

DISSERTATION

OPINIONS OF MENTAL ILLNESS AND HELP-SEEKING

AMONG COLLEGE STUDENTS

Submitted by

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In partial fulfillment of the requirements

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Colorado State University

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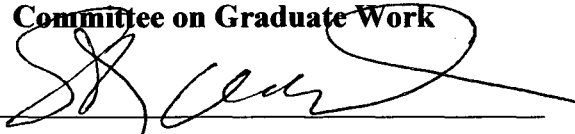
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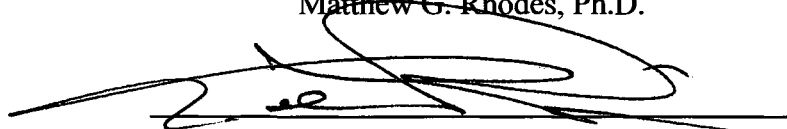
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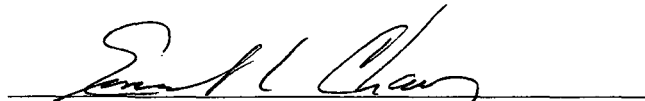


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ABSTRACT OF DISSERTATION
OPINIONS OF MENTAL ILLNESS AND HELP-SEEKING AMONG COLLEGE
STUDENTS

Large numbers of college students that might benefit from university funded mental health services do not seek help. Understanding how certain factors (e.g., gender, type of mental health concern) contribute to opinions of mental illness may be beneficial in improving services. One hundred twenty-four female and 66 male undergraduate students were presented with brief written scenarios describing individuals with various mental illnesses (anxiety, bipolar disorder, bulimia nervosa, depression, relationship problems) based on the DSM-IV. Results support the hypothesis that the various mental illnesses are perceived differently ($p < .05$). Contrary to predictions, there were no differences between male and female participants, or for the sex of the student described in the scenario.

Participants also reported on utilization of campus services, potential barriers to utilization, and indicated the likelihood of seeking services if offered in additional locations. The majority of students (72.1%) reported utilizing the student health service, while 18.4% of students reported using the counseling center services. Results also indicated that participants were least likely to seek services if offered at the career center or in the residence halls and most likely to utilize services if offered at the health center and the student center. Information regarding previous experiences with and knowledge

of mental illness was also gathered. As predicted, knowledge and opinions of mental illness were significantly correlated ($p < .01$).

The findings of the present study are limited by its small sample size and its low response rate, but useful information is presented in light of these limitations.

Suggestions for practical implications are offered and directions for future research are discussed.

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“There is no such thing as a ‘self-made’ man. We are made up of thousands of others. Everyone who has ever done a kind deed for us, or spoken one word of encouragement to us, has entered into the make-up of our character and of our thoughts, as well as our successes.”

-George Burton Adams

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CHAPTER I

INTRODUCTION

In recent years, university counseling centers across the United States have reported a rise in the severity of psychopathology and complexity of difficulties among college students (Benton, Robertson, Tseng, Newton, & Benton, 2003; Furr, Westfield, McConnell, & Jenkins, 2001; Kadison & DiGeronimo, 2004; Rando, Barr, & Aros, 2008; Shuchman, 2007; Wolgast, Rader, Roche, Thompson, von Zuben, & Goldberg, 2005). Colleges and universities are working toward meeting the needs of these students through various services and treatment options offered by counseling centers (e.g., group therapy, stress reduction programs, outreach and prevention, and mental health screenings) to “catch” more students who are experiencing symptoms of various mental illnesses (Collins & Mowbray, 2005; Kadison & DiGeronimo, 2004; Nolan, Ford, Kress, Anderson, & Novak, 2005). Sadly, some still fall through the cracks of the mental health system, most notably Virginia Tech student Seung-Hui Cho (Shuchman, 2007). On April 16, 2007, in what has been called the largest act of violence at an American university, Cho killed 32 students and faculty at Virginia Tech before killing himself (Flynn & Heitzmann, 2008). Despite numerous concerns expressed by faculty and students on campus, Cho did not get the help he needed, which resulted in disastrous consequences (Davies, 2008; Shuchman, 2007). In the aftermath of the killings, Cho’s mental health history and troubling behaviors were examined carefully. Even though most people with

mental illness do not act out in violence toward others, an event such as the Virginia Tech shootings and extensive media coverage may make it seem as though violence and mental illness go hand in hand.

In spite of increased efforts on college and university campuses, numerous studies have indicated that only a small proportion of the general population affected by mental illnesses seeks and/or receives effective treatment (Cooper, et al., 2003; Kessler, et al., 2001; Kessler, et al., 2003; Kessler, et al., 2005). Young adults, including those in colleges and universities, tend to utilize mental health services at even lower rates than older adults do, even though this age group is at a higher risk for developing mental illness (Gonzalez, Alegria, Prihoda, 2005; Paradis, Reinherz, Giaconia, & Fitzmaurice, 2006).

Lower rates of help-seeking could be related to a number of factors, including lack of resources, lack of trained mental health providers, fears related to treatment, embarrassment, cultural values, and social stigma associated with mental illness (Angell, Cooke, & Kovac, 2005; Deane & Todd, 1996; Dinos, Stevens, Serfaty, Weich, & King, 2004; Gonzalez, et al., 2005; Kushner & Sher, 1991; Sibicky & Dovidio, 1986). Oftentimes, negative consequences, such as avoidance or social distancing, result from an individual being labeled with a mental illness and may contribute to an individual's reluctance to seek help for mental health issues (Angell, et al., 2005; Ben-Porath, 2002; Dinos, et al., 2004; Link & Phelan, 1999; Scheff, 1999; Sibicky & Dovidio, 1986). While much of the research surrounding mental health stigma involves those individuals dealing with severe mental health difficulties, such as schizophrenia, other research has demonstrated that stigma related to more common mental illnesses, such as depression,

also exists (Barney, et al., 2006; Ben-Porath, 2002). Because stigma can act as a barrier to seeking mental health services, it is important to gain an understanding of the stigma related to mental illness and help-seeking, especially given the high prevalence of depression and other disorders among college and university students and the costs associated with untreated mental illnesses (ACHA, 2005; Collins & Mowbray, 2005; Furr, et al., 2001). Thus, the present study seeks to examine further the opinions college students have toward some of the most common difficulties that they experience, such as depression, anxiety, bipolar disorder, relationship problems, and bulimia nervosa. Furthermore, the present study aims to explore college students' acceptance of seeking help for these difficulties.

