Evaluating a Student-Led Mental Health Awareness Campaign

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ABSTRACT. The present study evaluated if a week-long mental health awareness campaign on a college campus would decrease self-stigma toward seeking help. Participants were 204 full-time undergraduate students attending a small private liberal arts college in the Midwest (October, 2017). The mental health awareness campaign offered activities where students were exposed to interactive events and education about campus crisis resources. Researchers measured self-stigma and attitudes toward seeking help through the Self-Stigma of Seeking Help Scale (SSOSH) and Mental Help Seeking Attitude Scale (MHSAS) pre- and postawareness week. Results showed that student self-stigma toward seeking help decreased after a week-long mental health awareness campaign. Specifically, we found a decrease in SSOSH scores, \( t(52) = 2.66, p = .01, d = 0.25 \), and an increase in MHSAS scores from pretest to posttest, \( t(56) = -2.72, p = .009, d = -0.29 \), indicating a reduction of self-stigma. We discuss results in the context of reducing stigma from a student-led mental health campaign and further provide suggestions on how to conduct an awareness campaign and test results at small colleges.

Keywords: mental health awareness campaign, college students, stigma

Mental illness among college students is becoming a serious public health problem, with the onset of illness often developing during early college years (Garlow et al., 2008). One third of college students self-report symptoms of anxiety, depression, and high rates of stress (Lipson, Gaddis, Heinze, Beck, & Eisenberg, 2015). Further, distressed students have worse academic performance and exhibit high drop-out rates (Kitzrow, 2003).

Seeking and receiving treatment is one way to decrease mental health disorders. Those who do not seek treatment are more likely to develop a longer, more intensified comorbidity with other mental illnesses (Wang et al., 2005). When this population seeks treatment, functioning and academic performance improves (Zivin, Eisenberg, Gollust, & Golberstein, 2009). However, not all students will seek treatment for a mental health disorder. One of the most common barriers to seeking help for a psychological disorder among young adult populations is stigma. College student populations deem stigma as a barrier to involvement in the community, social relationships, and seeking proper treatment (Eisenberg, Downs, Golberstein, & Zivin, 2009).

Both public and self-stigma may affect whether a student decides to seek treatment for a mental disorder. Public stigma, the stereotyping and discriminative actions toward those who are known to have a mental illness (Corrigan, 2004), may be an external barrier to treatment. For example, individuals who seek treatment for a mental disorder are deemed more “emotionally unstable,
less interesting, and less confident” than persons seeking treatment for a physical ailment (Vogel, Wade, & Ascheman, 2009, p. 301). However, self-stigma or the internalized public stigma, can lead individuals to not try to seek care due to shame of being labeled as having a mental illness (Corrigan, Druss, & Perlick, 2014; Vogel, Wade, & Haake, 2006). Both public and self-stigma introduce barriers toward seeking help, and reducing both types of stigma may improve mental health on a college campus.

Colleges have tried multiple interventions to reduce incidences of mental health crises on campus by targeting psychoeducation and improving awareness. Specifically, psychoeducational interventions can reduce stigma, increase the mental health literacy of a population (Jorm et al., 2003), and dispel myths about mental illnesses (Yanos, Lucksted, Drapalski, Roe, & Lysaker, 2015). These types of interventions have been effective in decreasing the stigma of seeking psychological help (Brown & Bradley, 2002; Komiya, Good, & Sherrod, 2000), and furthermore have the potential to reduce barriers to help-seeking. In fact, student-led campaigns such as the Depression OutReach Alliance college program uses peer-to-peer psychoeducation and intervention to educate and increase help-seeking among undergraduate college students. In particular, Funkhouser, Zakriski, and Spoltore (2017) measured responses from participants regarding at-risk peers and stigma and found increased crisis response skills, less desire for social distance from peers in distress, and less social stigma toward seeking help. Thus, a student-led mental health awareness campaign has shown potential to both target stigma and increase help-seeking among college students.

Given the potential benefit of student-led mental health campaigns to reduce stigma, we aimed to test whether a campaign at a small liberal arts college would be effective in decreasing stigma toward seeking help. In a previous study conducted on our campus, we found that 47% of student respondents did not know where to go in crisis, only 22% knew about student services or a counselor on campus, and 88% of students self-reported that more awareness on campus is needed (Giroux & Geiss, 2017). Given this data, providing psychoeducation about mental health concerns and improving knowledge about treatment resources on campus were appropriate targets of intervention. Thus, we created a mental health awareness campaign focused on giving general information about mental health disorders and access to campus resources.

