

Combatting Negative Stigma and Communication Obstacles for a University
Community: Strategies and Recommendations for CAPS at Florida Institute of
Technology

by

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We the undersigned committee hereby approve the attached design project:
“Combatting Negative Stigma and Communication Obstacles for a University
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Abstract

Title: Combatting Negative Stigma and Communication Obstacles for a University Community: Strategies and Recommendations for CAPS at Florida Institute of Technology

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Counseling centers were established on university campuses to assist in student mental health wellness. The increased need for these services is evident with the steady rise in mental health conditions in college-aged students. However, research shows that despite the existence of counseling services on campus, a variety of factors still inhibit students from seeking the help they need. Researchers and universities have had to work to find the most effective ways to combat mental health stigma, lack of knowledge of resources and increase mental health awareness for the entire university community. This project examines these factors on the campus of Florida Institute of Technology by using a mixed-methods research design that includes web-based survey data and semi-structured interviews. By investigating the presence of stigma on campus, levels of awareness among both students and faculty members, and current counseling center outreach tactics, recommendations for improvement were created. To properly meet the mental health needs of a university body, the mental health climates on campuses must be explored and the best methods of improvement should be discovered. Counseling centers and their respective universities are responsible for providing a healthy environment in which student mental health and well-being is a priority.

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I finally did it. I love you all and I hope you enjoy.

Dedication

To the continued pursuit of the best methods for fighting against the rise of mental health issues in college students and people all around the world.

Chapter 1

Introduction and Review of Literature

Background and Rationale

During their college years, students experience a number of life changes. Many struggle to balance the social, academic and personal stresses that come with these changes (Van Brunt & ACCA PAPA Committee, 2010). Counseling and psychological services are designed to assist students in addressing the difficulties they encounter and to promote greater overall wellness for students across college campuses (Van Brunt & ACCA PAPA Committee, 2010). According to the National Alliance on Mental Illness (NAMI, n.d.), approximately one in five students today face a mental health condition¹. Depression and anxiety are the most common of mental health issues in college students, and suicide has been named the second leading cause of death in the same group (Center for Collegiate Mental Health [CCMH], 2016; Sabatke, 2016).

Every year, approximately 1,100 college students commit suicide (“Crisis on Campus”, 2015). Seventy-five percent of mental health conditions are said to emerge by the age of twenty-four, which means college-aged students, who

¹ The National Alliance on Mental Illness defines mental health condition as a disorder that effects mood, thinking and behavior. This project utilizes the NAMI definition.

traditionally fall within the 18-24-year age range, may be susceptible to them (NAMI, n.d.; National Center for Education Statistics, 2017). Suicide rates, as well as the diagnosing of previously mentioned mental diseases, have skyrocketed in recent years (CCMH, 2016). The prevalence of “threat-to-self” characteristics like suicide ideation (suicidal thoughts) has increased for the sixth year in a row, according to the CCMH 2016 Annual Report. The same CCMH report (2016) also found persistent increases in depression and anxiety over the last six years. Substance Abuse and Mental Health Services Administration’s (SAMHSA) 2006 national survey on drug use and health found that approximately 18% of 18-22-year-olds enrolled in college reported psychological issues.

Counseling, as defined by the American College Counseling Association is “a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education and career goals” (Van Brunt & ACCA PAPA Committee, 2010, p. 2). College campuses across the nation, over the past decade, have had established counseling services.

Despite the establishment of mental health services across colleges nationwide, research shows that mental health issues in college students are continually on the rise (CCMH, 2016). Typically, “many individuals tend to hold negative perceptions about mental health problems and counseling and need accurate information about mental health issues and treatment” (Kitzrow, 2003, p.

175). The presence of negative stigma associated with counseling centers is one reason, researchers say, students may choose not to seek help (Eisenberg, Downs, Golberstein, & Zivin, 2009). In the past seven years, the percentage of students seeking and utilizing counseling services provided has remained at 10-15% (Francis & Horn, 2016). The same research affirms that the other 85% of students that are not taking advantage of them may choose not to due to stigma, a fear of isolation and marginalization (Francis & Horn, 2016). “Stigma associated with mental illness has been identified as a key attitudinal factor that may impede on mental health service use, and stigma reduction is a central objective of national mental health policies today” (Eisenberg, Downs Golberstein & Zivin, 2009, p. 2).

A substantial amount of national research on college students and mental health issues is based on data collected from students enrolled at large groups of institutions ranging in population size from 1,000 or less to over 50,000 students (CCMH, 2016). Some organizations like the American College Health Association, have created health assessments to be distributed on campuses for evaluation of physical health, safety, exercise, etc. for universities. However, only a few of the questions included in the assessments relate to mental health specifically. The numbers collected from data involving students from a wider web of universities typically lead to more general conclusions. Therefore, in order to successfully address the needs of their students, college and university counseling centers must analyze their respective campus environments by finding the best methods of

improving student awareness of services, remedying the presence of mental health stigma, and increasing university community (faculty, staff and administration) support of the counseling center.

Target Audiences

With a new wave of college students arriving year-to-year, college and university student services, like Counseling and Psychological Services at Florida Institute of Technology (Florida Tech) must constantly evolve not only to meet needs of students but also to combat the negative stigma associated with seeking help, while working on increasing awareness of available services. The issue, according to Gene Beresin, Harvard Medical School professor of psychiatry, is that even if there are adequate resources available, mental health problems are stigmatized universally (Beresin, 2017). Beliefs and attitudes about mental illness and treatment are likely to influence an individual's tendency to perceive a need for help (Eisenberg et. al, 2009). With the rise in mental health issues, comes an increase in demand for university counseling services (Kitzrow, 2009). Therefore, it is important for counseling and psychological centers on college campuses to evaluate their methods for advertising their services and outreach, and it is equally important that the counseling centers see an increase in resources from the university administration.

Faculty members level of interaction with students gives them a responsibility of “adopting an attitude that student mental health is a legitimate concern” (Kitzrow, 2009, p. 654). Emphasizing the importance of mental health safety as not only the “sole responsibility” of counseling centers but, “the entire institution” (Kitzrow, 2009, p. 654). With the support of faculty and administrative staff (professors, teachers, assistants, registrar, tutoring center, dean, etc.) counseling centers can respond effectively to mental health challenges (Kitzrow, 2009). Faculty and staff should be made aware of the mission of counseling services, to help students meet academic and personal goals, and learn the best methods to recognize and refer students who need help.

As of Fall 2017, Florida Tech’s main campus student population was 36% international according to data reported by the Office of Institutional Research. The department also indicates that the diverse student population is made up of students from all 50 U.S. states and 125 countries. According to Vogel, Wester and Larson (2007), “cultural values, beliefs, and norms can affect the perceived barriers to using professional services” (p. 414) and values found within minority cultures may conflict with those rooted in counseling services (Diala et. Al., 2000; Root, 1985, as cited in Vogel, Wester & Larson 2007, p. 404). Research demonstrating differences between cultures (both in the United States and abroad) and their help-seeking tendencies suggests all college students have to adapt to new social and educational environments (Ginter & Glauser, 1997 as cited in Mori, 2000). This

means cultural adjustments may be an additional stressor, especially for those students from other countries (Mori, 2000). Additionally, the Office of Institutional Research at Florida Tech reported fall 2017 enrollment at 3496 undergraduate and 1499 graduate students on its main campus. Hyun, Quinn, Madon, and Lustig in their 2006 study stated: “discipline-specific norms and academic culture can impact attitudes toward mental health as well as utilization of services” (p. 262). Further implications of student classification as it relates to mental health help-seeking is discussed in the literature section of this paper. Understanding the discrepancies in university population demographics and their respective cultures are important for counseling center outreach purposes (Vogel, Wester & Larson, 2007).

CAPS at Florida Tech

Counseling and Psychological Services (CAPS) at Florida Tech provides a variety of mental health and wellness services to assist students with their overall health. According to their university webpage, the purpose of the services is to supply students with methods for learning the best ways to work through challenges that life brings about, as well as assist in their development of necessary skills to lead healthy lives ("Counseling and Psychological Services", n.d.). Its mission is to promote the best possible academic, vocational, and emotional health for Florida Tech students ("Counseling and Psychological Services", n.d.). For the Fall 2017 academic semester, Florida Tech had approximately 8,939 enrolled students, with about 4,852 on-campus students (Florida Tech, n.d.). Every Florida

Tech student is eligible for on-site CAPS services at Florida Tech's Melbourne campus, including online and extended studies students ("Counseling and Psychological Services", n.d.). The university counseling center has counseling, assessment and educational services available for students, including individual psychotherapy, crisis intervention, couple and group counseling, learning disorder evaluations, psychological evaluations, career assessments, outreach/consultation and many others. According to the university webpage and CAPS director, Dr. Robyn Tapley, the counseling center reassures students that those who use the services at the counseling center will have their confidentiality respected. This notion, the center assures, is a commitment to laws and ethics of their professional service ("Counseling and Psychological Services", n.d.). A level of confidentiality, the webpage also explains, helps to provide an environment in which students are able to feel safe to work through any personal challenges they may have.

In an effort to properly educate students and faculty at Florida Tech on mental health issues, CAPS holds a variety of outreach events in different areas in the semester (whether spring or fall). Fliers advertising group-counseling sessions for the present semester, as well as outreach events, are posted throughout buildings across Florida Tech's campus both inside on walls, elevators, and doors as well as outside. Research shows that participation in both individual and group counseling was associated with higher academic performance...than was individual counseling alone" (Francis & Horn, 2016). This advertising technique is one the

center has been using in recent years to increase student outreach and encourage group participation. The counseling center also writes articles for the student-run newspaper, *The Florida Tech Crimson* and has tabling events, vocally sharing center information and mental health education. Articles typically highlight outreach events and include a blurb on psychology education. In addition, CAPS director, Dr. Robin Tapley, sends mass emails through Florida Tech's *FitForum*, an email forum to which students, faculty, and campus organizations are able to subscribe for purposes of sharing and receiving information.

Endeavors such as these are meant to increase the use of counseling center available services. However, CAPS also faces other challenges, including low attendance at outreach events and a lack of feedback from potential and past clients. Dr. Robyn Tapley (personal communication, January 12, 2018), Director of Counseling and Psychological Services at Florida Tech, stated that they “know there are students who they don't see and staff that don't know how to help.” One goal, she said, is for CAPS to be more visible to students and staff who interact with them. However, with an increase in visibility comes an increase in the need for more counseling center staff and resources. When it comes to visibility, in order to collect data to improve their services, CAPS surveys students who attend them. Even so, those who do not take part in their services are not surveyed. It is important that counseling centers like CAPS at Florida Tech attend to the effects that inhibiting factors such as negative public stigma, self-reliance, and a lack of

knowledge of resources, have on students on campus (Eisenberg et al, 2009; Jennings et. al, 2015).

CAPS services are, in fact, used by select students on campus. Nevertheless, research suggests the need to account for students on campus who may need services, but do not use them (Linville, Yorgason & Zitzman, 2008). Thus, the need to establish the most effective counseling center outreach and education strategies for the university community, as well as the presence of stigma and help-seeking barriers in the campus environment, is demonstrated.

Purpose Statement and Research Goals

The dialogue around mental health that includes the discussion of tactics for combatting negative stigma, increasing awareness of counseling services and university community knowledge of mental health issues is, at a university level, mainly focused on single programs at institutions larger than Florida Tech. This project is designed to supply the Florida Tech CAPS program with strategies for solving issues like low attendance at outreach events and a lack of feedback from potential and past clients, as indicated by the director specifically for the counseling center.

In addition, the project provides recommendations for the counseling center and the university following an investigation of the state of mental health awareness of both students and faculty members. The following research goals,

proposed strategies, and recommendations align with Florida Tech’s commitment to “continually improving the quality of campus life for all members of the university”, which includes both faculty and students (“About Florida Tech”, n.d.). In order to accomplish the research goals and produce appropriate strategies and suggestions for CAPS at Florida Tech, we must first take a look at previous research and determine whether the findings are true on the university campus by collecting data from students and faculty.