College student mental health concerns

Mental health concerns, including depression, anxiety, eating disorders, bipolar disorder, and relationship difficulties are prevalent among college students (Furr, et al., 2001; Kadison & DiGeronimo, 2004; Schwartz, 2006; Wolgast, et al., 2005). The National College Health Assessment (NCHA) is one of the largest nationwide surveys concerning college students and is conducted each year by the American College Health Association (ACHA, 2007). The purpose of the survey is to provide data regarding students' habits, behaviors, and perceptions related to prevalent health topics, including issues surrounding mental health.

The 2007 NCHA national sample included 20,507 respondents (63.3% female, 33.1% male) from 39 schools across the country. At the time of the survey, 18.9% of the respondents indicated that they had experienced depression within the last year. Furthermore, when asked to identify factors that affected their individual academic

performance, “depression/anxiety disorder/seasonal affective disorder” and “relationship difficulty” (p. 4) were tied for the 5th most common factor endorsed by students (15.5%), following “stress” (32.9%), “cold/flu/sore throat” (24.8%), “sleep difficulties” (25.4%), and “concern for a troubled friend/family member” (18.1%). Students were also asked to indicate if they had experienced various symptoms of depression during the last school year, including: feeling very sad, feeling things were hopeless, feeling so depressed it was difficult to function, seriously considering attempting suicide, and attempting suicide. Students reported if they had experienced the symptom “never,” “1-10 times,” or “11 or more times.” Numerous students indicated that between one and 10 times during the last school year, they had felt very sad (63.5%), felt hopeless (51.7%), and felt so depressed it affected their ability to function (36.2%). Some students reported that they had seriously considered attempting suicide (9.3%) and/or actually attempted suicide (0.2%). While large numbers of students reported experiencing various symptoms of depression, only 16.0% of students indicated that they had ever been diagnosed with depression. Moreover, of the students that reported ever having been diagnosed with depression, 39.2% indicated they had been diagnosed during the 12 months preceding completion of the survey, 24.2% reported they were currently in therapy for depression, and 35.8% indicated they were currently taking medication for depression. Additionally, results from the NCHA (ACHA, 2007) indicate that within the last school year 13.1% of students in the sample had experienced an “anxiety disorder” (p. 4), and 2.0% had experienced bulimia to a degree that had affected their academic performance.

Furr et al. (2001) surveyed 1,455 students at four different colleges and universities. Students were asked a number of questions, including if they had

experienced depression since coming to college, whether they had thought about or attempted suicide, and what type of counseling they had sought and whether it was helpful. The results indicated that 53% of the participants reported that they had experienced depression since coming to college, 9% indicated that they had thought about committing suicide, and 1% indicated they had previously attempted suicide. When participants were asked if they sought counseling to help them when they were depressed, only 17% indicated that they had. Clearly, these data (ACHA, 2005; Furr, et al., 2001) show that while large numbers of college students have experienced depression and other symptoms of mental illness, only a small number ever seek counseling services.

Consequences associated with mental health issues

Numerous consequences could result from mental illness, including increased costs to society due to absenteeism and medical costs (Goldberg & Steury, 2001; Kessler et al, 2003; Kessler, et al., 2005; Wittchen, 2002), increased difficulties in interpersonal relationships (Paradis, et al., 2006), and increased risk for suicide (Furr, et al., 2001; Hysenbegasi, Haas, & Rowland, 2005; Westfield, Homaifar, Spotts, Furr, Range, & Werth, 2005). Among college students, poor academic performance could also result from an untreated mental illness, which could lead to increased attrition (Collins & Mowbray, 2005; Hysenbegasi, et al., 2005).

Paradis et al. (2006) explored the impacts on functioning of both active and past major depression in a sample of 354 young adults (age 26) as they transitioned to adulthood. Various measures examined differences in psychological well-being (life satisfaction, self-esteem), social and occupational functioning, interpersonal problems, and need for and satisfaction with social support during the six months prior to the

interview. Information regarding behavioral functioning was gathered through self-report as well as from parents and interviewers. Paradis et al. (2006) used three groups for comparison: those who met criteria for a 1-year diagnosis of major depression at age 26 (active group, N=22); those who had experienced major depression between the ages of 18 and 25, but did not meet 1-year diagnostic criteria at age 26 (past group, N=62); and those who did not meet diagnostic criteria during the transition period (no depression group, N=270).

The results indicated numerous deficits in functioning for the 23.7% (N=84) of the sample that met diagnostic criteria for major depression between the ages of 18 and 25 (Paradis, et al., 2006). Participants in both the active and past depression groups viewed themselves as having higher levels of behavioral difficulties than their non-depressed peers. While participants' mothers only rated the active group as functioning less well, interviewers rated both groups as functioning at a lower level than the no depression group.

Paradis et al. (2006) found that in regards to psychological well-being, self-esteem was significantly lower for males experiencing active depression when compared to males in the other two groups. Moreover, both active and past groups reported lower life satisfaction than those without depression during this transition to adulthood. In the social and interpersonal domains, both groups of depressed individuals reported needing more social support and having less cohesive relationships with their families. Both groups, as compared to the non-depressed group, also reported less satisfaction with the social support they had received, but those with active depression reported significantly less satisfaction with their social support than those with past depression. Respondents in

the active depression reported significantly more interpersonal problems than those in the other two groups.

Results from Paradis et al.'s (2006) study also indicated that participants in the active and past depression groups were two to three times more likely to develop one or more DSM-IV disorders. Significantly more suicidal ideation was reported by individuals in both the active (23.8%) and past (6.5%) depression groups than those in the no depression group (1.9%). More mental health service utilization was reported in the active and past groups, though only 45.5% of the active and 19.4% of the past group received mental health treatment in the past year. These results demonstrate the widespread and often lasting effects that major depression can have on young adults. Further, the results also demonstrate a continued vulnerability for future depressive episodes and other mental illnesses.

Hysenbegasi et al. (2005) examined the impact of depression on university students' academic productivity. The researchers identified a group of 121 students who had been diagnosed with depression within a 15-month period at the university health center. These students, along with a control group of 209 from the general student population, completed a health and productivity survey regarding symptoms of depression, parental history of mental illness (i.e., depression, anxiety, substance abuse), and the number of missed events and/or classes dropped within the last year because of health-related concerns. Information was also gathered from the university Registrar's Office and the campus Health Center about each of the study participants, such as age, sex, history of health concerns, and academic standing, including grade-point averages (GPAs). For students diagnosed with depression, the Health Center also provided

information regarding the date of diagnosis and history of depression, the last visit date and number of visits for depression, the number of visits that included counseling, and medication information (i.e., name, dose, quantity).

The researchers (Hysenbegasi, et al., 2005) discovered that all 121 students diagnosed with depression were prescribed drug treatment, although only 92 students (76%) obtained one or more prescriptions. Some students chose to treat their depression with a combination of medication and counseling sessions (N=60), while other students treated their depression with counseling only (N=18). Eleven individuals diagnosed with depression did not seek any type of treatment. Overall, the depressed students reported missing a significantly greater number of classes, exams, assignments, and social activities, in addition to dropping significantly more courses than the non-depressed group. Furthermore, a drop in GPA was associated with the diagnosis of depressive disorder, although subsequent treatment was associated with an increase in GPA.

