities to develop and implement proactive and culturally informed programs designed to increase mental health awareness and improve support for students, especially those from minority backgrounds (Chen et al., 2019). Diversity is increasing across the nation, including in the population of U.S. college students. Student safety is one of the main concerns following recent news stories of crises occurring on college campuses. Together, this highlights the importance of these students' need to know where to get proper care if they are to experience a challenge of their own.

While the current study is one of the first to examine first-year university students' help-seeking behaviors as they pertain to both perceived stigma and knowledge barriers to services or providers, further evaluation is needed. Future studies should aim for a larger sample size across multiple universities in order to ensure a diverse population. Inclusion of a larger sample would provide better insight on the relationship between help-seeking, stigma and knowledge barriers to services or providers. Further, it would allow for greater exploration into the group differences such as age, level in school, race/ethnicity, and gender on help-seeking, stigma and knowledge barriers to services or providers. Future research should also further examine whether or not students have previously or are currently utilizing mental health resources. Universities being knowledgeable of the impact of mental health challenges on their campuses, their students' willingness to seek-help on campus and the number of students previously or currently utilizing these services is critical in trying to provide adequate access and support.

CHAPTER 4

DISCUSSION

The mental health needs of university students is a growing concern to many as it impacts these students in a number of different capacities. This is becoming increasingly more important as it is known that mental health challenges during college are predictive of lower academic success, and depression alone is associated with a two-fold increase in risk in dropping out or "stopping out" of college without graduating (Eisenberg et al., 2009; Lipson et al., 2022). While not all students are impacted the same, they are all in a period of transition where they may be facing greater academic demands, increased responsibility for their own health and decision-making, changes in family and peer relationships as well as increased perceptions of stress when they begin their journey in higher education (Doane et al., 2015; Kerr et al., 2004; Larose and Boivin, 1998). This transition period is host to a multitude of potential mental health challenges for these students.

Due to the nature of these mental health challenges, the university may be one of the more likely places for these students to seek out mental health care. In recent years, there has been a greater interest or intent to utilize mental health services amongst university students, however, the results of this study suggest that stigma may still be a potential barrier to care (Lipson et al., 2022). Despite this, de-stigmatization towards seeking mental health care may be becoming more normalized due to the medialization of mental health challenges.

While the current study is one of the first to examine first-year university students' help-seeking behaviors as they pertain to both perceived stigma and knowledge barriers to services and providers, further evaluation on the topic is needed. Future studies should aim for a larger

sample size across multiple universities in order to ensure a diverse population. Inclusion of a larger sample size would provide better insight on the relationship between help-seeking, perceived stigma and knowledge barriers to services and providers. Further, it would allow for greater exploration into the group differences such as age, level in school, race/ethnicity, and gender on help-seeking, perceived stigma and knowledge barriers to services and providers. Additionally, future research should further examine whether or not students have previously or are currently utilizing mental health resources (on-campus or off-campus). Universities being knowledgeable of the impact of mental health challenges on their campuses and their students' willingness to utilize their services is critical in trying to ensure student safety and success.

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APPENDIX A

EXTENDED METHODS

Research Questions:

1. Are there group differences (gender and race/ethnicity) on help-seeking behavior, perceived stigma and knowledge barriers of services or providers?
2. Are perceived stigma and knowledge barriers of services or providers associated with whether or not a student will seek help for their mental health?

Hypotheses:

1. We hypothesize that there will be group differences between gender and race/ethnicity on help-seeking behaviors, perceived stigma, and knowledge barriers of services or providers.
2. We hypothesize that lower levels of perceived stigma and knowledge barriers of services or providers will be associated with a higher likelihood to seek help for mental health.

Procedures:

Upon obtaining approval from the Institutional Review Board (IRB), we will obtain approval from the Office of Institutional Research (OIR) to utilize Georgia Southern University email addresses. A request for permission to use the emails will be completed and submitted to OIR along with a copy of IRB approval, written permission from the VP of Student Affairs and written permission from the Director of First- and Second-Year Experience. After required permissions are obtained, an email will be sent to the target population using Georgia Southern University affiliated email addresses. This initial email

will provide information regarding the study including the purpose and a link to the online survey. The survey link will be sent out for 2 months in the fall and 2 months in the spring to provide ample opportunity for participants to respond at their convenience. Reminder emails will be sent at two-week intervals while the survey is open to encourage participation.

Limitations:

This study is not without limitations. First, this study is not representative of all first-year universities across the nation as it is limited to one Southeast Georgia University. Second this study is of cross-sectional design meaning that no causal relationships can be inferred from the results. Third, the measure used to assess help-seeking behaviors is not sensitive as it does not account for if the student has previously sought help from such resources or the number of times they have sought such help.

Delimitations:

The convenience sample for this survey was limited to one university.