Some universities create task forces and teams to investigate mental health issues on campus following multiple deaths by suicide or other mental health related incidents (e.g. University of Pennsylvania Task Force Report, JHU Task Force of Student Mental Health and Well-Being Final Report). The University of Pennsylvania (U Penn) created its task force following the deaths of six university students by suicide in the span of fifteen months (Freinkel, 2015). Johns Hopkins University president Ronald Daniels commissioned a Task Force on Student Mental Health and Well-being after the university’s SGA President stepped down “due to mental health struggles” (Wooden, 2018 para. 22). The university task force creates recommendations for the school and it is then up to administrators to ensure they are implemented on campus.

Actions such as this by universities can be characterized as reactive. Parents of a Cornell University student who died by suicide requested the establishment of an independent mental health task force which was denied by the university

president (Juneja, 2018). The request stated the university failed to create a strategy addressing the spike in college student suicide rates, citing the CCMH 2016 report mentioned in the introduction of this project. National surveys on mental health issues in college students, similar to those reported by NAMI, the CCMH and other studies conducted around the United States, collect data from students at a specific list of universities and come to general conclusions further demonstrating rise in mental health issues (CCMH Annual Report, 2017; NAMI, n.d.). Through data such as this, the need for universities to devote more attention to the phenomenon of the rise college student mental health issues is present, but the general data may not be a fully accurate representation of each campus. (Wood, 2012).

CAPS at Florida Tech has not done an in-depth analysis of student or faculty knowledge of mental health services on campus, the existence of stigma or perceptions of the campus mental health climate as a whole. Therefore, it was necessary to collect data from Florida Tech students on their awareness of services on campus, students' interactions with CAPS services (or lack thereof), their perceptions of the services, as well as their overall opinions of mental health issues. In addition, information on student gender, cultural background and academic level classification were important to examine due to the fact that literature states these factors may contribute to the presence of stigma (Diala et. Al., 2000; Root, 1985, as cited in Vogel, Wester & Larson 2007).

To the researcher's knowledge, this is the first project to fully explore these items at Florida Tech. The dialogue around mental health that includes the discussion of tactics for combatting negative stigma, increasing awareness of counseling services and university community knowledge of mental health issues at a university level is mainly focused on single programs at institutions with populations much larger than Florida Tech. The strategies and recommendations were attained following an in-depth analysis of student's personal use of the organization's services, as well as any barriers to usage such as stigma, and outreach tactics using both quantitative and qualitative means.

Universities like Texas A&M Corpus Christi, the University of Illinois Urbana-Champaign and Alabama A&M University have created strategic communication plans for their respective counseling and services centers. Plans such as these can be characterized as proactive, but they require access to resources that are able to help fulfill the necessary sample sizes and give incentive for participation to any involved (student, faculty or administrator).

The ultimate goal of this project is to develop a strategic communication plan for the Counseling and Psychological Services Center at Florida Tech. Based on the experiential and theoretical literature, to guide research design, data collection, and data analysis for the creation of strategies and recommendations, the following research goals were pursued:

RG 1: To investigate the presence of stigma and help-seeking hindrances on campus among Florida Tech students.

RG 2: To evaluate the degree of awareness among Florida Tech students regarding available campus counseling and psychological services (CAPS).

RG 3: To identify current and potentially effective channels of communication outreach for Florida Tech student body regarding available services.

RG 4: To evaluate faculty and staff knowledge of CAPS resources, as well as mental health issues for purposes of interacting with students and being liaisons.

Literature Review

History of Mental Health

The one-hundred-year history of mental health services in the United States began with the influence of the Mental Hygiene Movement in the early 20th century and eventually led to the establishment of mental health services on college campuses (Kraft, 2011). When the American College Health Association was established in 1920, it recognized that maintaining student mental health was just as important as students' physical health (Kraft, 2009). College mental health services expanded rapidly and by the time baby boomers were college-age; services were already well established on campuses (Kraft, 2011). In this period on many campuses, the services were split between small psychiatric consultation services

and separate psychological counseling centers. Around the 1970's, the services were combined as a way to "streamline counseling services", making "multidisciplinary mental health service...the norm rather than the exception" (Kraft, 2011, p.479). Because funding for mental health and counseling services came from general revenues, due to cuts in the passes (similarly to current funding trends) to support services like basic mental health care, Kraft explains, campuses began to force students to pay fees (Kraft, 2011, p. 479). One solution, one study showed would be a "mandatory fee paid for by all students for counseling services as a part of their overall student health fee" (Bishop, 1995). Fortunately, here in 2017, many college campuses including Florida Tech's counseling and psychological services are free of charge. Administrative issues such as these were among many faced by college and university counseling centers then, and are still today.

According to John B. Bishop (1995), problems associated with the development of counseling centers include funding considerations, services students are entitled to and staffing issues. His research concluded that college and university counseling centers would benefit from more careful examinations of said issues and making an effort to be more "creative and prepared with plans" (Bishop, 1995, p. 33). Bishop emphasizes the importance of "data illustrating that counseling plays a role in retention efforts" at colleges and universities, due to the fact that student retention rates are important statistics across institutions. (Bishop,

1995, p. 33). “Evidence exists that a high percentage of students of students who are retention risks and use counseling services in their decision-making process tends to remain in school” (Bishop, 1995, p. 35). Data provided to school administration would undoubtedly serve as an explanation as to why mental health education and funding for resources is important and be taken into consideration when evaluating budgets. Those who make the decisions in institutions of higher education make cognitive decisions to guide deliberations (Bishop, 1995).

Student Perceptions and Outreach Tactics of Counseling Centers

Counseling centers fail to consistently communicate collected research on students to others systematically (Bishop, 1995). Bishop (1995) uses an example that includes information regarding “career concerns of students, racial issues, sexual harassment problems, interpersonal violence and drug abuse” all reported to counseling center personnel. In an effort to fully understand the student environment on campus, as it relates to their demand for counseling services, information distribution is vital. Universities must be aware of the change that counseling centers make in students, or the lack thereof.

Cerel, Bolin, and Moore (2013) conducted a study at the University of Kentucky and asked randomly selected students to participate in an online survey regarding personal exposure to suicide, perceptions of resources available and awareness of the social phenomenon that is suicide. The study sought to learn more about student’s attitudes and experiences with suicide and those personally affected

by it, as well as determine the level of knowledge of resources on campus (Cerel, Bolin & Moore, 2013). Knowing someone who has attempted or died by suicide is common for college students (Cerel, Bolin & Moore, 2013). It is also estimated that there may be between eight and twenty-five attempted suicides per every one suicide death (National Institute of Mental Health, 2003). Results from the study by Cerel, Bolin, and Moore (2013) indicate a need for campus resources to be directed toward men, non-white students, and international students. Students who fell into those categories were less likely to seek mental health services. This figure is something that universities should take into account when searching for the most effective ways to reach all students.

The Midwestern Higher Education Compact 2016 research brief was illustrated to provide readers with an overview of mental health issues and counseling services on college campuses. The brief, “Campus-Based Practices for Promoting Student Success: Counseling Services”, reviewed findings from national surveys regarding the prevalence of mental issues among college students; indicating that depression and anxiety are two of the most common mental health issues on campus, with anxiety being the primary issue affecting 38 to 55% of students (Francis & Horn, 2016). Suicide and suicidal ideation (suicidal thoughts) were on the unfortunate incline among students as far as an increase in percentage over 2 years. The study reaffirmed the Center for Collegiate Mental Health’s figure regarding suicide and it’s being the “second leading cause of death among college

students after vehicular and other accidents” (Francis & Horn, 2016, p. 5). It also included numbers allocating for the availability of counseling services of college campuses as well as the utilization of such services and the effect they had on student success. One particular figure regarding the use of counseling services indicated that over the last seven years 10-15% of students were seeking counseling services on campus (Francis & Horn, 2016). When looking at numbers 15 percent of 10,000 students is a large amount. However, it is important that universities account for the other 85% of students who may be experiencing mental health issues and are not seeking treatment (Lee, n.d.). Results gave general recommendations for the universities involved in the study, some including establishing strong outreach within counseling centers to educate students, make better use of counseling services by using self-help resources supported by previously observed empirical research, and encouraging clients to participate in program evaluation and development to improve utilization of services (Francis & Horn, 2016). Each of these items should be taken into consideration when looking at methods for improving counseling services as it applies to respective universities.

Kitzrow (2003) in her article, *The Mental Health Needs of Today's College Students: Challenges and Recommendations*, investigates research regarding college student mental health issues on college campuses, the challenges counseling centers face and recommendations to solve to them. The role of

counseling centers, she explains, is continually changing and evolving as a result of the changes in college student populations (Kitzrow, 2009). The rise in mental health issues and the resulting demand for more counseling requires counseling centers to find more ways to meet students where they are. The need then for “outreach and consultation is greater than ever” on college campuses (Kitzrow, 2003, p. 175). Because research shows that there is a presence of negative stigma in college students regarding their perceptions of mental health issues and counseling, it is necessary that they have accurate information about mental health issues and treatment (CCMH, 2016; Kitzrow, 2009). In addition, to engage and advertise to students the services available to them, Kitzrow suggests another useful strategy:

Counseling centers need to conduct an active outreach campaign to educate administrators, faculty and staff (including academic advisors, graduate teaching assistants, and resident assistants about mental health problems in the college population and provide them with information about how to recognize and refer troubled students who need help. (Kitzrow, 2009, p.656).

This strategy ensures faculty and staff have knowledge about services on campus especially because they often interact with students in classes and in other instances. Florida Tech currently provides information about CAPS to faculty members at faculty orientations. But, faculty members do not have formal training for recognizing and referring students to CAPS services like the training they take part in for Title IX related incidents.

Stigma and Mental Health

Stigma and Help Seeking for Mental Health Among College Students, by Eisenberg, Downs, Golberstein, and Zivin (2009) was one of the first empirical studies regarding the relationship between help-seeking behavior and both public and personal stigma as they relate to mental illness. Using a sample of over 5,000 students from 13 different universities, the investigation yielded results indicating that *perceived public stigma* was higher than *personal stigma*. Perceived public stigma, according to Corrigan, is “what a naïve public does to stigmatize a group when they endorse stereotypes” (Corrigan, 2004, p. 616). That public stigma is defined as the negative stereotypes and prejudice about mental illness held by a naïve public (Eisenberg, Downs, Golberstein & Zivin, 2009). Studies show that public stigma related to mental illness can be a barrier to help-seeking. The authors include the terms personal stigma, personal attitudes and stereotypes and self-stigma when an individual identifies them self with the stigmatized group and chooses to apply corresponding stereotypes to themselves (Eisenberg, Downs, Golberstein & Zivin, 2009). Findings from Corrigan’s article also suggest “perceived public stigma may hinder people from using mental health services to avoid possible criticism or discrimination from others” (Corrigan, 2004, p. 3). The process of stigma, according to Eisenberg, et. al (2009), is said to move as such:

An individual becomes aware of public stigma (perceived public stigma), then forms personal attitudes (personal stigma) that may or may not concur

with perceived stigma and then determines whether or not to apply these stigmatizing attitudes to the self (self-stigma) (Eisenberg et. al., 2009).

The perceived public stigma will affect an individual's desire to seek treatment, as well as concerns about what others think. Counseling centers should find the most effective ways to reduce the public stigma of mental illness on their respective campuses and tailor services to meet the needs of students (Corrigan, 2004).

Organizations like Active Minds are placed on campuses with the sole purpose of fighting stigma and educating students on mental health as a whole; Florida Tech has an on-campus chapter.