These data demonstrate that mental illness affects students in numerous and varied ways- socially, emotionally, interpersonally, behaviorally, and academically. Mental illness may also lead to the development of other comorbid diagnoses and can predispose individuals to future episodes. Yet college and university students are expected to perform academically as well as have the ultimate “college experience.” Those students dealing with mental illnesses have additional burdens. Colleges and universities are trying to support these students; however, even when supportive services and accommodations are available to students with mental illnesses, many report feeling embarrassed or ashamed to ask for assistance and express concern about being stigmatized by faculty and students (Collins & Mowbray, 2005; Salzer, Wick, & Rogers,

2008). The current study will further explore these issues by asking students to identify factors that have contributed to utilization and non-utilization of services.

Stigma toward mental illness

Stigma is a label that sets a person apart from other people and associates the labeled person with undesirable characteristics (Corsini, 2002; Link & Phelan, 1999). Much research has focused on the stigma attached to various mental disorders (e.g., Corrigan et al., 2000; Crisp, Gelder, Rix, Meltzer, & Rowlands, 2000). Oftentimes, negative consequences, such as avoidance or social distancing, result from an individual being labeled with a mental illness (Link & Phelan, 1999; Sibicky & Dovidio, 1986). Other research has indicated that experiencing stigma can negatively influence an individual's self-esteem (Link, Struening, Neese-Todd, Asmussen, & Phelan, 2001).

Corrigan and Kleinlein suggested (2005) that an individual's mental illness is often inferred from certain signals, including symptoms of mental illness (e.g., inappropriate affect, strange behavior), skill deficits (e.g., poor social skills), appearance (personal hygiene and dress), and labeling. According to these authors, the first three signals can be inaccurately associated with mental illness for a variety of reasons. However, some research points to labeling as a clear predictor of mental illness stigma (Sibicky & Dovidio, 1986). Mental illness labels can be assigned in a number of ways, including self-identification with a label, an individual labeling another person with a mental illness, or by an assumption based on association (e.g., seeing someone leaving a clinic or psychologist's office and assuming he or she is mentally ill). Corrigan (2000) and others (Sibicky & Dovidio, 1986; Corrigan & Kleinlein, 2005; Link & Phelan, 1999) suggest that signals and/or labels can lead to stereotypes about individuals with mental

illness, which often leads to discrimination. Furthermore, Corrigan (2004) suggests that public stigma and self-stigma interact to determine whether an individual will seek help for their mental health problems or not. According to Corrigan (2004), public stigma occurs when individuals endorse stereotypes about a mentally ill person, whereas self-stigma is a decrease in self-esteem or self-worth caused by the individual labeling himself or herself as someone who is socially unacceptable. In other words, self-stigma is often internalized public stigma. Thus, in order to avoid a decrease in self-esteem or feelings of inadequacy or weakness, an individual may not seek help for mental health difficulties in spite of being in emotional pain (Barney, et al., 2006; Corrigan, 2004; Link, et al., 2001; Vogel, Wade, & Haake, 2006).

First-person accounts of stigma associated with mental illness suggest that individuals may be hesitant to seek help because of the discrimination they may face (Angell, et al., 2005; Dinos, et al., 2004; Michalak, Yatham, Kolesar, & Lam, 2006; Pardon, 2006). When asked to describe the impact of their mental health problems, many of the individuals providing the stories felt as though the stigma they experienced affected them in their personal and occupational lives. Many participants described feeling fearful of telling others about their diagnosis and chose not to for a number of reasons, including negative past experiences. Some individuals believed that stigma in the workplace had resulted in dismissal or demotion from positions and had serious consequences for their careers (Michalak, et al., 2006). Ironically, some individuals indicated that because they did not disclose their diagnosis to others, they felt isolated and had fewer friends. Numerous participants indicated that their experiences with and fear of stigma contributed to the reasons they did not seek help.

Link, Phelan, Bresnahan, Stueve, and Pescosolido (1999) examined individuals' beliefs about the dangerousness of people with mental illnesses, their beliefs about causes of mental illness, recognition of specific mental illnesses, and the amount of social distance desired from people with mental illnesses. The authors created a set of vignettes based on DSM-IV criteria depicting people with schizophrenia, major depressive disorder, alcohol dependence, cocaine dependence, and a "troubled person" (p. 1329) who was dealing with minor problems and clinical concerns. The authors administered the vignettes randomly to a large nationally representative sample (N=1444), followed by a series of questions regarding the potential causes, labels for the problem, perceived violence risk, and willingness to interact with the described person.

Link et al., (1999) found that participants were most likely to assign a mental illness label to the schizophrenia vignette (88.1%), followed by major depressive disorder (69.1%), alcohol dependence (48.7%), cocaine dependence (43.5%), and the troubled person (21.5%). In terms of the potential causes, the researchers presented participants with six options and asked them to indicate the likelihood that the situation was caused by each of the options. Participants most often indicated that stressful circumstances in the person's life were to blame for each of the conditions. For schizophrenia and major depression, participants rated a chemical imbalance in the brain as the second most likely cause, followed by a genetic/inherited problem. When participants were asked whether they would want to interact with the person in the vignettes in a variety of settings (e.g., move next door, become friends), nearly half (47%) did not want to interact with the depressed person and 29% did not want to interact with the troubled person.

As this research demonstrates, individuals have specific views and beliefs about

individuals who are experiencing mental illness. While this study did not examine overt discrimination, it did explore the participants' willingness, or lack thereof, to interact with individuals with mental illness. Furthermore, even though participants most often believed that these conditions were caused by stressful circumstances, they still preferred to maintain social distance from these individuals.

Likewise, as Becker, Martin, Wajeih, Ward, and Shern (2002) demonstrated, similar attitudes exist among faculty and students towards students with mental illness. For example, approximately 53% of faculty participants indicated that they would not feel comfortable dealing with a student with symptoms of mental illness. In regards to having students with mental illnesses in the classroom, over 13% noted that they would not feel safe in the presence of a student with a mental illness, and nearly 9% believed that students with mental illnesses are dangerous to have in a classroom. Given some of the beliefs faculty members may have, they may also distance themselves from mentally ill students, which could lead to other changes in their behavior.