The current study was unique in its approach because it examined a student-led and-run intervention at a small liberal arts college without many mental health awareness resources available to students. First, we hypothesized that students’ self-reported stigma about seeking mental health help would lessen after the mental health awareness week given that previous studies have found improvement of stigma after psychoeducation. Furthermore, we hypothesized that those who actively participated and attended mental health week events would experience a larger decrease in self-stigma toward seeking help compared to those who did not actively participate or attend.

This study addressed the feasibility of conducting an intervention while testing students empirically, and aimed to improve mental health awareness on a small campus. We created a mental health awareness week and tested stigma before and after the week, and also gathered demographic data about the participants.

**Method**

**Procedure**

After we gained approval from the Olivet College institutional review board, we recruited students at a small, Midwestern, liberal arts college to participate in two surveys via e-mail. Those who completed the online consent form completed de-identified questionnaires on Google Forms a week prior to the mental health awareness week and immediately afterward. Because this was a universal intervention, students who took the surveys could choose to participate or not in the mental health awareness intervention. Participants were entered into a raffle for a FitBit Charge 2 or a $50 voucher to the college bookstore if they completed both pre- and postintervention surveys.

**Questionnaires**

**Demographics Questionnaire.** Participants were asked to create a unique identifier to track their participation from the pretest to the posttest, and to ensure confidentiality. Participants were then asked to complete questions about gender, ethnicity, year in school, area of study, and participation in college athletics. In addition, during the posttest, participants reported whether they participated in the mental health awareness week, which included picking up brochures or attending mental health week events.
**Mental Help Seeking Attitudes Scale (MHSAS).** The MHSAS is a 9-item instrument that examines attitudes toward seeking help from a mental health professional if respondents hypothetically had a mental health concern (Hammer, Parent, & Spiker, 2018). Participants were asked to respond to a single statement on a 7-point Likert-type scale. For example, they were asked to rate how important or how healing it is to seek help from a mental health professional. A higher score indicates a more positive attitude toward seeking help. These scores showed strong internal reliability for both the pretest and posttest; Cronbach’s $\alpha = .89$ and $\alpha = .91$, respectively.

**Self-Stigma of Seeking Help (SSOSH).** The SSOSH is a 10-item scale designed to understand how a participant views seeking mental health help, and ideas about public stigma toward seeking psychological help (Vogel et al., 2006). This scale asked participants to rate the degree to which each item describes how one would react in a situation. Examples of statements are “I would feel inadequate if I went to a therapist,” “My view of myself would not change just because I made the choice to see a therapist,” and “I would feel worse about myself if I could not solve my own problems.” A higher score represents higher levels of self-stigma. These scores showed strong reliability for both the pretest and posttest; Cronbach’s $\alpha = .87$ and $\alpha = .84$, respectively.

**Mental Health Week Intervention**

The inaugural mental health awareness week took place in the fall 2017. The college’s Psi Chi chapter as well as a 3-credit Abnormal Psychology class contributed to the information and events held throughout the week. Tangible items such as stress balls, mental health awareness ribbons, informational pamphlets describing common disorders among students, and interactive displays were freely made available to the public in the main academic building.

The college’s Psi Chi chapter and the Black Student Union hosted the first Mental Health Open Mic Night in the middle of the week for students to gather and talk about multiple issues faced on campus or at home in regard to stressors or mental health disorders. The Open Mic Night was a free event for students, and Psi Chi provided informational slideshows and hosted the college’s school counselor for familiarity. A faculty member from the psychology department also attended the event, providing handouts regarding particular disorders that are commonly faced by students, such as alcoholism. Once students finished talking to the audience about personal experiences, the school counselor held a short debrief and educated the attendees on what to do when distressed. The school counselor also handed out her business card to attendees for further contact if needed. Once the event ended, the mental health awareness week intervention was considered complete.

**Results**

**Participants**

After conducting the college’s inaugural mental health awareness week, we received 166 responses in total. Both women ($n = 111$), men ($n = 54$), and self-reported other gender ($n = 1$) responded to our questionnaires. We received responses from students across all class ranks: first-year students ($n = 52$), sophomores ($n = 39$), juniors ($n = 31$), seniors ($n = 39$), and nondegree seeking ($n = 4$). Although one student did not self-identify an ethnicity, the students responding to our surveys self-identified as White or European American ($n = 145$), African American or Black ($n = 11$), Hispanic or Latino ($n = 8$), or Asian ($n = 1$).