Assumptions:

This study was completed under the assumption that participants provided honest and true responses to each of the survey questions. Additionally, it was assumed that the respondents avoided the influence of social desirability as they completed the survey.

APPENDIX B

IRB DOCUMENTS

GEORGIA SOUTHERN UNIVERSITY
RESEARCH INTEGRITY

Institutional Review Board (IRB)

Application for Research Approval – Expedited/Full Board
Protocol ID: H23110

Please submit this protocol to IRB@georgiasouthern.edu in a single email; scanned signatures and official Adobe electronic signatures are accepted. Applications may also be submitted via mail to the Research Integrity office, PO Box 8005.

Principal Investigator	
PI's Name: Kylie Roberts	Phone: 785-643-2836
Email: kr18881 @georgiasouthern.edu (Note: Georgia Southern email addresses will be used for all correspondence.)	Department: Health Sciences and Kinesiology College: WCHP
Primary Campus: x Statesboro Campus ☐ Armstrong Campus ☐ Liberty Campus	
☐ Faculty ☐ Doctoral ☐ Specialist X Masters ☐ Undergraduate ☐ Other:	
Georgia Southern Co-Investigator(s)	
Co-I's Name(s): Tamerah Hunt (F), Megan Byrd (F), George Shaver (F) (By each name indicate: F(Faculty), D(Doctoral), S(Specialist), M(Masters), U(Undergraduate), O(Other))	Email: thunt@georgiasouthern.edu, mmbyrd@georgiasouthern.edu, gwshaver@georgiasouthern.edu (Note: Georgia Southern email addresses will be used for all correspondence.)
Personnel and/or Institutions Outside of Georgia Southern University involved in this research:	
	☐ Training Attached ☐ IRB Approval Attached ☐ intent to rely on GS

Project Information
Title: Mental Health Help-Seeking Behaviors of First-Year University Students
Number of Subjects (Maximum) 300
Will you be using monetary incentives (cash and/or gift cards)? ☐ Yes x No

☒ Self-funded/non-funded ☐ Internal Georgia Southern Internal Source:	☐ External Funding (*You are responsible for duplicate or additional approval submissions required by funders.)* Funding Source: ☐ Federal ☐ State ☐ Private ☐ Contract Funding Agency: Grant Number: Grant Title: ☐ Same as above Enter here: ☐ Funding application scope of work attached

Compliance Information

Do you or any investigator on this project have a financial interest in the subjects, study outcome, or project sponsor? (A disclosed conflict of interest will not preclude approval. An undisclosed conflict of interest will result in disciplinary action.). ☐ Yes x No (If yes attach disclosure form)

Certifications

I certify that the statements made in this request are accurate and complete, and if I receive IRB approval for this project, I agree to inform the IRB in writing of any emergent problems or proposed procedural changes. I agree not to proceed with the project until the problems have been resolved or the IRB has reviewed and approved the changes. It is the explicit responsibility of the researchers and supervising faculty/staff to ensure the well-being of human participants. At the conclusion of the project I will submit a report. A report must be submitted no later than 12 months after project initiation.

_____ 10/17/22
Signature of Primary Investigator Date

_____ 10/17/22
Signature of Co-Investigator(s) Date

_____ 10/17/22
Signature of Co-Investigator(s) Date

_____ 10/17/22
Signature of Co-Investigator(s) Date

By signing this cover page I acknowledge that I have reviewed and approved this protocol for scientific merit, rationale and significance. I further acknowledge that I approve the ethical basis for the study.
If faculty project, please have department chair sign; if student project, please have research advisor sign:

Tamerah Hunt				10/17/2022
Typed/Printed Name		Signature		Date

Compliance Information	
Please indicate which of the following will be used in your research: (applications may be submitted simultaneously)	
x Human Subjects ☐ Care and Use of Vertebrate Animals (Submit IACUC Application) ☐ Biohazards (Submit IBC Application)	
Please indicate if the following are included in the study (Check all that apply):	
X Recruitment delivered to georgiasouthern.edu email addresses ☐ Deception ☐ Prisoners ☐ Children ☐ Individuals with impaired decision-making capacity, or economically or educationally disadvantaged persons	☐ Video or Audio Recordings ☐ *Human* Subjects Incentives ☐ **Medical** Procedures, including exercise, administering drugs/dietary supplements, and other procedures, or ingestion of any substance
Is your project a research study in which one or more human subjects are prospectively assigned to one or more interventions (which may include placebo or other control) to evaluate the effects of those interventions on health-related biomedical or behavioral outcomes. See the IRB FAQ for help with the definition above. ☐ Yes ☒ No If yes, attach Good Clinical Practice (GCP) CITI training appropriate to the project.	