Ben-Porath (2002) utilized a college student sample in order to compare attitudes toward help-seeking by someone experiencing depression and someone experiencing back pain. Results showed that individuals experiencing depression were judged more negatively than those who were experiencing back pain. Participants rated the depressed person as emotionally unstable, less competent, less confident, and less interesting than the person with a physical complaint. In addition, the results demonstrated that participants had a more negative view of those individuals seeking help for a problem, especially if the person was experiencing depression. Specifically, participants viewed depressed individuals seeking help as the most emotionally unstable when compared with

the other individuals.

Another study (Sibicky & Dovidio, 1986) investigated whether negative social perceptions existed regarding students who sought psychological therapy at a university counseling center and explored how these negative perceptions influenced social interactions. Previously unacquainted participants were randomly assigned to a mixed-sex pair. Each partner was then assigned to be a target or a perceiver. The students were told that they would be participating in a “10-minute getting-acquainted” conversation (Sibicky & Dovidio, 1986, p. 149). Each participant completed a biographical questionnaire, which formed the basis for the 10-minute conversation in which the pairs would engage. Once completed, the questionnaires were exchanged and the experimenters provided the participants with information about the psychological background of the targets. The perceivers were told their partner (the target) was recruited either from a pool of introductory psychology students (nonclients) or from a group of students seeking psychological help (clients) from the university counseling center. The partners, however, were unaware of what the perceivers had been told about them. Before the conversations began, perceivers were asked to rate their partners using a measure that employs 6-point bipolar scales, such as sociable-unsociable, shy-bold, friendly-unfriendly, and sensitive-insensitive. While the perceivers rated the targets, the targets rated themselves. The participants engaged in a 10-minute getting-acquainted conversation using microphones and headphones from separate locations. Following the conversation, the targets responded to questions such as their level of comfort during the conversation, their level of enjoyment of the conversation, and how accurately they believed they had been perceived. Subsequently, the judges listened to the conversations

and assessed how comfortable the target sounded, how much the target seemed to like his/her partner, and how favorable the target's personality was. Later, the judges rated each perceiver's behavior toward his/her target partner.

The results indicated that the perceivers formed more negative impressions of the targets who were believed to be clients than the targets who were believed to be nonclients. Specifically, perceivers rated clients as relatively more reserved, unenthusiastic, defensive, boring, awkward, and insecure. Clients were also rated as more egoistic, cruel, cold, unsociable, unconventional, and sad. According to the judges' ratings, the perceivers not only judged the clients more negatively, but also behaved more negatively toward their (client) partners. Specifically, the judges noted that perceivers behaved in a manner that was more unenthusiastic, insensitive, artificial, cruel, and unsociable.

The client partners, when compared to the nonclients, indicated that they felt less comfortable, enjoyed the conversation less, and believed that their partners perceived them less accurately. The judges rated the clients as behaving in a less socially desirable manner (e.g., less poised, less attractive, less effective, less successful) than the nonclients. Thus, even though the partners were randomly assigned to the conditions, the clients began to respond to the nonclients' negative attitudes and behaviors. This study demonstrates the stigma and/or rejection that some clients face as they decide whether or not to pursue mental health treatment.

Help-seeking behaviors and preferences

Large numbers of individuals who might benefit from mental health services do not seek help (ACHA, 2005; Cooper, et al., 2003; Furr, et al., 2001; Gonzalez, et al.,

2005; Kessler et al., 2001; Kessler et al, 2003; Paradis, et al., 2006). Studies have suggested that a number of factors may contribute to an individual's reluctance to seek help including age, gender, ethnic or cultural values, prior experience with mental health services, and beliefs regarding the effectiveness of counseling services (Bram, 1997; Masuda, Suzumura, Beauchamp, Howells, & Clay, 2005; Miville, & Constantine, 2006; Wickizer, 1996).

Because of the high prevalence of mental illness among college-aged individuals, Gonzalez et al. (2005) wanted to examine attitudes toward seeking mental health treatment that might be related to the avoidance of seeking help. The researchers used a nationally representative sample of 5,877 respondents taken from the 1990-1992 National Comorbidity Survey. Overall, results indicated that attitudes toward mental health treatment improve with age. Compared to older respondents, 18- to 24-year-olds had significantly less willingness to seek mental health treatment, less positive attitudes toward treatment, and less comfort talking to a professional about personal problems. Younger participants also indicated that they would have higher levels of embarrassment if their friends knew they were seeking professional help. In addition, young men had less positive attitudes, less willingness to seek mental health treatment, and less comfort talking to a professional, than did young women.

In an effort to gain a better understanding of college students' preferences for seeking help, Tinsley, de St. Aubin, and Brown (1982) asked college students who they would talk to when faced with different problems. A sample of 136 students (60 males, 76 females) with no prior counseling experience completed a 16-item questionnaire that briefly described various personal and vocational problems and asked participants to

indicate who they would be most likely to talk with regarding a particular problem. For example, one item describing a personal problem stated, “Who would you talk to if you were lacking in self-confidence?” then listed eight potential helpers: close friend, close relative, self, professional counselor, clergyman, academic advisor, paraprofessional counselor (e.g., peer counselors, dormitory counselors), and instructor. Participants were asked to rank-order the helpers in terms of the likelihood that they would turn to that person for that problem. The authors instructed the participants that helpers who were ranked higher (i.e., less likely to turn to) than “self” were individuals they would probably not talk to; conversely, helpers ranked lower (i.e., more likely to turn to) than “self” were people they would probably talk to.

Results indicated that participants would more often prefer dealing with a problem themselves than consulting a professional (Tinsley, et al., 1982). In spite of that, the authors warned that in terms of helpers, there was a great deal of variability in choice, depending upon the problem. For instance, when dealing with a career problem, students reported they would be more likely to seek assistance from an academic advisor, close friend, or instructor rather than from a professional counselor. Yet, when presented with problems involving “emotional stability” or “thoughts about suicide,” about half of the participants indicated they would seek help from a professional counselor, whereas approximately one quarter or fewer of the participants indicated that “financial difficulties” or problems with “the opposite sex” would result in consulting with a professional counselor. Overall, participants preferred to talk to a close friend (58%) or close relative (45%) about their personal problems. Only 36% of participants indicated they would seek help from a professional counselor for personal problems at some point

in time.

Deane and Todd (1996) reported similar results when they asked participants about their previous experiences with counseling, and measured attitudes toward help-seeking, treatment fearfulness, psychological distress, and help-seeking intentions. Participants indicated that they would be more likely to seek professional psychological help for “suicidal thoughts” than for “personal-emotional problems” (Deane & Todd, 1996, p. 54).