Self-reliance is another barrier of stigma suspected to be associated with help-seeking. Individuals may be reluctant, a Clemson University study said, those who are aware of stigma may not seek treatment because they feel as though they can handle the issue on their own (Jennings et. al, 2015). The study suggests that barriers of stigma arise when one individual experiences a problem and proceeds to consider social consequences that are associated with treatment. The authors found a correlation between participants who had a greater preference for self-reliance and negative attitudes toward treatment seeking. Self-reliance is something commonly seen in college students who upon initial arrival to college are presented with a newly gained sense of independence. They are forced to compete on a larger stage with new peers and feel more and more pressure socially at school and even from parents at home at times.

Labels created by students or their peers can also have an effect on their views towards mental health issues. Corrigan discusses the process that turns labels into stigma and thus, discourages care seeking. “People can obtain labels from others...[or] they can be obtained by association” (Corrigan, 2004). Stigmas then are “cues that elicit *stereotypes*” which are knowledge structures the general public learns about a social group (Corrigan, 2004, p. 615). Stereotypes, Corrigan explains, are considered social because they represent notions that are collectively agreed on by groups of people (Corrigan, 2004, p. 615). When it comes to mental health issues, stereotypes regarding those who have illnesses include assumptions like “people with mental health are dangerous” or incompetent with weak character (Corrigan, 2004, p. 615). Predisposed assumptions about people with mental health issues lead to the overshadowing stigma associated with them. If students have any predisposed assumptions, they are more likely to choose not to utilize counseling services available on campus. Therefore, it is important that counseling centers find the best ways to educate students on campus in an effort to combat negative stigma and stereotypes.

The terms “Penn face” and “duck syndrome”, describe a college student’s tendency to act complete, happy and together on the surface, even when overwhelmed or sad below the surface. “Duck syndrome” born on Stanford University’s campus originally in a campus literary magazine, refers to the animal’s ability to appear calm and composed gliding above water, while

frantically moving their feet to keep themselves afloat. “Penn face” is a behavior used by students at the University of Pennsylvania to describe the same idea, according to a report presented by the university. Author Julie Scelfo describes, in a New York Times article, the struggles of one freshman at the University of Pennsylvania who felt pressure to “have it all together” and eventually contemplated suicide, until another freshman classmate jumped from the top of a parking garage and killed herself (Scelfo, 2015, para. 5). The student “was the third of six Penn students to commit suicide within a 13-month stretch” (Scelfo, 2015, para. 9). Unfortunately, many colleges and universities face situations similar to this too often. Many choose to actively examine the atmosphere of mental health issues on campus following extreme cases. The best method, however, should be to encourage university administration to be proactive rather than reactive, when it is already too late.

In 2015, Drexel University implemented a mental health-screening kiosk placed in its recreational center on campus. The two-minute screening has the ability to test for six different signs of common mental health issues. Following the screening, participants are provided with resources and information regarding on-campus counseling available especially when unwilling or able to see a professor (Rolen, 2015). Dr. Paul Furtaw, Drexel associate director of counseling states, “with the enormous amount of stress and pressure on college kids to be successful, increasing mental health awareness, as well as visibility of resources, is

indispensable” (Rolen, 2015). In this way, he believes students may understand “it’s not just them” and that there may be something going on (2015). Research has proven that stigma exists and affects a student’s motivations to seek help. The results of a student forgoing help may turn deadly; this reality should inspire a larger mental health discussion on campus.

College campuses have many opportunities to have a lasting positive effect on the rise of mental health in the United States because of the massive number of people who could be reached during an important period of life (Hunt & Eisenberg, 2010). College counseling centers with the help of administration must find the best method to address their respective campuses about the increase of mental health issues in the 18-24-year-old group, as well as adults and adolescents. Changes as far as student demographics, year to year have also “led to the need for varying more comprehensive mental health resources” (Wood, 2012, p. 7). Hunt and Eisenberg’s research (2010) found that male undergraduates are at a higher risk for suicide, while female students and those from lower socioeconomic backgrounds are more likely to be diagnosed with depression and anxiety disorders and symptoms, respectively. Similarly to aforementioned research, the authors concluded that common barriers to help-seeking include: “lack of a perceived need for help, being unaware of services...skepticism about treatment effectiveness” (p. 6) and stigmatized attitudes about mental illness (Hunt and Eisenberg, 2010). The effectiveness of programs from stigma-reduction campaigns is difficult to

generalize for all colleges due to differences in population, and available resources (p. 6).

Hyun, Quinn, Madon, and Lustig (2006) examine the mental health needs, knowledge and utilization of counseling centers for university graduate students. Their study found that “graduate students may also be more likely to access other sources of institutional support, such as faculty advisors or peer counselors” (Hyun et. al., 2006, p. 249). Much of the research on college student mental health needs in the US focuses only on undergraduate students (Hyun et. al., 2006). In addition to demographic factors, social and professional administrative support at universities could have an effect on utilization of services (Hyun et. al., 2006). If students may turn to their advisors for support, it is important they are aware of the services on campus so that they may refer the student to them. This is shown to be true in the study after it concluded that “better relationships with advisors contributed positively to the utilization of services in students with mental health needs (Hyun et. al., 2006). Florida Tech has resources available for students through the counseling center, but it is important to measure the level of awareness across campus to ensure the best practices are employed to have an impact on its improvement.

Chapter 2 Methodology

Mixed-methods research approach was used in this study in order to develop a deeper understanding of the state of mental health on Florida Tech's campus. The mixed-methods approach combines both quantitative and qualitative research methods to help develop better insight into topics of interest so that they may be more fully understood (Venkatesh, Brown & Bala, 2013).

The objectives require an in-depth analysis of the target audience, Florida Tech students, and faculty and staff. Choosing to only use quantitative means would not provide sufficient data to reach conclusions. Data collected in interviews provides more information on topics included in the questionnaire that cannot be fully measured with only the survey responses. Thus, a mixed-methods research approach was chosen.

For the qualitative data collection, face-to-face interviews were conducted with both faculty and students at the university. The interviewees signed an informed consent form and were reminded of the confidentiality associated with their identities. Each interview was audio recorded and transcribed.

The quantitative data was collected through an online survey. The study was approved by the university Institutional Review Board (IRB) and all

participants completed an online consent form prior to beginning the survey. The IRB approval and consent forms are included in Appendixes A, B, and C, respectively.

Previous research demonstrates the need for counseling centers on college campuses, the presence of stigma, and the lack of knowledge of resources. However, no data has been collected investigating these phenomena at Florida Tech. Therefore, using quantitative measures from studies previously conducted at larger universities data aggregated from the survey was able to analyze the current state CAPS within the minds of students. The full questionnaire is included in Appendix D.

Both the quantitative and qualitative areas of the research design incorporated a wide range of perspectives so that one group's (student or faculty member) was not presented as a representative of the whole. Semi-structured interviews were conducted using interview guides containing areas for open comments items. "Qualitative research involves the collection, analysis, and interpretation of data that are not easily reduced to numbers" (Anderson, 2010, p. 1). For faculty interviews, the goal was to get participation from members from a variety of disciplines. Students who were asked to distribute the study to others were also asked to provide an email address for a professor from their respective department. Those students, from whom faculty email addresses were requested,

were pursuing degrees in diverse academic departments at the university. Using the emails provided by the students, faculty members were contacted asking for their participation in a qualitative interview, discussing their knowledge of CAPS services and their role on campus. They were told their identities would remain confidential. In total, four faculty members were interviewed. One faculty member was invited through email and chose not to accept.

Within the survey questionnaire students who indicated that they had utilized CAPS services were asked if they would be willing to participate in a confidential qualitative interview regarding their experience and given the option to leave their email. Students were then sent an email requesting their availability for the qualitative interview. Five students who provided a contact email did not respond with times and availability and data could not be collected from them.

Measures

To accomplish the research goals, it was important to use survey methods established as having validity and reliability. Being able to examine the data for both reliability and validity presents an opportunity to “assesses both the objectivity and credibility of the research” (Anderson, 2010, p. 2). Validity in research relates to the “honesty and genuineness” of the data, while reliability relates to the ability to reproduce the data with other subjects (Anderson, 2010, p. 2). The online questionnaire was constructed using modules measuring college student mental that

have been used in other studies on the subject. The faculty interview guide was modeled after a guide used in a study on a small counseling center's outreach practices.

Quantitative Data Collection

For the purposes of this project, students were asked about their knowledge of CAPS, service usage, questions related to mental health stigma, campus climate, and general demographic questions.

The web-based survey questions were derived from Healthy Minds Study (HMS), which has standard questionnaire modules previously used in studies based on topics related to the research goals including stigma, help-seeking, knowledge of resources, and campus mental health climate (Golberstein, Golust & Eisenberg 2009; Eisenberg, Downs & Golberstein, 2009; Downs and Eisenberg, 2012). In addition, the HMS study collected data across large college student populations regarding counseling center service utilization and other related mental health topics.

Responses were collected from a total of 110 students aged 18-years or older. The web-based survey was distributed to students enrolled at Florida Tech, recruiting them through quota and snowball sampling methods. This method of distribution ensured students of a variety of demographics were reached on campus to examine student perceptions of counseling services on campus, stigma, and

overall knowledge of mental health issues. The survey was published on Google Forms and distributed first through an email forum requesting responses from students, reassuring their confidentiality would be kept. The link to the instrument was included in the email, and responses were limited to one per person by means of selecting ‘limit to 1 response’ in Google Forms settings.

Second, three faculty members who teach courses typically taken by students from a diverse set of academic majors were sent an email asking them to distribute the instrument to their classes. Next, the president of Active Minds at Florida Tech and members of other student organizations (athletic teams, sorority) were asked to distribute the instrument to their organization members. In addition, survey respondents were asked to distribute it to others. Samples of the emails sent are presented in the Appendixes E and F, respectively.

Questions from the 2017-2018 Healthy Minds Study Questionnaire were used in the online survey. The questions were general in style and could, therefore, be tailored to reflect valid responses. Likert-scale and open-ended questions were used. To measure student knowledge and perceptions of services four separate items were included using a 5-point-Likert type (1=*strongly disagree*; 5=*strongly agree*). Some examples of the surveyed items are: “If I needed to seek professional help for my mental or emotional health, I would know where to go on my campus” and “there is a good support system on campus for students going through difficult

times”. In addition, participants were asked if they were “aware of the services available on campus provided by CAPS” as well as where they learned of the services provided by CAPS. Participants were then asked what they had “heard about the quality of student mental health and psychological services” on campus. The full questionnaire is included in Appendix D.

Participants were asked if they had been diagnosed with a mental illness and were presented with a list of mental health conditions. Here they had the option to “select all that apply” to reflect their own personal mental health conditions. To investigate the presence of stigma on campus, this project’s first research goal (RG 1), four items were included using a 5-point-likert-type scale (1=*strongly disagree*; 5=*strongly agree*). Items measuring *perceived public stigma* included a beginning statement “most people...” and those measuring *personal stigma* began with “I...”. The questions measured whether respondents would or believed the public would accept someone who has received mental health treatment as a friend or would think less of a person who has received mental health treatment. To assess respondent help-seeking intentions (RG 1) one item was included, “If you were experiencing serious emotional distress, whom would you talk to about this”.

Perceptions of campus climate and culture as it relates to mental health were assessed with five items using 5-point-Likert type scale answers (1=*strongly disagree*; 5=*strongly agree*), participants were asked how much they agreed with

these statements. The questions measured student opinions on the degree of attention mental health received on campus. Statements highlighted topics including the prioritization of student mental and emotional well-being on campus, the encouragement of mental health discussion, university administration's responsiveness to concerns of students, and the impact the campus environment has on student's mental and emotional health. Other factors measured were the participant's experience with professional help.

Demographic questions including age, gender, race/ethnicity, international/domestic status on campus, sexual orientation, living location, field of study and academic classification were also asked. If some hypotheses were included in this project finding statistical significance with these variables would be considered more important. However, for the purposes of this project the percentages as far as age, classification, gender, and field of study directly reflect research included in the project's rationale and literature sections.