Instructions: Please respond to the following as clearly as possible. The application should include a step by step plan of how you will obtain your subjects, conduct the research, and analyze the data. Make sure the application clearly explains aspects of the methodology that provide protections for your human subjects. Your application should be written to be read and understood by a general audience who does not have prior knowledge of your research and by committee members who may not be expert in your specific field of research. Your reviewers will only have the information you provide in your application. Explain any technical terms, jargon or acronyms.

DO NOT REMOVE THE QUESTIONS/PROMPTS.

1. Personnel
. *Please list ALL individuals who will be conducting research on this study. This includes the principal investigator, co-investigators, and any additional personnel. Please describe the level of involvement in the process and the access to information/data that each may have.*
The individuals conducting research on this study include a student and faculty from the Department of Health Sciences and Kinesiology, Kylie Roberts, Tamerah Hunt, PhD, Megan Byrd, PhD as well as Dr. Georgia Shaver, Director, Regents Center for Learning Disorders. All personnel will be involved in data collection, data analysis, and write up of results. All personnel will have access to all data collected and analyzed during the duration of this study.

B. Please detail the experience of each researcher. Please include any credentials, training, or education that directly relate to the procedures in this research. Specifically address any experience or knowledge that will help mitigate any risks associated with this research.
Kylie Roberts is a second-year MS, who will serve as the primary-investigator in this study. She is a certified Athletic Trainer with experience in data collection and analysis. She will have access to all information in the study. Dr. Tamerah Hunt is an associate professor in the MS in Kinesiology, concentration in Athletic Training program. She is a Certified Athletic Trainer with an extensive history of conducting community engaged research. Dr. Megan Byrd is an assistant professor in the Sport and Exercise Psychology program. She has a master's degree in sport studies, a MS degree in community counseling and a PhD in Sport and Exercise Psychology. She has completed numerous research projects and has experience mentoring undergraduate and graduate research students. Dr. George Shaver is the Director of the Regents Center for Learning Disorders and has expertise in mental health disorders, youth, and neuropsychological research. Dr. Shaver will be involved in the concept of the project, guidance of the student, and the analysis of the results.

0. Purpose
. *Briefly describe in one or two sentences the purpose of your research.*
The purpose of this study is to investigate factors (gender, race/ethnicity, stigma, and knowledge barriers) associated with the help-seeking behaviors of first year university students for university based mental health services.
B. What questions are you trying to answer in this project? Please include your research question in this section. The jurisdiction of the IRB requires that we ensure the appropriateness of research. It is unethical to put participants at risk without the possibility of sound scientific results. For this reason, you should be very clear about how participants and others will benefit from knowledge gained in this project.
This study aims to address two research questions: (a) Are there group differences (gender and racial/ethnic) on help-seeking behavior, knowledge barriers of services/providers and stigma? (b)Are knowledge barriers of services/providers and perceived stigma associated with student mental health help seeking?
C. Provide a brief description of how this study fits into the current literature. Have the research procedures been used before? How were similar risks controlled for and documented in the literature? Have your instruments been validated with this audience? Include citations in the description. Do not include dissertation or thesis chapters.

The World Health Organization [WHO] (2004) defines mental health as the "state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community". Mental health is at the forefront of discussion today and a growing topic in the education setting due to the rising prevalence rates. According to Mental Health America [MHA] (2022) roughly 19.86% or nearly 50 million adults are experiencing mental illness in the United States. Astonishingly, MHA reports over half (56%) of these individuals are receiving treatment. Included in this population are first-year university students.

The current estimate is that one in three students meet the criteria for a clinically significant mental health problem on a college campus (Eisenberg et al., 2013). This makes mental health among college students a growing concern as they are facing a major transition in their lives. It is recognized across that literature that the early years of college represent a specific period in the student's life that is not only crucial developmentally but is also a peak time for the first onset of such mental disorders (Ibrahim et al., 2013). According to Kessler et al. (2007), nearly 75% of mental illnesses have first onset by the mid-20's which encompasses a majority of the students in their first year of college. This includes the students currently enrolled in the FYE course at Georgia Southern University. Due to this being a critical period in these individuals' lives, it is important to address what might hinder them from getting the help they need, specifically from the university-based mental health services.

Help-seeking is a dynamic and psychosocial process without sequentially fixed stages, where young people expressed an unfamiliarity with, insecurity about and lack of knowledge of mental health challenges, a longing for self-reliance and, in some contexts, a presence of stigma (Westberg et al., 2022). Presently, it is assumed that university-based mental health services are the more likely place for students to seek mental health care as many programs are taking the opportunity to address the growing prevalence rates. Cauce and colleagues (2002) found that seeking help was most likely to occur when a mental health problem is recognized as undesirable or not apt to go away on its own. According to the literature, help-seeking is commonly influenced by issues such as stigma and knowledge barriers (Gulliver et al., 2010; Velasco et al., 2020; Cauce et al., 2002)

The research procedures used in this study have been completed before. The help-seeking and stigma measures used in this study have been deemed reliable and valid in the college population (Wilson et al., 2005; Wilson et al., 2007; Vogel et al., 2009). The knowledge barriers measure has been found reliable and valid in the high school population and will be piloted prior to being used in the college population (Gou et al., 2014).