These studies highlight a number of help-seeking preferences of college students, though may be limited in scope. Although these studies offer useful information about whom college students might go to for help with emotional difficulties, they asked respondents to speculate, rather than asking what respondents have already done when faced with personal difficulties. While the current study also seeks to examine college students’ service utilization patterns, mental health histories, and some factors related to seeking mental health services, this study reflects an improvement upon the previous research. Specifically, rather than asking respondents what they *might* do when faced with a mental health issue, the current study will ask respondents what they *have already done* and what factors contributed to that decision. Additionally, the present study will also focus on mental health issues that are more specific to and more prevalent among college students. Tinsley et al. (1982) presented specific problems within the personal and vocational domains, though these problems were relatively mild in severity and may not accurately assess some of the more severe mental health issues or complex situations that college students encounter. The concerns described were vague and only a few of the problems the authors listed (e.g., “thinking about suicide,” “concern about emotional

stability”) could be considered part of a more serious problem, such as depression.

Therefore, would individuals be more likely to consider seeking help from a professional counselor when faced with more severe problems?

Unfortunately, as Brown and Chambers (1986) demonstrated, individuals might resist associating themselves with agencies known for providing mental health assistance because of the possibility of labeling and potential discrimination. The researchers examined student and faculty perceptions of four possible university counseling center names (i.e., Psychological and Career Exploration Service; Personal and Career Counseling Service; Counseling, Career, and Consultation Service; and Psychological and Career Counseling Service). Student participants (N=296) were asked to rank-order the agency names based upon the likelihood that they would go to that agency for help for both “personal-emotional and career-related” concerns (Brown & Chambers, 1986, p.156). Faculty participants (N= 115) were asked to rank-order the four agency names based upon how likely they would be to refer a student to the center for one of the aforementioned problems.

The results revealed that students were more willing to go to an agency called Personal and Career Counseling Service than an agency with any of the other names. Similarly, faculty participants were also more willing to refer a student to a center labeled Personal and Career Counseling Services than any of the other agencies. When asked how important the title of the agency was, 60% of students and 54% of faculty reported it was somewhat or very important when choosing an agency. Both students and faculty held similar views about the potential titles of the counseling center and the degree of importance of the title when choosing an agency (Brown & Chambers, 1986). More

importantly, the participants chose a title that did not include the term “psychological,” which perhaps suggests that participants did not want to be associated with mental illness or psychological distress.

Although mental illnesses on college and university campuses are highly prevalent and services are being offered to meet students’ needs, the majority of students never seek help. When mental illness is coupled with stigma, social distancing, and overt or subtle discrimination, it seems that a culture of isolation is created for these students. In turn, other difficulties such as low self-esteem, increased symptoms of mental illness, dropouts, suicide, comorbidity, and acts of violence (e.g., Virginia Tech) can result.

Current Study

While there is a large body of research that has been conducted on perceptions of mental illness in the general population, there has been less research conducted that examines how college students view mental illness and mental health services. The stigma associated with mental illness and help-seeking can often act as a barrier for service utilization. Given the rise in psychopathology, psychotropic medication use, and complexity of stressors in young adults and on college campuses, it is important to have a better understanding of the factors that may contribute to utilization and non-utilization so that more effective services can be developed. The current study aims to gather information that may be beneficial in understanding how certain factors, such as the type of mental health concern, the gender of the participant, and the gender of the described college student, may contribute to opinions of mental illness.

College students are the focus of the current study, which is unique in a variety of ways. First, while other researchers have studied perceptions of mental illnesses, the

previous literature has not focused on mental health issues that are common and prevalent among college students. Second, rather than utilizing a convenience sample of freshman Psychology students, this study is a truly random sample of students on a university campus. Third, previous studies have gathered information regarding mental health history and utilization patterns; however, the present study also examines information regarding the factors that led to utilization (or non-utilization) of available counseling services. Fourth, the current study is also unique in that it examines how factors related to utilization, previous mental health history, and knowledge of mental health issues are related to college students' opinions of peers dealing with mental health difficulties.

Thus, the purposes of the present study include: 1) to gather information regarding acceptance and utilization of campus mental health services, 2) to explore potential differences in how mental health difficulties are perceived, 3) to explore the differences between how respondents view males and females who are struggling with relationship difficulties and mental illness, 4) to examine how the gender of the respondent affects opinions of students dealing with a common mental health issue, and 5) to examine respondents' beliefs about their knowledge of common difficulties among college students.

With regard to the various descriptions of difficulties and mental illnesses, it is hypothesized that those college students described as dealing with relationship problems will be most positively rated, generalized anxiety disorder will be the next most highly rated, followed by depression, then bulimia nervosa, with bipolar disorder being the most negatively rated by participants. The hypothesized order of the mental illnesses is based upon existing literature (e.g., Barney, et al., 2006; Ben-Porath, 2002; Michalak, et al.,

2006).

Given the literature described previously (e.g., Gonzalez, et al., 2005; Masuda, et al., 2005), women are often seen as more likely to seek professional help and are viewed less negatively than men are after they sought help. Therefore, female participants are predicted to rate all college student targets more favorably than the male participants do. Additionally, both male and female participants will be more likely to rate the female college student target higher on positive adjectives.

In terms of service utilization, it is predicted that more female participants will have utilized various services on campus, including mental health services (e.g., Gonzalez, et al., 2005; Masuda, et al., 2005). In addition, it is also predicted that participants' experiences, both theirs and others, with mental illness may enhance their opinions of the students described in this study (Deane & Todd, 1996).

CHAPTER II

METHOD

Participants

Participants were 190 undergraduate students enrolled at Colorado State University (CSU). Two-thousand nine-hundred sixty students were invited via e-mail to participate in a StudentVoice online survey. The total number of students that accessed the online survey included 242 individuals (8.17% response rate), though only 212 surveys were fully completed (7.16% completion rate). An additional 21 respondents were eliminated from analyses because they had answered the manipulation check question incorrectly, and one participant was excluded because of random responding, leaving 190 usable surveys (6.42% completion).

Of the 190 respondents, 124 (65.3%) identified as female, 66 (34.7%) identified as male. In terms of student status, most of the sample reported being seniors (N=73, 38.4%), followed by freshmen (N=42, 22.1%), juniors (N=39, 20.5%), and sophomores (N=37, 19.5%). The vast majority of the participants (N= 185, 97.4%) reported being between 18 and 29 years of age, with a mean age of approximately 21 years. Most of the students reported living off campus (N= 127, 66.8%), as opposed to on-campus (N= 63, 33.2%). Over 50% of the sample identified as being single, 30% identified as partnered, but not living together, while 8.4% reported being married.

The sample in the present study is similar to the general student body at Colorado State in a number of important ways including sex, ethnicity, and area of study. According to the *Colorado State University Fact Book 2007-2008* (Office of Institutional Research [OIR], 2007), the CSU student body is made up of 52% females; likewise, the present study included more females (65%) than males (36%). Additionally, the percentages of reported ethnicities of the campus population are similar to those reported in the current study (see Table 1). Of the undergraduate student body at CSU, a total of 13.6% (N= 2784) were categorized as minority students, whereas the minority students in the present study approximated 10.5% (N= 20).