Analyses in this article only included the 57 participants who completed both the pretest and posttest surveys. Demographic makeup of this final participant list was mostly female ($n = 40$) compared to male ($n = 16$) or other gender ($n = 1$), mostly White or European American ($n = 50$) compared to African American or Black ($n = 4$), and Hispanic or Latino ($n = 3$), and mostly first-year students ($n = 20$) compared to sophomores ($n = 11$), juniors ($n = 12$), seniors ($n = 13$) or nondegree seeking ($n = 1$). Prior to excluding those who did not participate in both surveys, we conducted analyses to ensure that our final participants were not significantly different from those who only completed one survey.

**Participant Analysis**

We ran a Chi Square to determine whether there was a difference in gender and student class rank across those participants who took only one (pretest or posttest) or two surveys (both pretest and posttest). There was no difference in response rate of genders, $\chi^2 = 0.95$, $p = .62$, $d = 0.15$, or year in school across pretest, posttest, or both tests, $\chi^2 = 2.7$, $p = .95$, $d = 0.26$. Given the low response rate for some ethnicities who completed only the posttest (no African American students and only one Hispanic/Latino student), we could not run a Chi Square test.
on this data. However, the relative percentage of students identifying as European American, African American, or Hispanic/Latino was similar across the entire sample and final sample.

In addition, we examined if there was a difference in scores on the SSOSH and MHSAS based on participation in just one survey or across both. Results showed that there was no significant difference between participants who completed the pretest survey and those who completed both. However, we found a significant difference between participants who completed the posttest survey only and those who completed both on the SSOSH, \( t(90) = 2.6, p = .01, d = 0.54 \). Specifically, participants who completed only the posttest survey self-reported higher levels of stigma (\( M = 26.8, SD = 6.4 \)) compared to those who completed both (\( M = 23.5, SD = 5.7 \)).

### TABLE 1

| Correlation Table for Pretest and Posttest Scores on the MHSAS and SSOSH |
|---------------------------------------------------------------|
| Correlations | \( N \) | \( M (SD) \) | MHSAS pretest | SSOSH pretest | MHSAS posttest | SSOSH posttest |
|----------------|-------|--------------|---------------|---------------|---------------|---------------|
| MHSAS pretest  | 57    | 5.7          | 1             |               |               |               |
| SSOSH pretest  | 55    | 25           | -0.41**       | 1             |               |               |
| MHSAS posttest | 57    | 6.0          | 0.62**        | -0.24         | 1             |               |
| SSOSH posttest | 55    | 23.5         | 1.19          | 0.77**        | -0.37**       | 1             |

**Note:** MHSAS pretest = Mental Health Seeking Attitude Scale pretest; SSOSH pretest = Self-Stigma of Seeking Help pretest; MHSAS posttest = Mental Health Seeking Attitude Scale posttest; SSOSH posttest = Self-Stigma of Seeking Help posttest; \( N \) = number of respondents.

**FIGURE 1**

Change in MHSAS Scores Based on Participation

![Figure 1](image-url)

Figure 1. MHSAS mean scores from pretest to posttest based on participating in the mental health campaign activities.

### Main Analyses

#### Change in stigma after mental health awareness week.

Before examining the change in pretest to posttest scores, we first ran correlations between the variables of interest in participants who took both the pretest- and posttest (see Table 1). As expected, scores on both stigma surveys reported at the same time (either pretest or posttest) were negatively related to each other (i.e., higher scores on the SSOSH and lower scores on the MHSAS both reflect greater stigma). In addition, scores on the same surveys taken before and after the intervention were positively correlated with each other.

Next, we used a paired-samples t test to examine change in MHSAS and SSOSH scores before and after the intervention. We found an overall decrease in SSOSH scores as seen in SSOSH pretest (\( M = 25.0, SD = 6.8 \)) and SSOSH posttest (\( M = 23.4, SD = 5.8 \)), \( t(52) = 2.66, p = .01, d = 0.25 \). We then found an increase in MHSAS scores from pretest (\( M = 5.7, SD = 1.1 \)) to posttest (\( M = 6.0, SD = 1.0 \)), \( t(56) = -2.72, p = .009, d = -0.29 \). Thus, over the week, there was decreased mental health seeking stigma as indicated on both stigma surveys.