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0. Outcome
Please state what results you expect to achieve. Who will benefit from this study? How will the participants benefit (if at all)? Remember that the participants do not necessarily have to benefit directly. The results of your study may have broadly stated outcomes for a large number of people or society in general.
There are no direct benefits to the participants. However, results of this study may be shared with counseling services available on Georgia Southern University to provide them with an assessment of student help-seeking behaviors, perceived stigmas and knowledge barriers to services and providers.

0. Describe Your Subjects
. *Maximum number of participants*
The maximum number of participants is 300.
B. Briefly describe the study population.

First Year students currently enrolled in an FYE course at Georgia Southern University.
C. Applicable inclusion or exclusion requirements (ages, gender requirements, allergies, etc.)
Participants must be enrolled in a section of the FYE 1220 course provided at Georgia Southern University. The participants must meet the definition of a First-Year student (students enrolled in their first semester at Georgia Southern University unless they enter as a transfer student with 30 or more credit hours) as provided by Georgia Southern University and be 18 years or older. There are no specific exclusion criteria.
D. How long will each subject be involved in the project? (Number of occasions and duration)
This survey will be administered a single time to each of the participants enrolled in the study. The total time commitment for research related activities is approximately 10- to 15-minutes. This survey has been piloted and took approximately 10 minutes to complete.

0. Recruitment
Describe how subjects will be recruited. (Attach a copy of recruitment emails, flyers, social media posts, etc.) DO NOT state that subjects will not be recruited.
Prior to recruitment, the methodology of this thesis will receive approval from the Georgia Southern University Institutional Review Board (IRB). Upon receiving approval from the IRB, the researchers will send an email (see attached) to all of the Georgia Southern University First Year Experience (FYE) course instructors which will reach approximately 2600 students. This email will contain a QR code and a link to the Qualtrics survey. Included within the survey link will be the informed consent form. Instructors included in the email chain will be asked to disburse the links to the students via their FYE classes Folio platform. The disbursal of this survey to the folio platform will occur at a single time point and the post will remain on the platform until the competition of the semester. Any student who chooses to participate in the study will be ensured that participation will in no way influence or interfere with academic involvement. The participants will be fully informed that participation in this study is completely voluntary. If at any time the student decides they no longer want to participate in the study, they may withdraw from participation without risk of consequence.

0. Incentives
. *Are you compensating your subjects with money, course credit, extra credit, or other incentives?* X Yes ☐ No
B. *If yes, indicate how much and how they will be distributed.*
Included in the recruitment email, we will respectively ask for professors to consider allowing for extra credit points for students who complete the survey. The extra credit will be distributed by the professors who are willing. If the professor chooses to provide extra credit, students who complete the survey and take a screenshot of the completion page will be able to submit this to their professor to receive their points. This will ensure that all responses remain anonymous.
C. *Describe if and how you will compensate subjects who withdraw from the project before it ends and any exclusion criteria from compensation.*

Extra credit compensation will be at the discretion of the professor. The completion screen will not appear if the student does not complete the survey and would not have any evidence of completion for the instructor.

0. Research Procedures and Timeline

. *Which statement best describes the procedures in this protocol (including recruitment, consent, interventions, etc,)?*

X This data is being collected without ANY in person interactions with participants (ie. online surveys, virtual interviews, etc.)

This data is being collected in person with participants but without any direct physical contact (ie. in person interviews, in person focus groups, etc.). **Safety Plan REQUIRED**

☐ This data requires direct physical contact with participants (ie. placing sensors on a participant, etc.) **Safety Plan REQUIRED**

B. Outline step-by-step what will happen to participants in this study (including what kind of experimental manipulations you will use, what kinds of questions or recording of behavior you will use, the location of these interactions). Focus on the interactions you will have with the human subjects. Specify tasks given as attachments to this document.

1. Upon approval from the IRB, a request will be submitted to the Office of Institutional Research for approval to use the email system for recruitment and survey distribution.
2. Once this request has been approved, the researchers will send an email to each of the FYE course instructors at GSU requesting they share the QR code / survey link via their Folio platform. (See recruitment email attached)
3. Once the QR code / survey link has been shared to Folio, the students enrolled in the course will be encouraged to participate in the study.
4. To participate, students will need to scan the code or click on the hyperlink. Doing so will take them to the informed consent screen of the Qualtrics online survey. Students will need to read through the informed consent prior to selecting yes or no regarding their willingness to participate. (See informed consent attached)
5. If a student selects, “no", the survey will not progress, and they can close out of the tab.
6. If a student selects, “yes”, the survey will continue. Students will then need to complete the three included questionnaires as well as answer the included demographic questions. This is estimated to take approximately ten to twenty minutes. (See survey attached)
7. Once the student has completed the survey, their obligation is completed, and they may close out of the tab.