Table 1
Reported Ethnicity of CSU vs. Current Study

Ethnicity	CSU Student Body (N= 20,422)	Study Sample (N= 190)
Asian American & Asian/Pacific Islander	651 (3.2%)	5 (2.6%)
Black/African American	456 (2.2%)	5 (2.6%)
Caucasian/White	16,715 (81.8%)	173 (91.1%)
Latino(a)/Hispanic	1351 (6.6%)	8 (4.2%)
Native American/ American Indian	326 (1.6%)	2 (1.1%)
Other	923 (4.5%)	8 (4.2%)

The respondents reported a variety of majors, which is also reflective of the campus community at large. The five undergraduate programs at CSU with the largest number of students include Construction Management, Health and Exercise Science, Psychology, Biological Science, and Business Administration (OIR, 2007). The most frequently reported majors by respondents in the present study were Psychology (N= 19, 10%), Business Administration/Management/Finance (N= 15, 7.9%), Biological Sciences

(BioChemistry, BioMedical Science, Biology; N= 12, 6.3%), Human Development and Family Studies (N= 8, 4.2%), and Health and Exercise Science (N= 7, 3.7%). Thus, in spite of the low response rate, the characteristics of this sample approximate the characteristics of the larger student body.

Materials

Opinions of Mental Illness Survey. The Opinions of Mental Illness Survey is a 26-item survey designed specifically for the current study. Each participant received one version of the survey, either depicting female college students or male college students (see Appendix A). The content of these surveys was identical except for the gender of the college student and the order of the first five items. Each of the first five items consists of two components: 1) a brief description of a college student who is coping with a mental illness or problem, including depression, anxiety, relationship difficulties, eating disorders, and bipolar disorder; and 2) a list of 5 adjectives including both positive and negative personality descriptors (i.e., emotionally stable, friendly, helpless, lazy, and weak). For each of the five characteristics, the participants rated the college student described on a 5-point Likert-type scale, from 1 (“not at all”) to 5 (“very”). Each version of the survey (i.e., male or female) had two forms that differed only in that the scenarios describing the college students were presented in counterbalanced order. Specifically, Form A of the survey presented the first five items in the following order: depression, anxiety, bulimia nervosa, relationship problems, and bipolar disorder. Form B of the survey presented the first five items in the opposite order (i.e., bipolar disorder, relationship problems, bulimia nervosa, anxiety, depression).

Each of the ratings given to the five adjectives (emotionally stable, friendly,

helpless, weak, lazy) were added together in order to obtain a total score for the target individual. Those adjectives that were negative (i.e., weak, lazy, helpless) were reverse-scored so that when the adjectives were summed, the higher total scores reflected more positive opinions. Finally, the total score was divided by five to keep the scale consistent. Thus, scores could range from one to five; when totaled, a higher score reflected a more positive view, while a lower score reflected a more negative view.

Demographic information such as age, gender, year in college, major, and ethnicity was obtained from the participants. Additionally, information regarding campus services participants utilized was gathered, along with potential barriers to service utilization (see Appendix A). Participants were also asked questions about experiences with mental illness, both personal experiences and knowing others with a mental illness. One question, serving as a manipulation check, simply asked participants to indicate the sex of the college student described in the survey. Lastly, one question examined how knowledgeable participants believed they were about each of the disorders and difficulties examined in this study.

Procedure

Data were collected in April and May 2008 using an online assessment program called StudentVoice. This program allows colleges and universities to efficiently administer online assessments with students and staff at the university. Working in conjunction with the Executive Director of Assessment and Research at Colorado State University, the questionnaire for the present study was sent electronically to the StudentVoice support staff to be formatted for online use. After formatting, the online version of the survey was previewed by the researcher, faculty committee members, and

staff at the University Counseling Center. Any necessary changes were identified by the researchers and communicated to the staff at StudentVoice, who made final changes to the online survey. The Human Research Committee/Institutional Review Board (HRC/IRB) at Colorado State University approved all methods and materials.

Following final approval from HRC/IRB and working with the Executive Director of Assessment and Research, a group of students was randomly selected by the registrar's office from the pool of registered undergraduates. A list of the students' e-mail addresses was created, then given to the researcher. In order to keep the list of participant e-mail addresses confidential, the researcher forwarded the list to StudentVoice staff. This prevented the researcher from knowing which students were assigned to each of the conditions and allowed StudentVoice staff to send out invitation and reminder e-mails and monitor survey completion.

Once the survey was approved and ready for administration, StudentVoice provided a secure hyperlink that was sent via e-mail to the selected sample of students. The initial request to participate was sent to students on April 3, 2008. The e-mail message was sent from "The Psychology Department" with the subject line, "Your Opinion is Needed!" The body of the e-mail contained the invitation to participate, which acted as an informed consent form, and provided basic information about the study, outlined any possible risks involved, and assured the participants' anonymity (see Appendix B). The participants were informed that their participation was voluntary and that they could stop participating at any time without consequence.

In order to increase rates of completion, reminder e-mails were sent out on April 11, 22, and May 1 to students who had not yet completed the survey. The subject lines of

the first two reminders read, “Did you complete the College Student Issues Survey?” while the body stated, “If not, you still have time to participate.” The final reminder e-mail’s subject line read, “Last chance to complete the College Student Issues Survey.” All reminder e-mails included the original invitation to participate.

Participants were allowed to complete the survey one time; after they had completed the survey, they were denied access to complete the survey a second time. Following the survey, the participants read a short debriefing statement thanking them for their participation, provided them with more information about the study, and listed contact information for the counseling center (see Appendix C).

CHAPTER III

RESULTS

Analyses

The current study employed a three-factor mixed analysis of variance (ANOVA) design: 2 (Gender of Participant) x 2 (Sex of Target) x 5 (Mental Illness: bipolar disorder, relationship problems, bulimia nervosa, anxiety, depression), with repeated measurements on the last factor.

The dependent variable consisted of the adjective rating scale score assigned to each of the five college students described in the questionnaire. Wilks' Lambda shows significance for the Mental Illness factor $F(4.0, 183.0) = 30.82, p < .01$. However, Mauchly's test indicated that the assumption of sphericity was violated ($\chi^2(9) = 23.59, p < .05$) and adjustments were made using the Greenhouse-Geisser estimates of sphericity ($\epsilon = .94$). The Mental Illness factor was still significant using this adjustment, $F(3.74, 696.40) = 42.023, p < .01, \eta^2 = 0.182$.