In order to assess student experiences with counseling services and CAPS on campus, all participants were asked where they had most recently received counseling or therapy. Participants had the option to select CAPS, another provider at home, or one in the community. Those who selected CAPS were led to a section that included five items asking about their experience with the counseling or therapy they received and again using 5-point-likert scale answers (1=*very*

dissatisfied; 5=*very satisfied*). In addition, participants were asked to indicate their level of satisfaction with different aspects of the counseling center, including counseling center's hours, ability to schedule appointments without long delays and more (full questionnaire presented in Appendix D). Following these items, participants were asked if they would be willing to participate in a confidential interview. If they selected 'Yes', they were led to a question asking for their Florida Tech email and reminded that their identities would remain confidential.

Qualitative Data Collection

The qualitative interview question guide for students was designed to gain a more in-depth understanding of the perceptions of CAPS services from students who had previously used or were currently using them. In addition, it gathered data on the campus climate from the perspectives of participants, as well as what they believed the organization could do more of to enhance their outreach (RG 2). The interview guide for faculty members was modeled after one used in a University of Massachusetts study on the outreach practices of a small college counseling center (Ferriero, 2014). The final interview guides for faculty members and students are presented in Appendixes G and H, respectively. The qualitative interviews took place within the span of one week. Four students participated, and five students who left their email addresses in the web-based survey did not respond to an email asking for their time and availability. Interviews with students were conducted in a reserved room in the Florida Tech Evans library. To begin conversations,

participants were asked to describe their experience with CAPS on a scale of 1-10, understanding 1 was equal to very poor and 10 very good. They were then asked to describe how they heard about the services and why they chose to use them. They were later asked what they believed the counseling could do more to improve their outreach tactics. Though the questions were structured a specific way, it was important that they were open-ended so that the movement of the interview relied on the answers given by the interviewee. Four faculty members participated in the interviews. One faculty member was emailed and declined their participation due to a busy schedule. Samples of student and faculty interview emails are presented in Appendixes I and J.

Interviews took place in the respective offices of each faculty member to ensure convenience. The audio recorded interviews were transcribed manually and then examined for themes and concepts. Faculty participants were asked to first describe and rate their relationship with the counseling center. To measure the relationship between faculty and counseling center, interviewees were asked to describe any interactions they have had (if any) and later asked what their desired form of interaction with the center may be. Just as with student interviews, it was important that faculty participant knowledge of the counseling center outreach activities was addressed. Because faculty members interact with students fairly often, students have an opportunity to interact with them. To investigate faculty thoughts on their positions as liaisons, participants were asked how they believed it

was shown to be true on campus, and if not, how they thought it could be improved. Lastly, faculty members were asked what role they believed the counseling center has in addressing student issues, such as violence, increases in student mental illness, retention.

Chapter 3 Results

A total of 110 students participated in the online survey. Sociodemographic information results are as follows: 70% of respondents were female, 28% were male. Twenty-six percent were juniors, 24% seniors, 32% were graduate students, 8% were freshman and 10% of respondents were sophomores. Thirty percent of participants were engineering majors, 21% psychology, and nearly 15% science. Sixty-one percent of participants were Caucasian, 12% Hispanic, 8% Black and 7% Asian.

When asked to select which illnesses they had been diagnosed with previously, 13% of the total number of respondents indicated they had been diagnosed with both depression and anxiety, 7% depression alone and 7% anxiety disorder alone. This section of the questionnaire gave students an option to select more than one illness if applicable. A total of 36% of respondents indicated they had been previously diagnosed with one or more of the mental health conditions listed.

Knowledge and Perceptions of Services

Fifty-six percent of respondents agreed that if they needed to seek professional help for their mental or emotional health they knew where to go on campus. Forty-eight percent of survey respondents indicated they had received

counseling before and of those, 49% said they used CAPS. Of those who used CAPS, 62% said the services were useful to them. When asked if they were aware of the services provided by CAPS, 66% of respondents said they were. The top three sources in which students learned of CAPS services were flyers on campus, emails and the university website at approximately 48%, 44%, and 32%, respectively. Finally, when it came to the question asking participants' opinion of the presence of a good support system on campus, 49% only somewhat agreed that was true. There were no significant correlations found in comparing variables in this category.

Stigma and Help-Seeking Intentions

When asked whether they believed “most people would think less of a person who has received mental health treatment, more than 47% of participants agreed, while almost 90% of participants disagreed with the statement that said “I would think less of a person who has received mental health treatment. In the question that asked participants who they would talk to if they were experiencing emotional distress, 65% of respondents selected a friend who is not a roommate, 58% said a significant other, and 54% chose professional clinician. When asked who they would talk to if their academic performance was being affected by a mental health problem, the top three choices for 99% of participants were a professor from a class, academic advisor and no one. Perceived public stigma (most people...) and personal stigma (I...) comparisons of the “...would think less of a

person” statement results are exhibited in Figure 1. There were no significant correlations found in comparing variables in this category.

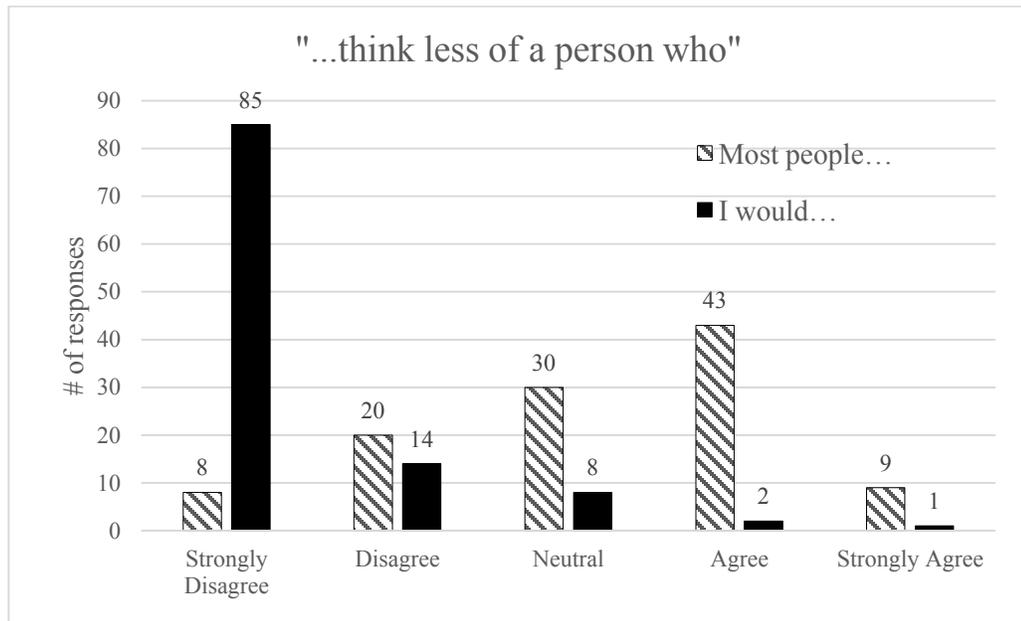


Figure 1. Perceived public stigma vs Public Stigma comparison of responses ($n=110$). 90% of disagreed they “...would think less of a person who” has received treatment and 47% agreed “most people would think less of a person who” has received mental health treatment.

Campus Climate

The items that asked about participant’s perceptions of the campus climate yielded the following results. When asked if they believed students’ mental health and emotional well-being is a priority at school, 39% of respondents disagreed. In the question asking if the” administration is listening to the concerns of students when it comes to health and wellness” 37% disagreed and approximately 45% were neutral. When asked their opinion of the campus environment and whether it has a negative impact on student mental and emotional health, 45% agreed. Few

significant correlations resulted from tests in this category. The statement “at my school, I feel that the campus environment encourages free and open discussion about mental and emotional health” positively correlated with “the administration is listening to the concerns of students when it comes to health and wellness,” at the .05 level of significance [$r(110) = .587, p = > .05$]. The results of this correlation test indicate high levels of agreement in campus encouragement is related to an opinion of administration and concerns of students.

Qualitative Interviews

Eight semi-structured interviews were conducted with four Florida Tech students and four faculty members. The longest interview was 23.11 minutes in length. Data from the interviews were obtained via transcription of audio recordings. Each of the interview questions included in the interview guides contributed to data collection to achieve the research goals.

In student interviews, the first question relating to the project’s first research goal (RG 1) investigating stigma and help-seeking, asked: “On a scale from 1 to 10, with 1 being very poor and 10 being very good, how would you rate your experience with CAPS?” Most indicated that the services were excellent and overall personal experiences were good, but comments from each respondent revealed that scheduling conflicts did have a negative effect. When it came to discovering how the respondents initially learned of CAPS, (RG 3), most named

“freshman orientation” and others “flyers”, “email blasts” and “friends. However, though they learned of the services at freshman orientation, what encouraged most of the respondents was word of mouth. Recommendations from friends, parents and the health center were named. The final question asking, “What are some ways you think they (CAPS) or the university can improve in their outreach tactics?” related again to the third research goal, analyzing CAPS outreach for students at the university. According to respondents, a change in the way they make themselves known to students would significantly improve outreach: “Letting more people know more specifically what’s available would help a lot...”. “Having more active integration into freshman orientation” was a way one student suggested. “During orientation week, there are already so many other events going on...but if they take a few minutes and just talk to everyone...it would give them the feeling that it’s there.” Another suggested, “explaining more about the specific services available at CAPS during orientation.”

Faculty interview questions generated data for RG 4, analyzing faculty awareness of CAPS and their role on campus. Participants were first asked to describe their relationship with the counseling center. Most indicated that they had interacted with the Director at one point, but not frequently. Their knowledge of the counseling center ranged from 5-6 with all having a different level of knowledge about services offered by CAPS. Three explained, “I know about programs that are advertised, but admitted there were things they were sure CAPS could offer that

they did not know about. All explained that they knew if something related to mental health was a concern, they would refer to CAPS. Two respondents indicated that they give incentives to students to visit the counseling center or a group session for class and for other student activities because they realize that it is “super important” and “a valuable resource to students.

When asked “how faculty role as liaison is shown to be true on campus, and how they think it can be improved, one faculty member indicated “maybe it’s on us [faculty] to be a little more knowledgeable about what they do so we can maybe help them.” Each participant said they had referred students to CAPS at least once, three indicating they walked the student to the center personally. “We’re not doing due diligence by just seeing something and not saying anything about it, especially when it comes to mental health,” one respondent said. In addition, they also commented on CAPS confidentiality and how it sets a limit on what they know: “Their commitment to confidentiality means I won’t know a whole lot about what’s going on...but that does make me think they could do a better job reaching out to faculty” and “legal issues complicate things...but...we can support their efforts in terms of referring students to them especially if we think they [the student] could benefit.” Suggestions from respondents for improving their role include actions from CAPS: “Having communication with faculty because some probably just wouldn’t know...or some sort of training...allowing people working on campus to

be aware” of if they “tried to make it to the first couple department meetings every year...as a reminder they’re here on campus.”

Faculty members were also asked what role they believed the counseling center had in “addressing student issues such violence, increases in student mental illness, and retention”. According to two respondents, available resources play a significant role in what the counseling center can do: “I’ve referred students there and they have trouble getting in and getting appointments...” and “if we’re helping more students it may keep them here...so providing them with the necessary resources to be able to help as many students as possible.”

Following the analysis of the survey and interview results, mental health task force reports from other universities and literature, strategies and recommendations were created for Florida Tech’s counseling services center. The discussion and conclusions section connects the research goals and the data aligned with each of them. The purposes of the goal are reintroduced and are followed by a recommendation to help CAPS solve or improve the issue on campus.