C. Identify any activity included in the research description that will occur without modification regardless of the research effort. (E.g., A class exercise that is part of the normal course activities that is not altered for the research about which you will collect data or a team warm-up exercise session that is not altered for the study about which you will collect data.) Answer “N/A” if this does not apply.

Regardless of the research efforts, students will need to consent to participation prior to being able to complete the online Qualtrics survey that is estimated to take approximately ten to twenty minutes.

D. Describe how legally effective informed consent will be obtained. (Also, attach a copy of the consent form(s).)

Informed consent will be obtained via the Qualtrics survey platform. Prior to the participant being able to get to the survey questions, they must read through the informed consent (see attached) and select yes or no to express whether or not they want to participate in this study. Students who select no will not be able to progress through

the remainder of the survey components. Students who select yes will become participants and will be able to progress through the remainder of the survey components.

E. *If minors are to be used describe procedures used to gain consent of their parent (s), guardian (s), or legal representative (s), and gain assent of the minor.*

X N/A or Explain:

F. Describe all study instruments and whether they are validated. Attach copies of questionnaires, surveys, and/or interview questions used, labeled accordingly.

As part of the study, participants will complete a survey comprised of four components

1. **Demographics**: Students will complete 5 questions regarding their demographics including: age, international, first-generation college student or athlete status, enrollment status, race/ethnicity and gender.
2. **Help Seeking**: A 12-item adapted version of the *General Help-Seeking Questionnaire* (22-items) was used to examine help-seeking behaviors of the participants (GHSQ; Wilson et al., 2005). To complete the GHSQ, participants are to indicate how likely on a 7-point Likert scale from 1 (*extremely unlikely)* to 7 *(extremely likely)* they could be to seek help for mental health care from respective sources. Sources included in the GHSQ represent both internal and external sources. This version includes three internal sources (i.e., partner, friend, and parents or other relative/ family member) and seven external sources. The external sources include (i.e., family doctor/pediatrician, mental health professional outside of university, counseling center, university academic counselor, lecturer/teaching assistant, phone/texting helpline, or internet). This survey will also include an item for other (i.e., "someone else not listed above") and for no one, (i.e., "I would not seek help from anyone"; reverse-scored). Help Seekers will be identified as participants having a greater total score while non-help seekers will have a lower total score. The GHSQ has demonstrated high internal (α=.83) and test-retest reliability (r=.92) as well as good overall validity in a non-clinical sample of young people (Wilson et al., 2007). The GHSQ was adapted to be more applicable to university students with 'school', 'teacher/aide', and 'school psychologist or mental health counselor' changed to 'university', 'lecturer/teaching assistant' and 'counseling center'.
3. **Perceived Stigma**: Stigma will be examined through an adapted version of the 5-item *Perceptions of Stigmatization by Others for Seeking Help* scale (PSOSH; Vogel et al., 2009). For this section, participants will imagine they have an emotional or personal issue that cannot be solved independently and respond to 5 statements based on how others would react towards them if they sought counseling services. The statements included are, "react negatively towards you", think bad things of you", "see you as seriously disturbed", "think of you in a less favorable way" and "think you posed a risk to others". Responses are provided on a scale of 1 *(not at all)* to 5 *(a great deal)* based on what degree the student believes that people they interact with would react to them having sought help. For this scale, a higher total score would represent a greater level of perceived stigma. The PSOSH was found to have good internal consistency which ranges from (α=0.88) to (α=0.91) and a good test-retest reliability (α=0.82) in the college aged population (Vogel et al., 2009). Validity of these scales was demonstrated through the test-retest reliability and the relation of that measure with public stigma towards counseling, mental illness, and self-stigma (Vogel et al., 2009).
4. **Knowledge Barriers to Services and Providers**: A 5-item modified version of the *Barriers to Care in Schools Scale* will be used to address knowledge barriers of services and providers (Gou et al., 2014). For this scale, participants are asked to indicate which items would inhibit them from seeking services through the university (e.g., "Not knowing whom to talk to or whom to seek help from" or "I do not think people or services at my university will be helpful with my personal or emotional problems"). Responses are reported on a 5-point Likert scale (1 *Strongly disagree* to 5 *Strongly agree).* For this section, higher total scores will correlate with a greater endorsement of knowledge barriers of

mental health and providers. At this time there is no reliability or validity for the use of this measure in the college aged population. Prior to use in this study, we will pilot the measure in the desired population to determine reliability and validity. This scale was adapted to be more applicable to university students with 'school' changed to 'university'.