#### Participation in awareness week on change in self-stigma scores.

Because we collected data from students who might not have actively participated in the mental health awareness week events, we examined whether changes in self-stigma differed based on self-report of having participated in the mental health week activities. Participation in the awareness week was defined as picking up brochures or attending an event on a given night.

Although the scores for SSOSH did not differ, we found that changes in MHSAS scores were dependent upon participation, \( F(1) = 5.28, p = .03, g = 0.68 \). Using a two-way repeated-measures Analysis of Variance, we found that those individuals who participated in the Mental Health Week activities had an increase in MHSAS scores (\( N = 16, M_{pre} = 5.23, SD_{pre} = 1.01, M_{post} = 5.97, SD_{post} = 1.05 \)), \( t(15) = 2.45, p = .03 \), whereas those who did not participate did not have a change in scores (\( N = 41, M_{pre} = 5.88, SD_{pre} = 1.04, M_{post} = 6.03, SD_{post} = 0.97 \)), \( t(40) = 1.47, p = .15 \). Yet, we also found that MHSAS scores were higher during the pretest in those individuals who did not participate (\( M_{non\ participating} = 5.88, SD = 1.04 \)) compared to those who did participate (\( M_{participating} = 5.22, SD = 1.01 \)), \( t(55) = 2.14, p = .04, d = 0.64 \). This may indicate that those people who participated in the mental health activities held more stigmatized beliefs, and they improved upon their stigma over time (see Figure 1).
Discussion

On our small sized college campus, students have expressed a need for more visible mental health awareness on campus. With only 22% of students on our campus knowing where to go if in distress, we sought to educate students about local resources offered on our campus (Giroux & Geiss, 2017). After a week-long mental health awareness campaign, this sample of college students reported a decrease in help-seeking stigma on both measures collected. Furthermore, stigmatized attitudes improved the most for those who actively participated in the weeklong events, especially because these students also started with higher stigma to begin with. Thus, this may be an intervention that holds promise to reduce stigma toward seeking help, especially in those who actively participate.

While exploring the effect of participation in the events on self-stigma, we found that students who participated had increased positive attitudes toward seeking help, but these participants also self-reported high levels of stigma during the pretest. Similar to prior research, interventions such as psychoeducational programming may be most beneficial for those who actively participate in mental health awareness events (Lannin, Vogel, Brenner, Abraham, & Heath, 2015). Yet, it also seemed puzzling why students who participated had higher levels of stigma. One reason for this result could be that those who actively attended and participated in mental health awareness week events may self-report high self-stigma because of experienced negative psychological feelings such as symptoms of depression (Busby Grant, Bruce, & Batterham, 2016). However, another study suggested that self-stigma was significantly associated with decreased likeliness to engage in mental health related activities, seek psychological help, or seek counseling (Lannin et al., 2015).

The results from the present study support the importance of evaluating a mental health awareness campaign to understand how stigma may decrease in specific populations (Kelly, Jorm, & Wright, 2007). In the process of designing and conducting a mental health awareness week, we were able to provide this type of service while also investigating how it changed stigma perceptions. In running this study, we received promising preliminary results that suggest a student-led and student-run mental health week can decrease stigma toward seeking help. Specifically, there needs to be considerations of methods of administration of surveys, who to sample, and when during the semester to sample students.

First, when thinking about administration of surveys to undergraduate college students, it is important to understand what method of administration is effective for the demographic. Our results showed significant attrition rates from pretest to posttest using online surveys via college e-mail addresses. Thus, future research may include testing different types of survey administration (e.g., paper and pencil, online) among college students that may improve attrition rates and provide a more representative sample of the student population.

Second, we found that time of academic school year impacted student engagement. Attrition rates may be linked to the fact that students were asked to participate in the mental health awareness activities during midterm exams, which may increase levels of stress. Therefore, teasing out the effect of the intervention and timing of the school year is an important consideration for those running studies on a college campus.

Last, it is important for pre- and post-surveys to be filled out by students who actively participate in mental health awareness events. One suggestion to capture this would be to provide an incentive for active participants in the weeklong events to participate in the pretest and posttest surveys. By doing this, data may capture the empirical evidence that incorporates all student perceptions.

This study may be helpful to student-led mental health awareness campaigns. An undergraduate student leading a mental health awareness campaign on campus may consider survey administration, time of academic year, and more consistent incentives to better understand the implications of awareness for mental health help-seeking on a small sized campus.

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