Chapter 4

Discussion and Conclusions

The research goals of this project were to (1) To investigate presence of stigma and help-seeking hindrances on campus among Florida Tech students, (2) learn the degree of awareness Florida Tech students have regarding available campus counseling and psychological services (CAPS), (3) find the best channels of communication outreach to Florida Tech students regarding CAPS services and (4) evaluate faculty and staff knowledge of CAPS resources and mental health issues, for purposes of establishing their role as liaisons. Results from both the quantitative and qualitative data exhibit the presence of mental health issues already discussed in previous research. The small sample size (95% confidence level, $CI = \pm 9.24$) used to generate the data is not a full representation of the university as a whole. However, the utilization of a research design with validity and reliability mean this data can serve as a foundation to commence a more in-depth analysis of the mental health climate on Florida Tech's campus.

Nationally, one in five students is said to have a mental health condition (NAMI, n.d.). Of the 110 surveyed in this project, 36% indicated they had been diagnosed with one or more mental health conditions listed in the questionnaire. When compared to national data, the information collected from participating students shows that Florida Tech is no exception. Each research goal and the results

of items related are discussed and followed by recommendations for solving or improving the issue. To evaluate the information gathered from interviews the following overarching themes were identified: 1) Effective communication channels currently used by CAPS, 2) Barriers to usage of counseling services, 3) The importance of improving faculty and student outreach from CAPS and, 4) Pros and cons to faculty mental health support.

The recommendations were created through an analysis of current research, survey and interview data collected from Florida Tech students and strategies already created for other universities. Specifically, the survey data related to both research goals one and two, and data from interviews related to research goals one, three and four. The recommendations are organized by research goal and the data used to create them is included.

RG 1 - To investigate the presence of stigma and help-seeking hindrances on campus among Florida Tech students

The results of the stigma and help-seeking survey measures demonstrate a strong presence of perceived public stigma and personal stigma on campus, as well as their variations, in this sample of the student body. Comparisons of the “...would think less of a person” stigma measures included in the questionnaire using “most people...” (perceived public stigma) and “I...” (personal stigma) statements yielded results at Personal stigma and perceived public stigma are two issues that may prevent students from seeking the help they need (Corrigan, 2004).

Other help-seeking barriers include scheduling conflicts with the counseling center, lack of knowledge of services (included in data for RG 2) and self-reliance. Survey data show that these factors may be contributing to stigma and help-seeking on campus: 39% of participants disagreed that students' mental health and emotional well-being is a priority at school. In addition, 45% of students in the sample believe that the campus climate has a negative impact on students' mental and emotional health.

The overarching theme of *barriers to usage* derived from interviews was identified from a common thread of responses from participants. Their various narratives demonstrated that scheduling conflicts was an issue shared by students and heard by faculty members. One respondent expressed: "The services were excellent...but finding time for both myself and the clinicians was a little difficult." Faculty participants also reported hearing comments from students: "[They] have so many students that it's hard to get an appointment."

From this data, a recommendation can be made for an improvement in available resources for the counseling center. If the goal of university administration is to improve the quality of campus life for all members of the university, allocating resources to the counseling center will alleviate current challenges with staffing and long wait lists, thus giving more students an opportunity to get the help they need. CAPS is funded by the Student Affairs

division and reports to Senior Vice President of Academics and Provost, Dr. Monica Baloga. Presenting evidence of the need for more resources to administrators who have a part in funding is recommended. Suggested methods for doing so are included in the Recommendations for CAPS section.

All students currently using CAPS services should be assessed by first, taking a look at the wait-time each student experienced and circumstances for their position on the wait-list (i.e., why they were or were not added to the list). Second, the survey should include questions to assess who has used and attempted to use the services provided by CAPS, giving those who weren't able to use the services an option to either select a reason or fill in the blank with their own. The data from this short questionnaire should be taken at the end of an academic year and reported to Dr. Baloga's office. The accumulation of the data set will illustrate the reasons students may not utilize this resource and how the university can help.

CAPS currently has 2 full-time licensed psychologists, 1 full-time director and licensed psychologist and 7 master-level doctor of psychology students on staff to meet the needs of 4,852 on-campus students. If 10-15% of students seek counseling on campus, the counseling center will need to service 482 to over 700 students (Francis & Horn, 2016). Wait-list times at a California university decreased following the addition of staff counselors to its counseling center (Goldberg, 2015). The university planned to add six counselors to the center's staff

and after seven positions had been filled, the wait-times for initial assessments decreased “from seven business days to 72 hours” (Goldberg, 2015, para. 7). Evidence of the lack of available resources further exhibits a need for more resources for CAPS, so they may improve their staff number and meet the needs of Florida Tech students. Top-level support of counseling centers from all in the university community is critical for improvement (Kitzrow, 2009).

RG 2 – To establish the degree of awareness Florida Tech students have regarding available campus counseling and psychological services (CAPS)

According to results of the questionnaire measuring awareness of services provided by CAPS, nearly 66% of students said they were aware of the services. At a 95% confidence level, the calculated confidence interval was ± 9.24 , which means, it can be estimated that nearly 23-42% of the on-campus population are either somewhat or not at all aware of the services available.

The Florida Tech website contains a guide for instructors for creating “a well-crafted syllabus” (“How to Create a Great Syllabus, n.d.). The guide features a list of items to include in the syllabus. Things like course objectives, required text, grading/attendance policies, and academic honesty. The list also suggests instructors include information on where students should get academic help (The Academic Support Center, The Writer’s Den, the Math Advancement Center), information on disability services on campus and Title IX. The list does not, however, include a suggestion for information on CAPS. University syllabi should

include information about the counseling center, its location and the main services available to students. An example of the recommended informational paragraph for CAPS to present to administrators is provided following the discussion.

RG 3 – To find the best channels of communication outreach to Florida Tech students regarding CAPS services

Student interviews presented data for counseling center outreach tactics through the analysis of each individual narrative, and research relating to counseling center outreach tactics. The overarching theme of *faculty/student outreach importance* was noted after examining similarities in responses from both faculty and student participants.

Currently, CAPS makes presentations at freshman and new faculty orientations, introducing themselves to the respective audiences and informing them of their presence on campus. The seeming ineffectiveness of this outreach strategy was demonstrated by student's suggestions for improvement:

During orientation week, there are already so many other events going on...but if they take a few minutes and just talk to everyone...it would give them the feeling that it's there.

As well as:

Setting up [tables] in the dining hall or in the student union building and having flyers and brochures, being open for people to just come up as they're walking by.

These suggestions were reported following a question asking students what outreach improvements CAPS could make. Another student suggested reported they learned of CAPS at freshman orientation but was encouraged by friends to use the services she said one issue she found was: “explaining more about the specific services available at CAPS during orientation”. One also suggested that CAPS be “more involved with the students because for the most part, all you see about [CAPS] is flyers on campus.” This statement was similar in narrative to a faculty member who reported knowing about “programs that are advertised” but not knowing anything about individual services they provide to students.

From this data, a recommendation for improvements to CAPS outreach tactics. The counseling center should continue to make presentations at freshman orientations. Additionally, CAPS should increase the frequency of their tabling events in order to reach as many students as possible. Scheduling tabling days for once every month during the spring and fall semesters. Tabling should be done in areas typically populated by students (Panther Dining Hall, and the Denius Student Center) and informational brochures and flyers should be available for students to take.

For CAPS to accurately measure the effectiveness of its methods of outreach to students, a short survey asking them where they learned of the services, as well as their knowledge of services offered on campus, is recommended. This strategy was proposed by the University of Michigan in their Mental Health Task

Force official report. The survey should be distributed to students at the end of each semester through the universities online learning management platform (Canvas) in order to ensure participation from each student, account for new incoming students as well. This method is currently used for student course evaluations. Each year at the end of the spring term, results should be compared to the previous academic year. Survey questionnaire and protocols for distribution and analysis are included following the discussion.

RG 4 – To evaluate faculty and staff knowledge of CAPS resources and mental health issues, for purposes of establishing their role as liaisons

Faculty members on a university campus who work closely with students have a role in facilitating their growth and development (Kitzrow, 2009). In order for faculty and administrators to work with counseling centers to ensure students are aware of services and seek the help they need, they must have knowledge of available services and know how to properly refer a student. Most faculty members reported not knowing exactly what is offered to students at the counseling center. One was even under the impression that the services were not free. In regard to referring students who they believe to be in need, one reported:

If we knew more about groups [CAPS] has and were given more notification we could tell students there was a group setting for it rather than relying on things distributed to the student population.

Stigma and a lack of knowledge about proper ways to approach a referral situation are things limiting faculty roles: “Even when I recommend [CAPS] to students sometimes there is still that resistance.” As well as: “Students are able to trust me, but I’m not qualified to give the advice they need...I feel underknowledgeed on how the whole process is supposed to go.” Resistance in fully taking on the role as liaison may lie in a lack of clarity in faculty responsibility: “It’s not my job...once you’re involved you have to stay involved.

From the data collected in faculty interviews recommendations for outreach improvement are as follows: CAPS have a designated representative speak at faculty senate monthly meetings (held September through April) at the beginning of each semester. The representative should give faculty, staff, and administrators full and formal explanation of the services offered for students at CAPS, their responsibility as faculty, the best ways to refer a student, and the best methods of observing if a student is in need. In addition, CAPS should have the same information flyers distributed to faculty members so that they will be able to refer students to events they may not be aware of. Faculty senators are elected for three-year terms, thus, a representative attending one meeting at the beginnings of both fall and spring semesters should provide sufficient information for those senators themselves and for them to then share with members of their department.

Finally, The University of Michigan, in its 2017 Mental Health Task Force Report proposed the inclusion of a mental health question to be featured in student course evaluations (Nasr, Rothman & Taguci, 2016). Course evaluations give students an opportunity to evaluate course and professor. The inclusion of a question to be featured in the instructor effectiveness area of the course evaluation would contribute to faculty member knowledge of student mental health climate in their respective courses. The proposed question is presented following the discussion. It is important that CAPS educate faculty, staff, and administrators of the “importance and value of counseling services and their role in serving the mission of the university” (Kitzrow, 2009).

Conclusions

To conclude, the purposes of this project were to investigate the presence of stigma and help-seeking hindrances on campus, the effectiveness of CAPS outreach channels for faculty and students and the awareness of available resources within the same groups. The data collected through survey and interviews demonstrate issues with stigma, lack of knowledge of resources, and counseling center outreach. This gives the indication that Florida Tech is no exception to student mental health issues. To effectively improve the mental health climate on campus—decreasing mental health stigma, increasing student knowledge of resources, and improving

counseling center outreach tactics—the recommendations for CAPS should be followed.

Further, current national research on college student mental health presents data collected from students at several schools and mental health task force reports at some universities are created as reactive solutions to mental health incidents on campus. This study took a proactive approach by analyzing the state of mental health on Florida Tech's campus and creating recommendations for the counseling center. This method of tackling the mental health crisis within the college student population is important because rather than solely assuming stigma and lack of knowledge of services are issues (as explained in a great deal of research and news articles), the study investigated the problem on campus and found the best ways to implement change on campus.

Even with the creation of attainable recommendations, some limitations were present in the research. In addition, the research collected calls for further research into the mental health phenomenon not only at Florida Tech but on all college campuses.

Limitations

The aggregated data only represent a portion of the student population, which means the gravity of need will only be known if a larger representative sample of students on campus is surveyed.

Participation for student interviews regarding experience with CAPS was self-selected. Self-selection was present in both the questionnaire and interview participation and is said to be a “key component” in overall bias (Dutwin and Buskirk, 2017). Survey questions gave students an option to choose more than one mental health condition and also had an option for students to indicate if they did not know if they had any of the listed conditions. The same can be said for students who chose to participate in qualitative interviews regarding their experience with CAPS. Those who chose to participate in interviews may have chosen to do so due to a strong opinion on the topic or interest in the subject area (Groves, Presser & Dipko, 2003; Hendricks, 2012). This can be regarded as a limitation for data collection because there is a chance that respondents who disclosed their mental health condition(s) may have had more knowledge about them, exaggerating the total number of students diagnosed with mental health issues. In addition, relating to self-selection bias in interview data, there could have been a wider variety of interview answers had other students and faculty members chosen to participate.