References:

1. Gou, S., Kataoka, S.H., Bear, L., and Lau, A.S. (2014). Differences in school-based referrals for mental health care: Understanding racial/ethnic disparities between Asian American and Latino youth. School Mental Health, 6, 27-39. https://doi.org/10.1007/s12310-013-9108-2.
2. Wilson, C. J., Deane, F. P., Ciarrochi, J., & Rickwood, D. (2005). Measuring Help-Seeking Intentions: Properties of the General Help-Seeking Questionnaire. Canadian Journal of Counseling, 39(1), 15–28.
3. Wilson, C.J., Daene, F.P., Ciarrochi, J. and Rickwood D. (2007). Measuring help-seeking intentions: Properties of the general help-seekingquestionnaire. Canadian Journal of Counseling Psychology, 39, pp. 13-28
4. Vogel, D. L., Wade, N. G., & Ascheman, P. L. (2009). Measuring perceptions of stigmatization by others for seeking psychological help: Reliability and validity of a new stigma scale with college students. Journal of Counseling Psychology, 56(2), 301–308. https://doi.org/10.1037/a0014903

G. Describe how you will protect the privacy of study participants.

Personal information and data collected over the course of this study will be kept behind locked doors in Kylie Roberts's office, Hollis Building 1125 at Georgia Southern University. All information and data will be stored on a password, protected computer in order to preserve the confidentiality of the participants. Names will be kept separate from the data that is collected during the duration of the study to further ensure that confidentiality is maintained. All data collected via the survey will be done so anonymously. To ensure that the data remains anonymous, we will enable the "Anonymize response" security setting in Qualtrics.

0. Data Analysis

. *Briefly describe how you will analyze and report the collected data.*

This study is of Cross-Sectional Design. Descriptive statistics (means and standard deviations, percentages, and frequencies) for demographic variables including level of school, race/ethnicity, gender, and special population characteristics (e.g., first generation, international and athletics involvement) will be calculated using IBM SPSS Statistics for Windows, version 23.0 (IBM Corp., Armonk, N.Y., USA.). To address research question one, a Multivariate Analysis of Variance (MANOVA) will be used. This will determine if racial and ethnic differences or gender affects help-seeking behavior, knowledge barriers of services/providers and stigma. To address research question two, a hierarchical logistic regression will be run. This will determine whether knowledge barriers of services/providers and perceived stigma can predict mental health help-seeking behaviors of students. This analysis will consist of three separate outcome variables including help-seekingfrom university, outside of university and in general. When setting up this analysis, gender and race will be used as the control variables while knowledge barriers of services/providers and stigma will be used as predictors. All Alpha levels will be set a priori at 0.05. Data collected in this study will undergo data cleaning in order to fix or remove incorrect, corrupted, incorrectly formatted, duplicate or incomplete data sets. Outliers will be identified and removed if deemed as such.

B. What will you do with the results of your study (e.g. contributing to generalizable knowledge, publishing sharing at a conference, etc.)?

The results of this study will be used to contribute to generalizable knowledge in regard to university-based mental health services and the help-seeking behaviors of first year college students. Additionally, the data will be shared via conferences and through publication.
C. *Include an explanation of how will the data be maintained after the study is complete. Specify where and how it will be stored (room number, password protected file, etc.)*
The data collected in this study will be unidentifiable and presented in aggregate. The data will be stored on a password protected computer that will be stored in Kylie Roberts's office, Hollis Building Room 1125 at Georgia Southern University.
D. If this research is externally funded (funded by non-Georgia Southern funds), student researchers must specify which faculty or staff member will be responsible for records after you have left the university. The person listed below must be included in the personnel section of this application.
Responsible Party: Dr. Tamerah Hunt will be responsible for the records following my (Kylie Roberts) departure from Georgia Southern University. ☐ **N/A**
E. Anticipated destruction date or method used to render data anonymous for future use. Please make sure this in consistent with your informed consent. X Destroyed 3 Years after conclusion of research (minimum required for all PIs) ☐ Other timeframe (min 3 years): ☐ Maintained for future use in a de-identified fashion. Method used to render it anonymous for future use: *Note: Your data may be subject to other retention regulations (i.e. American Psychology Association, etc.)*

Special Conditions

0. Risk
Even minor discomfort in answering questions on a survey may pose some risk to subjects. Carefully consider how the subjects will react and address ANY potential risks.
. *Is there greater than minimal risk from physical, mental, or social discomfort?*
x No *If no, <u>Do not simply state that no risk exists</u>. If risk is no greater than risk associated with daily life experiences, state risk in these terms.* There is no risk greater than risk contributed to daily life experiences with participation in this study.
☐ Yes *If yes, describe the risks and the steps taken to minimize them. Justify the risk undertaken by outlining any benefits that might result from the study, both on a participant and societal level.* NA