Bonferroni corrected post hoc tests revealed that ratings for bipolar disorder were significantly higher ($p < .01$) than all other mental illnesses (i.e., relationship problems, anxiety, bulimia, and depression), while depression was rated significantly lower than all the other mental illnesses ($p < .01$). Table 2 displays the means for each of the mental illnesses and the absolute mean differences between mental illnesses. Ratings for relationship problems, anxiety, and bulimia did not significantly differ (all $ps > .05$).

Table 2
Means and Absolute Mean Differences between Mental Illnesses

Mental Illness (Mean)	Depression	Bulimia	Anxiety	Relationship	Bipolar
Depression (2.55)	--	.232*	.313*	.327*	.709*
Bulimia Nervosa (2.78)	--	--	.081	.095	.477*
Anxiety Disorder (2.86)	--	--	--	.013	.396*
Relationship Problems (2.88)	--	--	--	--	.382*
Bipolar Disorder (3.26)	--	--	--	--	---

*Significant at $p < .01$

Neither of the two-way within-subjects interactions were significant: Mental Illness and Target Sex, $F(3.74, 696.40) = .85, p = .49, \eta^2 = 0.004$; and Mental Illness and Gender, $F(3.74, 696.40) = .94, p = .44, \eta^2 = 0.004$. The three-way interaction between Mental Illness, Target Sex, and Gender, $F(3.74, 696.40) = .93, p = .44, \eta^2 = 0.004$, was also non-significant.

The between-subjects main effects of Target Sex ($F(1, 186) = .02, p = .88, \eta^2 = 0.000$) and Gender ($F(1, 186) = .28, p = .60, \eta^2 = 0.002$) were not significant. Similarly, the interaction between Target Sex and Gender, $F(1, 186) = 1.23, p = .27, \eta^2 = 0.007$ was also non-significant.

Campus Service Utilization

Colorado State University has a wide variety of services available to assist and support students. One area of interest in the present study was examining campus service utilization, both within the University Counseling Center (UCC) and campus as a whole.

Although most respondents (N= 157, 82.6%) reported using various services on campus other than the counseling center, some respondents (N= 33, 17.4%) indicated that they had not used any campus services listed (see Table 3). Of those reporting utilizing services, most (64.2%) had indicated using between one and two services. One individual reported using as many as five of the listed campus services.

	N	%
Hartshorn Health Service	137	72.1%
Career Center	73	38.4%
Wellness Zone	52	27.4%
University Counseling Center	35	18.4%
No services	33	17.4%
DAY Program	9	4.7%
Resources for Disabled Students	7	3.7%
Learning Assistance Center	5	2.6%

University Counseling Center Services Utilized. Thirty-five individuals (18.4%) reported using the counseling center. Of those 35 students, 23 identified as female (65.7%) and 12 identified as male (34.3%). The average age was 21.31 years. In terms of year in school, most were seniors (N= 18, 51.4%), followed by juniors (N= 7, 20.0%), sophomores (N= 6, 17.1%), and freshman (N= 4, 11.4%). The vast majority of these students reported living off campus (N= 28, 80.0%) and identified as single (N= 17, 48.6%) or partnered but not living together (N= 15, 42.9%).

To offer a comparison, during the fall of 2007 through the summer of 2008, 2,589 students utilized services at the University Counseling Center, which is approximately 12.5% of the undergraduate student body at CSU (D. R. Oakley, personal communication, February 27, 2009). The higher percentage of students in the present

study may reflect the fact that participants were asked if they had *ever* utilized the counseling center (see Appendix A).

Of those using UCC services, a majority (N= 27, 77.4%) reported using only one of the services listed. The majority of students indicated they had used individual therapy sessions (N= 25, 71.4%), followed by the stress management program (N= 8, 22.9%), group therapy (N= 7, 20.0%), “other” (N= 4, 11.4%), crisis/emergency services (N= 2, 5.7%), and alcohol or other drug assessment (N= 1, 2.9%).

Reasons given for utilizing services. Respondents could endorse as many reasons for visiting the UCC as applicable. Respondents in this sample endorsed between one and six different reasons contributing to their visiting UCC. Most (N=12; 34.3%) of the respondents indicated three reasons, while four individuals (11.4%) endorsed five or more reasons (see Table 4). The top three reasons given for visiting the University Counseling Center were: “It was paid for by my student fees,” “The location was convenient,” and “A friend or faculty member referred me.”

Reason(s) Given for Utilizing UCC Services	N	% of Cases
It was paid for by my student fees.	25	71.4
The location was convenient.	19	54.3
A friend or faculty member referred me.	11	31.4
Other:	11	31.4
Emotionally distraught		
I needed help		
Self-referral		
I was depressed		
Suffering depression		
I knew I needed help		
I had some questions about a learning disability		
My roommate needed help		
Interviewed 2 counselors for the paper		
I don't remember my original motivation to go		
Conflict resolution		

Table 4 (con't)

Reason(s) Given for Utilizing UCC Services	N	% of Cases
A friend said it was helpful.	8	22.9
My parent(s) heard about it and told me to go.	6	17.1
I heard about its services from a presentation.	5	14.3
I saw information about it on the website.	5	14.3
I was referred by someone at Hartshorn Health Services.	3	8.6
I've been used similar services at another agency and found it helpful.	3	8.6
I saw some advertising.	2	5.7

Reasons given for not utilizing services. A total of 155 individuals indicated they had not visited the University Counseling Center; 101 identified as female (65.2%), while 54 identified as male (34.8%). The mean age of the non-users was 21.10, with the majority identifying as seniors (N=54, 34.8%), freshman (N= 38, 24.5%), juniors (N= 32, 20.6%) and sophomores (N= 31, 20.0%). Most students (N= 99, 63.9%) reported living off campus. The relationship status reported by non-users varied, though most identified as single (N= 83, 53.5%) or partnered but not living together (N= 42, 27.1%).

Those individuals that had not visited the UCC also endorsed reasons contributing to why they had not visited the counseling center (see Table 5). These individuals endorsed between one and nine different reasons for not visiting the counseling center, with the vast majority of students (N= 142, 91.6%) noting between one and four reasons. The four most frequently endorsed reasons were: "I have not needed to utilize its services," "I was not sure where the UCC is located," "I was not aware of the services offered at UCC," and "I wanted to solve the problem on my own."