Another limitation includes the time length of the data collection for both the conducting of faculty and student interviews and the distribution of the web-based survey. Survey responses were accepted over the span of eight days during March, and interviews were taken during the same time period. The length of data collection may have affected the total number of participants.

In addition, the time period in which data was collected may have affected participation and responses. March is a time of the semester when midterms are occurring on campus. Which means both students and faculty members may be busier than normal and may choose not to take the time to participate in the survey or interview. On the other hand, those who did participate may have had stronger feelings regarding their mental health because of stress they were experiencing as students and faculty members, exhibiting timing bias. However, to the researcher's knowledge, there is no perfect time to collect the necessary data, as students and faculty members have times during the entire fall, spring and summer semesters where their stress levels may change. Limitations with data collection bring forth implications for research in the future.

Implications for Future Research

Due to the presence of time-period and time-frame data collection biases, an extended study examining the averages of responses during different periods could be conducted. This would give CAPS an opportunity to see whether or not time period is a factor in responses from participants, and if so how strong of a factor it is.

In the web-based survey, the percentage of survey participants who indicated they had been diagnosed with one or more of the mental health conditions listed came to 36%. Thirteen-percent selected both depression and anxiety, 7%

depression alone and 7% anxiety disorder alone. Though the sample size is not an accurate representation of the entire student population it brings forth the need to fully examine just how prevalent these conditions are in Florida Tech students.

Survey data relating to campus mental health climate yielded results that call for an addition to the student and faculty interview guides. The addition of questions asking students what effect the campus environment has on their mental health would provide CAPS and the university administration insight on the role they play in student mental well-being.

Other institutions should take this proactive method and use it to discover the state of mental health on their campuses. With more resources and longer data collection, universities can collect enough information to represent their student population and yield even more accurate results.

Much academic research on college student mental health examines the problems on campus either from a number of participating universities or one with a larger student population. This study contributes to research by investigating the presence of the issues on campus at a small university by not only collecting survey data but conducting interviews with faculty and students as well. In order to solve the issue of mental health in college students, the phenomena must be investigated on individual campuses and solutions created for each respective school. The use of previous research to discover the best methods is necessary because it is the only

way to ensure they will work. However, what occurs on one college campus may not on another and what may be a prevalent issue for one counseling center may not be for another. Even with research available and data presented, it is up to campus administrators to implement the changes.

To combat stigma and communication obstacles on college campuses thereby bringing the rise in college mental health issues to a halt, universities must investigate the state of mental health on their respective campuses and do what is necessary to make the modifications.

Recommendations for CAPS at Florida Tech

Recommendation #1

Present data to administrators of Student Affairs division (Provost Dr. Baloga) on mental health climate at Florida Institute of Technology, including wait-list increases over the past 3 years, and number of counselors needed to supply services for the entire student population.

- a. Questionnaire should be distributed to all students at the end of the academic year, and a requirement so the student population is represented.

Questionnaire to be distributed to student population:

Mental Health Services Questionnaire

(all responses will remain confidential)

1. Have you ever used counseling services provided by CAPS?
 - a. (If yes) Did you experience wait-time for scheduling an appointment?
 - i. (If yes to wait times) How long would you say you waited to see a counselor?
 - ___ days
 - 1-2 weeks
 - 3-4 weeks
 - 5 or more weeks
 - b. (If no to usage of services) Please indicate your reasoning:
 - i. I have not needed to use the services
 - ii. I do not have enough knowledge of services available
 - iii. Scheduling conflicts
 - iv. Other: please specify
2. Do you know about the services provided by CAPS?
 - a. (If yes) Where did you learn of the services?
 - i. Flyers on campus, or tabling event
 - ii. University website
 - iii. Newspaper (The Crimson)
 - iv. Other (please specify)

The survey may be distributed electronically and available online following the end of the academic year.

2. To increase student awareness of mental health services on campus an addition to information in course syllabi should be made:

The language proposed is adapted from one created by the University of Michigan from University of Minnesota and Ohio State (Nasr, Rothman & Taguci, 2016). The structure of the proposed informational paragraph is as follows:

CAPS (Counseling and Psychological Services): “As a student you may experience a range of issues that can cause barriers to learning, such as strained relationships, increased anxiety, alcohol/drug problems, feeling down, difficulty concentrating and/or lack of motivation. These mental health concerns or stressful events may lead to diminished academic performance or reduce a student’s ability to participate in daily activities. Florida Institute of Technology is committed to advancing the mental health and wellbeing of its students. If you or someone you know is feeling overwhelmed, depressed, and/or in need of support, services are available. You can learn more about the broad range of confidential mental health services available on campus via: <https://www.fit.edu/counseling-and-psychological-services/>”

3. To improve outreach tactics to increase faculty and student knowledge of CAPS, the counseling center should continue to make presentations at first-year orientations (freshman, graduate-level, and faculty).
 - a. Monthly tabling event in areas populated by students (Panther Dining Hall, Denius Student Center) – featuring informational brochures and flyers (about outreach events happening that month).
 - i. Pass out brochures pertaining to the respective month mental health related theme (i.e. September is National Suicide Prevention Month and Domestic Violence Awareness Month).
 - ii. Flyers should be for outreach events happening that month.
 - b. Evaluate student knowledge of services (Question two included in questionnaire presented in recommendation number two)
4. To improve faculty knowledge of CAPS services and campus mental health climate the counseling center should:
 - a. Designate a representative to speak at faculty senate monthly meetings at least twice a semester (September-April). Giving faculty, staff and administrators full and formal explanation of the following:
 - i. Services available for students (in the form of a flyer)
 - ii. Responsibilities as faculty, staff or administrator as they relate to student mental health
 - iii. The best ways to refer a student to counseling

- iv. The best methods of observing if a student is in need
- b. The inclusion of a question to be featured in the ‘instructor effectiveness’ area of the course evaluation. The proposed question is adapted from the University of Michigan Mental Health Task Force Report. It is as follows:
 - i. “The instructor valued students’ mental well-being during interactions inside and outside the classroom.”

References

- Active Minds. (n.d.). The Issue: Student mental health. Retrieved from <http://www.activeminds.org/issues-a-resources/the-issue>
- Anderson, C. (2010). Presenting and Evaluating Qualitative Research. *American Journal of Pharmaceutical Education*, 74(8), 141.
- Anxiety Disorders Association of America. (2007). An audit of mental health care at U.S. colleges and universities: A focus on anxiety disorders. Retrieved from Anxiety Disorders Association of America website: <https://adaa.org/sites/default/files/FINALCollegeReport.pdf>
- As mental health crises soar, colleges can't meet student needs. (2017, September 05). Retrieved from <https://www.statnews.com/2017/02/06/mental-health-college-students/>
- Beresin, G. (2017, March 15). The College Mental Health Crisis: Focus on General Wellbeing. *The Huffington Post*. Retrieved from https://www.huffingtonpost.com/entry/the-college-mental-health-crisis-focus-on-general_us_58bd93bce4b0ec3d5a6ba0ea
- Bishop, J. B. (1995). Emerging administrative strategies for college and university counseling centers. *Journal of Counseling and Development: JCD*, 74(1), 33. Retrieved from <https://search-proquest-com.portal.lib.fit.edu/docview/218963060?accountid=27313>
- Brown, M. T., & Chambers, M. (1986). Student and faculty perceptions of counseling centers: What's in a name? *Journal of Counseling Psychology*, 33(2), 155-158. doi:<http://dx.doi.org.portal.lib.fit.edu/10.1037/0022-0167.33.2.155>
- Cerel, J., Bolin, M. C., & Moore, M. M. (2013). Suicide exposure, awareness and attitudes in college students. *Advances in Mental Health*, 12(1), 46-53. Retrieved from <https://search.proquest.com/docview/1519050938?accountid=27313>
- Corrigan, P. (2004). How stigma interferes with mental health care. *American Psychologist*, 59(7), 614-625. doi:10.1037/0003-066x.59.7.614
- Counseling and Psychological Services, student counseling center. (n.d.). Retrieved from <http://www.fit.edu/counseling-and-psychological-services/>
- Data for Researchers. (n.d.). Retrieved from <http://healthymindsnetwork.org/research/data-for-researchers>
- Downs, M., & Eisenberg, D. (2012). Help-Seeking and Treatment Use among Suicidal College Students. *Journal of American College Health*, 60(2): 104-114.

- Dutwin, D., & Buskirk, T. D. (2017). Apples to Oranges or Gala versus Golden Delicious? *Public Opinion Quarterly*, 81(S1), 213-239. doi:10.1093/poq/nfw061
- Eisenberg, D., Downs, M. F., Golberstein, E., & Zivin, K. (2009). Stigma and Help Seeking for Mental Health Among College Students. *Medical Care Research and Review*, 66(5), 522-541. doi:10.1177/1077558709335173
- Florida Institute of Technology International. (2017). Retrieved from <https://www.collegefactual.com/colleges/florida-institute-of-technology/student-life/international/>
- Ferriero, Jessica R., "Outreach practices of a small college counseling center: A comprehensive model to serve the college community" (2014). Doctoral Dissertations May 2014 - current. 81.http://scholarworks.umass.edu/dissertations_2/81
- Francis, P. C. (2015). Counseling issues in college students. In M. A. Stebnicki, *The professional counselor's desk reference* (2nd ed.). New York, NY: Springer Publishing Company. Retrieved from http://search.credoreference.com.portal.lib.fit.edu/content/entry/sppcd/counseling_issues_in_college_students/0?institutionId=5457
- Francis, P., Horn, A. (2016) Campus-Based Practices for Promoting Student Success: Counseling Services. *Midwestern Higher Education Compact*. Retrieved from http://www.mhec.org/sites/mhec.org/files/201602counseling_services.pdf
- Freinkel, J. (2015, February 15). Mental health task force releases final report. *The Daily Pennsylvanian*. Retrieved from <http://www.thedp.com/article/2015/02/mental-health-task-force-recommendations>
- Garriott, P. O., Raque-Bogdan, T., Yalango, K., Ziemer, K. S., & Utley, J. (2017). Intentions to seek counseling in first-generation and continuing-generation college students. *Journal of Counseling Psychology*, 64(4), 432-442. doi:<http://dx.doi.org.portal.lib.fit.edu/10.1037/cou0000210>
- Goldberg, E. (2015, November 18). The Counseling Center's mission for more resources. Retrieved from <https://dailytrojan.com/2015/11/17/the-counseling-centers-mission-for-more-resources/>
- Groves, R. M., Presser, S. and Dipko, S. (2003). The Role of Topic Interest in Survey Participation Decisions. *Public Opinion Quarterly*, 68 (1), 2–31, <https://doi.org/10.1093/poq/nfh002>
- Güneri, O.Y., Aydın, G. & Skovholt, T. International Journal for the Advancement of Counseling (2003) 25: 53. <https://doi.org/10.1023/A:1024928212103>