B. Will you be carrying out procedures or asking questions that might disturb your subjects emotionally or produce stress or anxiety? If yes, describe your plans for providing appropriate resources for subjects.
For the duration of this study participants may have difficulty discussing their mental health however, questions for research purposes will be focused more on their help-seeking behaviors. If students express concern or difficulty after discussing their mental health help-seekingbehaviors, students will be directed to the university-based mental health services available to them or guided in the right direction of a mental health professional. Potential discomfort in answering questions on the survey may pose some risk to the subjects including producing potential stress or anxiety. This is due to the potentially sensitive information being discussed. Despite the potential discomfort, the participant is able to withdraw at any time and will be reminded that withdrawal from the study will not be served with consequences. If discomfort, stress or anxiety occur, referral to the proper professionals will occur. Students who experience any discomfort will be encouraged to seek help from the Georgia Southern University Counseling Center or refer to the resources available to them via the H.E.R.O Folder resources on the Counseling Center website.

0. Research Involving Minors
. *Will minors be involved in your research?* ☐ Yes X No
B. *If yes, describe how the details of your study will be communicated to parents/guardians. Please provide both parental consent letters and child assent letters (or processes for children too young to read).*
NA
C. Will the research take part in a school (elementary, middle, or high school)? ☐ Yes X No
D. *If yes, describe how permission will be obtained from school officials/teachers, and indicate whether the study will be a part of the normal curriculum/school process.*
☐ Part of the normal curriculum/school process ☐ Not part of the normal curriculum/school process

0. Deception
. *Will you use deception in your research?* x No Deception ☐ Passive Deception ☐ Active Deception
B. If yes, describe the deception and how the subject will be debriefed. Include a copy of any debriefing materials. Make sure the debriefing process is listed in your timeline in the Procedures section.
NA

C. Address the rationale for using deception.
NA
Be sure to review the deception disclaimer language required in the informed consent. Note: All research in which active deception will be used is required to be reviewed by the full Institutional Review Board. Passive deception may receive expedited review.

0. Medical Procedures
. Does your research procedures involve any of the following procedures: ☐ Low expenditures of physical effort unlikely to lead to physical injury ☐ High expenditures of physical effort that could lead to physical injury ☐ Ingesting, injecting, or absorbing any substances into the body or through the skin ☐ Inserting any objects into bodies through orifices or otherwise ☐ Handling of blood or other bodily fluids ☐ Other Medical Procedures x No Medical Procedures Involved
B. *Describe your procedures, including safeguards. If appropriate, briefly describe the necessity for employing a medical procedure in this study. Be sure to review the medical disclaimer language required in the informed consent.*
NA
C. Describe a medical emergency plan if the research involves any physical risk beyond the most minimal kind. The medical research plan should include, but not necessarily be limited to: emergency equipment appropriate for the risks involved, first rescuer actions to address the most likely physical risk of the protocol, further actions necessary for the likely risks.
NA

Reminder: No research can be undertaken until your proposal has been approved by the IRB.

CERTIFICATION OF INVESTIGATOR RESPONSIBILITIES

By signing the cover page, I agree/certify that:

1. I have reviewed this protocol submission in its entirety, and I state that I am fully cognizant of, and in agreement with, all submitted statements and that all statements are truthful.
0. This application, if funded by an extramural source, accurately reflects all procedures involving human participants described in the proposal to the funding agency previously noted.
0. I will conduct this research study in strict accordance with all submitted statements except where a change may be necessary to eliminate an apparent immediate hazard to a given research subject.
    1. I will notify the IRB promptly of any change in the research procedures necessitated in the interest of the safety of a given research subject.
    2. I will request and obtain IRB approval of any proposed modification to the research protocol or informed consent document(s) prior to implementing such modifications.
    0. I will ensure that all co-investigators, and other personnel assisting in the conduct of this research study have been provided a copy of the entire current version of the research protocol and are fully informed of the current (a) study procedures (including procedure modifications); (b) informed consent requirements and process; (c) anonymity and/or confidentiality assurances promised when securing informed consent (d) potential risks associated with the study participation and the steps to be taken to prevent or minimize these potential risks; (e) adverse event reporting requirements; (f) data and record-keeping requirements; and (g) the current IRB approval status of the research study.
0. I will not enroll any individual into this research study: (a) until such time that the conduct of the study has been approved in writing by the IRB; (b) during any period wherein IRB renewal approval of this research study has lapsed; (c) during any period wherein IRB approval of the research study or research study enrollment has been suspended, or wherein the sponsor has suspended research study enrollment; or (d) following termination of IRB approval of the research study or following sponsor/principal investigator termination of research study enrollment.
0. I will respond promptly to all requests for information or materials solicited by the IRB or IRB Office.
0. I will submit the research study in a timely manner for IRB renewal approval.
0. I will not enroll any individual into this research study until such time that I obtain his/her written informed consent, or, if applicable, the written informed consent of his/her authorized representative (i.e., unless the IRB has granted a waiver of the requirement to obtain written informed consent).
0. I will employ and oversee an informed consent process that ensures that potential research subjects understand fully the purpose of the research study, the nature of the research procedures they are being asked to undergo, the potential risks of these research procedures, and their rights as a research study volunteer.
0. I will ensure that research subjects are kept fully informed of any new information that may affect their willingness to continue to participate in the research study.
0. I will maintain adequate, current, and accurate records of research data, outcomes, and adverse events to permit an ongoing assessment of the risks/benefit ratio of research study participation.
0. I am cognizant of, and will comply with, current federal regulations and IRB requirements governing human subject research including adverse event reporting requirements.
0. I will notify the IRB within 24 hours regarding any unexpected study results or adverse events that injure or cause harm to human participants.
0. I will make a reasonable effort to ensure that subjects who have suffered an adverse event associated with research participation receive adequate care to correct or alleviate the consequences of the adverse event to the extent possible.
0. I will notify the IRB prior to any change made to this protocol or consent form (if applicable).
0. I will notify the IRB office within 30 days of a change in the PI or the closure of the study.

***Faculty signature on the first page indicates that he/she has reviewed the application and attests to its completeness and accuracy**

APPENDIX C

SURVEY INSTRUMENT

Demographics

Fill in the blank: What is your age?
What level in school are you?

a) Freshman
b) Sophomore
c) Junior
d) Senior

Please specify your ethnicity. Select all that apply:

a) Caucasian
b) African American
c) Latino or Hispanic
d) Asian
e) Native American
f) Native Hawaiian / Pacific Islander
g) Two or more
h) Other / Unknown
i) Prefer not to disclose.

What gender do you identify as?

a) Male
b) Female
c) Non-binary / third gender
d) Prefer not to say.

Please select all that apply to you.

a) Athlete
b) First Generation Student
c) International Student
d) Out of State Student
e) In State Student

General Help-Seeking Questionnaire

INSTRUCTIONS: Below is a list of people who you might seek help or advise from if you were experiencing a personal or emotional problem. Please circle the number that shows **how likely it is** that you would seek help from each of these people for a personal or emotional problem during the **next 4 weeks**?

1 = Extremely Unlikely 7 = Extremely Likely

1	Partner (e.g., significant other, boyfriend or girlfriend)	1	2	3	4	5	6	7
2	Friend (not related to you)	1	2	3	4	5	6	7
3	Parent or Other relative / Family member	1	2	3	4	5	6	7
4	Family Doctor	1	2	3	4	5	6	7
5	Mental health professional outside of school (e.g., counselor, psychologist, psychiatrist)	1	2	3	4	5	6	7
6	University Psychologist or Mental Health Counselor	1	2	3	4	5	6	7
7	University Academic Counselor	1	2	3	4	5	6	7
8	Lecturer/Teaching Assistant	1	2	3	4	5	6	7
9	Phone/ Texting Helpline	1	2	3	4	5	6	7
10	Internet	1	2	3	4	5	6	7
11	Someone else not listed above (please describe who this is) _____	1	2	3	4	5	6	7
12	I wouldn't seek help from anyone	1	2	3	4	5	6	7

Perceptions of Stigmatization of Others for Seeking Help [PSOSH] Scale

INSTRUCTIONS: Imagine you had an emotional or personal issue that you could not solve on your own. If you **sought counseling services** for the issue, to what degree you believe that the people you interact with would:

1 = Not at all 2 = A little 3 = Some 4= A lot 5 = A great deal

1. React negatively to you
2. Think bad things of you
3. See you as seriously disturbed
4. Think of you in a less favorable way
5. Think you posed a risk to others

Barriers to Care in Schools

INSTRUCTIONS: Please indicate the extent to which each of the following items would stop you from seeking mental health services at your university.

		Strongly Disagree	Disagree	Neutral / Not sure	Agree	Strongly Agree
1	Not knowing how to start, where to go or who to talk to get help.	1	2	3	4	5
2	Worrying that information about me or my family will be shared with other faculty or staff at the University.	1	2	3	4	5
3	I am not familiar with the University psychologist or counselor.	1	2	3	4	5
4	I don't know how to schedule an appointment or when walk-in hours are available for counseling services.	1	2	3	4	5
5	I do not think people or services at the University will be helpful with my personal or emotional problems.	1	2	3	4	5