- Haas, A. P., Silverman, M. M., & Koestner, B. (2005). College Students. *Saving Lives in New York: Approaches and Special Populations*, 2, 65. Retrieved from <http://www.naminys.org/images/uploads/pdfs/Save%20Lives%20NY%20Vol.%202.pdf>
- Hendriks, C. (2014). *Politics of public deliberation: Citizen engagement and interest advocacy*.
- How to Create a Great Syllabus. (n.d.). Retrieved from <https://www.fit.edu/teaching-council/syllabus-template/>
- Hunt, J., & Eisenberg, D. (2010). Mental Health Problems and Help-Seeking Behavior Among College Students. *Journal of Adolescent Health*, 46(1), 3-10. doi:10.1016/j.jadohealth.2009.08.00
- Juneja, S., Cronin, A. H., & Subramaniam, A. (2018, February 06). Pollack Rejects Creation of Independent Task Force to Review Cornell's Mental Health Policies. Retrieved from <http://cornellsun.com/2018/01/15/pollack-rejects-creation-of-independent-task-force-to-review-cornells-mental-health-policies/>
- Kitzrow, M. A. (2003). The Mental Health Needs of Today's College Students: Challenges and Recommendations. *Journal of Student Affairs Research and Practice*, 41(1). doi:10.2202/1949-6605.1310
- Kitzrow, M. A. (2009). The Mental Health Needs of Today's College Students: Challenges and Recommendations, *NASPA Journal*, 46:4, 646-660, DOI: [10.2202/1949-6605.5037](https://doi.org/10.2202/1949-6605.5037)
- Kraft, D. (2011). One Hundred Years of College Mental Health, *Journal of American College Health*, 59:6, 477-481, DOI: 10.1080/07448481.2011.569964
- Jennings, K. S., Cheung, J. H., Britt, T. W., Goguen, K. N., Jeffers, S. M., Peasley, A. L., & Lee, A. C. (2015). How are perceived stigma, self-stigma, and self-reliance related to treatment-seeking? A three-path model. *Psychiatric Rehabilitation Journal*, 38(2), 109-116. doi:<http://dx.doi.org.portal.lib.fit.edu/10.1037/prj0000138>
- Lee, C. L. (n.d.). Improving student access and utilization of campus mental health resources. Retrieved from https://www.naspa.org/images/uploads/main/Lee_NASPA_Memo.pdf
- Luoma, J. B., Martin, C. E., & Pearson, J. L. (2002). Contact With Mental Health and Primary Care Providers Before Suicide: A Review of the Evidence. *The American Journal of Psychiatry*, 159(6), 909-916. <http://doi.org/10.1176/appi.ajp.159.6.909>
- Mori, S. C. (2000). Addressing the Mental Health Concerns of International Students. *Journal of Counseling & Development*, 78: 137-144. doi:10.1002/j.1556-6676.2000.tb02571.x

- Nasr, G., Rothman, M., & Taguchi, Y. (2016, September). *Central Student Government Mental Health Task Force Official Report* (Issue brief). Retrieved from <https://umcsg.files.wordpress.com/2016/09/mental-health-taskforce-2017-official-report.pdf>
- National Alliance on Mental Illness. (n.d.). Mental health conditions. Retrieved from <http://www.nami.org/Learn-More/Mental-Health-Conditions>
- National Alliance on Mental Illness. (2012). College students speak out: A survey report on mental health. Retrieved from https://www.nami.org/getattachment/About-NAMI/Publications-Reports/Survey-Reports/College-Students-Speak_A-Survey-Report-on-Mental-Health-NAMI-2012.pdf
- National Institute of Mental Health. (2003). In harm's way: Suicide in America (NIH Publication No. 03-4594). Bethesda, MD: National Institute of Mental Health.
- Peterson, E. M., Luoma, J. B. and Dunne, E. (2002), Suicide Survivors' Perceptions of the Treating Clinician. *Suicide and Life-Threatening Behavior*, 32: 158–166. doi:10.1521/suli.32.2.158.24406
- Prince, J. P. (2015). University student counseling and mental health in the United States: Trends and challenges. *Mental Health & Prevention*, 3(1-2), 5-10. <https://doi.org/10.1016/j.mhp.2015.03.001>.
- Reavley, N. J., McCann, T. V. and Jorm, A. F. (2012), Mental health literacy in higher education students. *Early Intervention in Psychiatry*, 6: 45–52. doi:10.1111/j.1751-7893.2011.00314.x
- Rolen, E., & University, T. (2015). Drexel University implements new mental health kiosk. Retrieved from <http://college.usatoday.com/2015/06/25/drexel-university-mental-health-kiosk/>
- Sabatke, S. (2016, January 30). Mental health on college campuses: A look at the numbers. Retrieved from <http://college.usatoday.com/2016/01/30/mental-health-by-the-numbers/>
- Scelfo, J. (2015, July 27). Suicide on Campus and the Pressure of Perfection. Retrieved from https://www.nytimes.com/2015/08/02/education/edlife/stress-social-media-and-suicide-on-campus.html?_r=0
- Student Enrollment. (n.d.). Retrieved from <http://web2.fit.edu/oir/student-enrollment.php>
- Johns Hopkins Task Force on Student Mental Health and Well-being. (2018). *Task Force on Student Mental Health and Well-being*. Retrieved from <https://provost.jhu.edu/wp-content/uploads/sites/4/2018/02/Task-Force-on-Student-Mental-Health-and-Well-being-Final-Report.pdf>

- Tinsley, H. E., de St. Aubin, Therese M., & Brown, M. T. (1982). College students' help-seeking preferences. *Journal of Counseling Psychology, 29*(5), 523-533. doi:<http://dx.doi.org.portal.lib.fit.edu/10.1037/0022-0167.29.5.523>
- Top 5 Mental Health Challenges Facing College Students. (2017, October 26). Retrieved from <http://www.bestcolleges.com/resources/top-5-mental-health-problems-facing-college-students/>
- University Counseling Center Strategic Plan 2020. (n.d.). Retrieved from http://spa.tamucc.edu/resources/assets/UCC%202020%20Strategic%20Plan_.pdf
- University of Pennsylvania Task Force. (2015). *Report of the Task Force on Student Psychological Health and Welfare*. Retrieved from: <http://www.upenn.edu/almanac/volumes/v61/n23/pdf/task-force-psychological-health.pdf>
- Van Brunt, B., & ACCA PAPA Committee. (2010). The preparation and role of college counselors (ACAPCD-36). Alexandria, VA: American Counseling Association. Retrieved from: <https://www.counseling.org/resources/library/ACA%20Digests/ACAPCD-36.pdf>
- Venkatesh, V., Brown, S. A., & Bala, H. (2013). Bridging the Qualitative-Quantitative Divide: Guidelines for Conducting Mixed Methods Research in Information Systems. *MIS Quarterly, 37*(1), 21-54. doi:10.25300/misq/2013/37.1.02
- Vogel, D. L., Bitman, R. L., Hammer, J. H., & Wade, N. G. (2013). Is stigma internalized? the longitudinal impact of public stigma on self-stigma. *Journal of Counseling Psychology, 60*(2), 311-316. doi:<http://dx.doi.org.portal.lib.fit.edu/10.1037/a0031889>
- Vogel, D. L., Wester, S. R., & Larson, L. M. (2007). Avoidance of counseling: Psychological factors that inhibit seeking help. *Journal of Counseling and Development: JCD, 85*(4), 410-422. Retrieved from <https://search.proquest.com/docview/219019645?accountid=27313>
- Wood, M. (2012). The State of Mental Health on College Campuses. *Inquiry: The Journal of the Virginia Community Colleges, 17* (1). Retrieved from <https://commons.vccs.edu/inquiry/vol17/iss1/1>
- Wooden, A. (2018, March 1). Hopkins releases report on student mental health. Retrieved from <http://www.jhunewsletter.com/article/2018/03/how-can-hopkins-improve-student-mental-health>
- Yorgason, J. B., PhD., Linville, D., PhD., & Zitzman, B., PhD. (2008). Mental health among college students: Do those who need services know about and use them? *Journal of American College Health, 57*(2), 173-81. Retrieved from <https://search.proquest.com/docview/213035814?accountid=27313>

Appendix A: IRB Approval Form



Florida Institute of Technology
Institutional Review Board

Principal Investigator: Kiayna O'Neal

Date: March 22, 2018

IRB Number: 18-051

Study Title: Combatting negative stigma and communication obstacles for CAPS at Florida Tech

Notice of Exempt Review Status Certificate of Clearance for Human Participants Research

Your research protocol was reviewed and approved by the IRB Chairperson. Per federal regulations, 45 CFR 46.101, your study has been determined to be minimal risk for human subjects and exempt from 45 CFR46 federal regulations. The Exempt determination is valid indefinitely. Substantive changes to the approved exempt research must be requested and approved prior to their initiation. Investigators may request proposed changes by submitting a Revision Request form found on the IRB website.

Acceptance of this study is based on your agreement to abide by the policies and procedures of Florida Institute of Technology's Human Research Protection Program (<http://web2.fit.edu/crm/irb/>) and does not replace any other approvals that may be required.

All data, which may include signed consent form documents, must be retained in a secure location for a minimum of three years (six if HIPAA applies) past the completion of this research. Any links to the identification of participants should be maintained on a password-protected computer if electronic information is used. Access to data is limited to authorized individuals listed as key study personnel.

The category for which exempt status has been determined for this protocol is as follows:

2. Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior so long as confidentiality is maintained.
1. Information is recorded in such a manner that the subject cannot be identified, directly or through identifiers linked to the participant and/or
2. Subject's responses, if know outside the research would not reasonably place the subject at risk of criminal or civil liability or be damaging to the subject's financial standing, employability, or reputation.

Appendix B: Survey Consent Form

Thank you for your willingness to participate in this research project!

Students enrolled at Florida Institute of Technology who are 18 years old and older are invited to participate in this study of mental health stigma and counseling center services on campus. If you meet the above criterion, please read the below statement and indicate your willingness to continue with the questionnaire by clicking the 'NEXT' button below on the left. **Please do not fill out the questionnaire more than once.**

You will be asked to answer a series of questions. You are free to withdraw at any time. The survey should take you 10-12 minutes.

Participation in this survey involves no risks beyond those otherwise encountered in everyday life. The study utilizes questions commonly used in social science research without harm.

No personal information will be collected in this study, unless it is freely given. Data collected in this survey will be stored securely and will be made available only to persons conducting the study unless participants specifically give permission in writing to do otherwise. No reference will be made in oral or written reports which could link participants to the study.

Your participation in this study is voluntarily. There is no penalty for refusing to participate or withdrawing from the project.

If you have questions at any time about the study or the procedures, (or you experience adverse effects as a result of participating in this study,) you may contact the researcher, Kiayna O'Neal, at 150 University Blvd. Melbourne, FL 32901, and koneal2016@my.fit.edu. If you have questions about your rights as a participant, contact the Director of Research Compliance Officer at (321) 674-7309.

By continuing and pressing the 'NEXT' button you confirm that you are at least 18 years of age or older, that you have read the above information and agree to participate in this survey.

Appendix C: Interview Informed Consent Form

Consent to take part in Qualitative research

I _____ voluntarily agree to participate in this research study.

I understand that even if I agree to participate now, I can withdraw at any time or refuse to answer any question without any consequences of any kind.

I understand that I can withdraw permission to use data from my interview within two weeks after the interview, in which case the material will be deleted.

I have had the purpose and nature of the study explained to me and I have had the opportunity to **ask** questions about the study. I understand that participation involves sharing my experience with Counseling and

Psychological Services (CAPS) at Florida Institute of Technology. I understand that I may not benefit directly from participating in this research. I agree to my interview being audio-recorded. I understand that all information I provide for this study will be treated **confidentially**.

I understand that in any report on the results of this research my identity will remain **anonymous**. This will be done by changing my name and disguising any details of my interview which may reveal my identity or the identity of people I speak about.

I understand that disguised extracts from my interview may be quoted in the published project.

I understand that if I inform the researcher that myself or someone else is at risk of harm they may have to report this to the relevant authorities - they will discuss this with me first but may be required to report with or without my permission.

I understand that I am free to contact any of the people involved in the research to seek further clarification and information.

Kiayna O'Neal

Graduate Student, Global Strategic Communication
School of Arts and Communication
Florida Institute of Technology
(832) 493-5962

koneal2016@my.fit.edu

Signature of research participant

Signature of participant date:

I believe the participant is giving informed consent to participate in this study.

Signature of researcher

Signature of researcher date:

Appendix D: Survey Questionnaire

1. Have you ever been diagnosed with any of the following conditions by a health professional (e.g., primary care doctor, psychiatrist, psychologist, etc.)?
(Select all that apply)
 - 1=**Depression** (e.g., major depressive disorder, persistent depressive disorder)
 - 2=**Bipolar** (e.g., bipolar I or II, cyclothymia)
 - 3=**Anxiety** (e.g., generalized anxiety disorder, phobias)
 - 4=**Obsessive-compulsive or related disorders** (e.g., obsessive-compulsive disorder, body dysmorphism)
 - 5=**Trauma and Stressor Related Disorders** (e.g., posttraumatic stress disorder),
 - 6=**Neurodevelopmental disorder or intellectual disability** (e.g., attention deficit disorder, attention deficit hyperactivity disorder, intellectual disability, autism spectrum disorder)
 - 7=**Eating disorder** (e.g., anorexia nervosa, bulimia nervosa)
 - 8=**Psychosis** (e.g., schizophrenia, schizo- affective disorder)
 - 9=**Personality disorder** (e.g., antisocial personality disorder, paranoid personality disorder, schizoid personality disorder)
 - 10=**Substance use disorder** (e.g., alcohol abuse, abuse of other drugs)
 - 11=No, none of these
 - 12=Don't know
2. How much do you agree with the following statement:
If I needed to seek professional help for my mental or emotional health, I would know where to go on my campus. (strongly agree -1/Strongly disagree-7)
3. How much do you agree with the following statement:
Most people think less of a person who has received mental health treatment. (strongly agree -1/Strongly disagree-7)
4. How much do you agree with the following statement:
I would think less of a person who has received mental health treatment. (strongly agree -1/Strongly disagree-7)
5. If you were experiencing serious emotional distress, whom would you talk to about this?
(Select all that apply)
 - 1=Professional clinician (e.g., psychologist, counselor, or psychiatrist)
 - 2=Roommate
 - 3=Friend (who is not a roommate)
 - 4=Significant other
 - 5=Family member
 - 6=Religious counselor or other religious contact
 - 7=Support group
 - 8=Other non-clinical source (please specify)
 - 9=No one
6. Have you ever received counseling or therapy for mental health concerns?
 - 1=No, never
 - 2=Yes, prior to starting college
 - 3=Yes, since starting college
 - 4=Yes, both of the above (prior to college and since starting college)

7. From which of the following places did you receive counseling or therapy?
(Select all that apply)
CAPS, Health Center, Provider in another location (such as your hometown), provider in local community (not on campus), Other – specify.
**If select CAPS: How satisfied/dissatisfied are you with the following aspects of your therapy or counseling that you received within the past 12 months at CAPS?
 - (1) Convenient hours (Very dissatisfied-1/Very Satisfied 7) (neutral -4)
 - (2) Location (Very dissatisfied-1/Very Satisfied 7) (neutral -4)
 - (3) Quality of therapists/counselors (Very dissatisfied-1/Very Satisfied 7) (neutral -4)
 - (4) Respect for privacy concerns (Very dissatisfied-1/Very Satisfied 7) (neutral -4)
 - (5) Ability to schedule appointments without long delays (Very dissatisfied-1/Very Satisfied 7) (neutral -4)
8. How helpful, overall, do you think therapy or counseling was or has been for your mental or emotional health? (1 very helpful/ not helpful at all 5)
9. If you had a mental health problem that you believed was affecting your academic performance, which people at school would you talk to?
(Select all that apply)
1=Professor from one of my classes
2=Academic advisor
3=Another faculty member
4=Teaching assistant
5=Student services staff
6=Dean of Students or class dean
7=Other (please specify)
8=No one
10. During this school year have you talked with any academic personnel (such as instructors, advisors, or other academic staff) about any mental health problems that were affecting your academic performance? (Y/N)

Knowledge and Beliefs about Services.

The next questions will ask you about your knowledge and beliefs about services and treatment for mental health. Remember that your responses are confidential and you may choose to skip questions or stop responding at any point.

11. Relative to the average person, how knowledgeable are you about mental illnesses (such as depression and anxiety disorders) and their treatments? (Well above average -1/ Well Below Avg-7)
12. How much do you agree with the following statement:
If I needed to seek professional help for my mental or emotional health, I would know where to go on my campus (Y/N)
13. Are you aware of mental health outreach efforts on campus (such as educational programs, outreach events)? (Y/N)
14. What have you heard from other students about the quality of mental health and psychological counseling services on your campus? (1=I have mostly heard negative opinions, 2=I have heard an even mix of negative and positive opinions, 3=I have mostly heard positive opinions, 4=I haven't heard anything.)
15. How much do you agree with the following statement:
There is a good support system on campus for students going through difficult times.
(strongly agree-1, strongly disagree-7)

16. How helpful on average do you think therapy or counseling is, when provided competently, for people your age who are clinically depressed? (Very helpful -1/ Not helpful-5) – Not sure as neutral
17. How helpful on average do you think therapy or counseling is, when provided competently, for people your age who are clinically depressed? (Very helpful -1/ Not helpful-5) Not sure as neutral
18. How much do you agree with the following statement:
Most people would willingly accept someone who has received mental health treatment as a close friend. (strongly agree -1/Strongly disagree-7)
19. How much do you agree with the following statement:
Most people think less of a person who has received mental health treatment. (strongly agree -1/Strongly disagree-7)
20. How much do you agree with the following statement:
I would willingly accept someone who has received mental health treatment as a close friend. (strongly agree -1/Strongly disagree-7)
21. How much do you agree with the following statement:
I would think less of a person who has received mental health treatment. (strongly agree -1/Strongly disagree-7)
22. As far as you know, how many of your close friends or family have ever sought professional help for an emotional or mental health problem? None, At least 1 or 2, 3 or more, Don't know.

Campus Climate and Culture

The next questions will ask you about the campus climate and culture and how you feel about this. Remember that your responses are confidential. -- All (strongly agree -1/Strongly disagree-7)

23. How much do you agree with the following statement:
At my school, I feel that students' mental and emotional well-being is a priority.
24. How much do you agree with the following statement:
At my school, I feel that the campus climate encourages free and open discussion about mental and emotional health.
25. How much do you agree with the following statement:
At my school, students are working to promote mental health on campus.
26. How much do you agree with the following statement:
At my school, the administration is listening to the concerns of students when it comes to health and wellness.
27. How much do you agree with the following statement:
At my school, I feel that the campus environment has a negative impact on students' mental and emotional health.
28. How much do you agree with the following statement:
At my school, I feel that the campus environment has a negative impact on students' eating and body image

Demographic questions have been derived from HMS questionnaire:

1. Age ____ yrs. Old
2. Gender – Female, Male, Other
3. Race/Ethnicity – Asian, American Indian, Black, Hispanic, Middle Eastern, Pacific Islander, White, Other.

4. What is your status on campus? – International Student Visa (F1 or M1 visa), International Exchange Student Visa (J1), In-State U.S. Citizen, Out-of-State U.S. Citizen, In-State U.S. Permanent Resident (Greencard), Out-of-State Permanent Resident, Other: Please specify
5. Sexual Orientation – Heterosexual, Bisexual, Gay/Lesbian/Queer, Other
6. Where do you live? Campus residence hall, Fraternity or sorority house, other university housing, off-campus (non-university housing), parent/guardian's home, other.
7. What is your field of study? (derived from degree categories at Florida Tech) Aeronautics, Business, Communication, Computing, Education, Interdisciplinary, PreMed, Psychology, Science, Liberal Arts, Undecided.
8. What is your classification? Freshman, Sophomore, Junior, Senior, Graduate Student, Doctoral Student, Other (specify)

Appendix E: Recruitment Email Online Questionnaire

Hello!

As a part of my graduate design project I am collecting data from students regarding their knowledge of counseling services on Florida Tech's campus. The survey will ask questions related to mental health stigma and counseling center services on campus. Your participation in the 10-minute survey will aid in the creation of a strategic communication plan for CAPS; all answers and your identity will remain confidential.

Here is the link: <https://goo.gl/cJPXJz>

If you have any questions, please let me know.

Thanks,

Appendix F: Recruitment Email for Faculty Class

Dear [insert name],

My name is Kiayna O’Neal. I am a graduate student pursuing a Master of Science in Global Strategic Communication at Florida Institute of Technology.

As a part of my design project, I am conducting a survey among students enrolled at Florida Tech. I would appreciate you sharing to make the survey link below available to students in your class.

Below is the link to the online survey that I kindly ask you to distribute to your class:

<https://goo.gl/cJPXJz>

In order to protect participants’ confidentiality, personally identifiable information will not be collected. However, in the survey, participants will be given the option to participate in a qualitative interview. If they meet the criterion and would like to be a part of the additional in-depth research they will have the chance to provide a contact email address. Participation in the study is absolutely voluntary and could be terminated at any point.

Thanks for your time and help!

Regards,

Kiayna O’Neal

Appendix G: Student Interview Guide

Interview guide for students:

1. On a scale from 1 to 10, with 1 being very poor and 10 being very good, how would you rate your experience with CAPS?
 - a. Ask to discuss why they chose the number
2. Are you currently using the services?
 - a. If yes, ask if it has helped them
 - b. If no, ask if they would be interested in explaining why.
3. How did you initially find out about CAPS?
 - a. Did that encourage you to look into utilizing the services? (Or deter you)
4. What are some things you have heard from other students about CAPS services?
5. What are some ways you think they (CAPS) or the university can improve in their outreach tactics?

Appendix H: Faculty Interview Guide

Interview guide for faculty/administration members:

3. How would you describe your relationship with the counseling center?
4. On a scale of 1-10, with 1 being very poor knowledge, and 10 being very good knowledge, how would you rate your knowledge of counseling center services? a. Ask to explain why they chose the number**
5. Have you interacted with anyone at the counseling center? a. If yes, in what capacity? What would you say the nature of the interaction was? b. If no, why do you think that is? c. (Yes) How recent would you say your last interaction with them was? **Ask if often, how often, depending on nature of interaction. ** get insight on desired form of interaction
6. What do you know about the outreach activities of the counseling center?
7. Because you as a faculty member interact with students fairly often, students have an opportunity to talk to you. Which could make you a liaison between them and CAPS, if necessary. How do you think this is shown to be true on campus, and if not, how do you think it can be improved?
8. In your experience and/or opinion what role does the counseling center have in addressing student issues, such as violence, increases in student mental illness, retention?

Appendix I: Faculty Interview Email

Dear [Insert name],

My name is Kiayna O'Neal. I am a graduate student pursuing a Master of Science in Global Strategic Communication at Florida Institute of Technology.

As a part of my design project, I am conducting research among students, faculty and administrative staff at Florida Tech. I am creating a strategic communication plan for Counseling and Psychological Services (CAPS) to help improve their communication tactics with students on campus by looking at student and faculty knowledge of resources as well as faculty members' position as liaison between CAPS and the students you may come in contact with. Mental health issues are rising in college-aged students and it is important that colleges are aware of this fact. With increased an awareness, colleges will be able to improve outreach tactics for counseling centers.

Would you be interested in participating in a qualitative interview about your knowledge of CAPS at Florida Tech and your experience with students and mental health issues? If so, could you please provide a good time this week to sit and discuss? The interview should not take longer than 30 minutes and your identity will not be recorded for purposes of the study.

Thanks for your time.

Regards,

Kiayna O'Neal

Appendix J: Student Interview Email

Dear [Insert name],

Thank you for agreeing to participate in an interview to contribute to the study. Please indicate the best time to meet and discuss your CAPS experience this week. Prior to the start of the interview you will be asked to sign a consent form. The consent form will not be affiliated with records of interviews and your identity will be protected and will not be reported with research results or other resulting publications.

If you have any other questions please let me know. My contact information can be found below.

Regards,

Kiayna O'Neal
koneal2016@my.fit.edu