Table 5

Reason(s) Given for Non-Utilization

	N	% of Cases
I have not needed to utilize its services.	112	72.3
I was not sure where the UCC is located.	55	35.5
I was not aware of the services offered at UCC.	54	34.8
I wanted to solve the problem on my own.	51	32.9
I thought the problem would get better on its own.	26	16.8
I was concerned about what others might think.	14	9.0
I didn't think the people there would understand my concerns.	12	7.7
Other:	11	7.1
Procrastination		
I'm not sure if I can go there just to vent/talk or if I need a tangible problem.		
I already utilize a therapist in another location.		
I don't want to be put on medication again.		
I do not like to talk about my problems.		
Price		
I do not remember if I have visited, but never thought of it		
Student therapists		
I don't feel like I need to- I'm happy		
One of my friends visited there...and they tried to offer her medication... Going there made her feel worse not better.		
No idea what it is		
I don't even know what the UCC is.		
I was worried about confidentiality.	8	5.2
I was worried my parents would find out.	6	3.9
I was afraid of being put in the hospital against my will.	4	2.6
The people there are not like me and cannot relate to me or my concerns.	4	2.6
The hours of operation are not convenient.	4	2.6
The location is not convenient.	1	0.6
I could not get in when needed for an appointment.	0	0

Seeking services in additional locations

Participants were provided with a list of additional campus locations (i.e., Career Center, Hartshorn Health Service, residence halls, Lory Student Center) where counseling services could be offered and were asked to indicate how likely they would be

to utilize the mental health services if offered in those locations. Participants rated each location on a 5-point scale from “not at all likely” to “very likely” (see Table 6).

Table 6
Additional Service Locations

	Career Center	Hartshorn Health Service	Residence Hall	Lory Student Center
Not at all likely	57 (30.0%)	23 (12.1%)	78 (41.1%)	45 (23.7%)
Slightly likely	37 (19.5%)	25 (13.2%)	21 (11.1%)	30 (15.8%)
Neutral	47 (24.7%)	26 (13.7%)	28 (14.7%)	28 (14.7%)
Somewhat likely	28 (14.7%)	67 (35.3%)	40 (21.1%)	49 (25.8%)
Very likely	21 (11.1%)	49 (25.8%)	23 (12.1%)	38 (20.0%)

Over 60% of the participants indicated they would be ‘somewhat likely’ or ‘very likely’ to seek counseling services if offered at Hartshorn Health Service, while over 45% indicated they would be ‘somewhat’ or ‘very’ likely to seek services at the Lory Student Center if offered there. Participants indicated they were least likely to seek mental health services if offered in the residence halls (33.2% likely) or at the Career Center (25.8% likely).

Personal experiences with mental illness

Previous diagnoses. Respondents were asked, “Which of the following have you ever been diagnosed with?” Forty-nine students (25.8%) indicated that they’d been previously diagnosed with one or more of the listed disorders. Twenty-three participants (12.1%) identified one diagnosis, 21 participants (11.1%) reported two previous diagnoses, while five individuals (2.6%) endorsed three previous diagnoses. Thus, out of the 190 respondents in the current study, the majority of the students reported that they

had been diagnosed with depression (N= 37, 19.5%), followed by anxiety (N= 24, 12.6%), relationship problems (N= 14, 7.4%), bulimia nervosa (N= 3, 1.6%), and bipolar disorder (N= 2, 1.1%).

A number of the counseling center users (N= 35) indicated having been previously diagnosed with one or more of the disorders that were a focus of the current study. Ten participants (28.6%) reported being diagnosed with anxiety, one (2.9%) with bipolar disorder, 15 (42.9%) with depression, and four (11.4%) with relationship problems. None of the respondents indicated a previous diagnosis of bulimia.

Similar to those students that had used the counseling center, the non-users also reported a number of previous diagnoses. One (0.6%) reported a previous diagnosis of bipolar disorder, three individuals (1.9%) indicated a previous diagnosis of bulimia, 14 (9.0%) indicated an anxiety disorder, 22 respondents (14.2%) reported depression, and 10 individuals (6.5%) reported relationship problems.

Family and friends. When asked how many individuals the respondent knew personally that had a mental illness, most respondents (N= 90, 47.4%) indicated they believed they knew between one and three people diagnosed with a mental illness. Upon examination of the individuals that had utilized the counseling center, thirteen (37.1%) noted that they knew between one and three people dealing with a mental illness. Nearly 50% of the non-user sample reported knowing between one and three individuals dealing with a mental illness.

Knowledge about mental illness. Respondents were also asked how knowledgeable they thought they were regarding each of the conditions and issues described in the survey (i.e., bipolar disorder, relationship problems, anxiety, depression,

and bulimia nervosa). The respondents indicated how knowledgeable they were on a 5-point scale from “not at all knowledgeable” to “very knowledgeable” (see Table 7).

Table 7
How Knowledgeable Are You?

	Anxiety	Bipolar Disorder	Bulimia Nervosa	Depression	Relationship Problems
Not at all knowledgeable	3 (1.6%)	8 (4.2%)	8 (4.2%)	2 (1.1%)	6 (3.2%)
Slightly knowledgeable	26 (13.7%)	32 (16.8%)	30 (15.8%)	14 (7.4%)	19 (10.0%)
Neutral	25 (13.2%)	32 (16.8%)	27 (14.2%)	19 (10.0%)	34 (17.9%)
Somewhat knowledgeable	99 (52.1%)	84 (44.2%)	81 (42.6%)	86 (45.3%)	92 (48.4%)
Very knowledgeable	37 (19.5%)	34 (17.9%)	44 (23.2%)	69 (36.3%)	39 (20.5%)

Participants reported being most knowledgeable about depression and anxiety with over 80% and 71% of participants, respectively, indicating they were somewhat or very knowledgeable (see Table 7). Nearly 69% of participants noted they were knowledgeable about relationship problems, while slightly fewer participants (65.8%) indicated they were knowledgeable about bulimia nervosa. Approximately 62% of participants noted they were knowledgeable about bipolar disorder.

To obtain a Total Knowledge score, the ratings given to each of the five disorders were summed and divided by five. Thus, the scores could range from one to five, with higher scores indicating a higher level of knowledge. To ensure good internal consistency, Cronbach’s alpha was calculated at .793, indicating good internal consistency. The mean Total Knowledge score was 3.75.

Opinions about students with mental illness

Three questions used in Becker, et al.'s (2002) study were included in the present study (see Appendix A). These questions were aimed at obtaining a better understanding of how students perceive mental illnesses, particularly in a college or university setting. Respondents were asked to indicate their level of agreement with each statement from "Strongly Disagree" (1) to "Strongly Agree" (5).

The first statement asked participants about feeling comfortable dealing with a student who has symptoms of a mental illness (see Table 8). Most of the respondents (67.9%) agreed ("Agree" and "Strongly agree") with the statement that they would feel comfortable with a student dealing with a mental illness.

Next, respondents were asked if they believed that students with mental illness were dangerous to have in a classroom. Most of the respondents (79.5%) disagreed with the statement, while only a small percentage (3.7%) agreed.

When responding to the statement, "I would not feel safe in the presence of a student with a mental illness," 81.5% of the respondents disagreed with the statement.

Table 8
Opinions of Students with Mental Illness

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I feel comfortable when dealing with a student who has symptoms of a mental illness.	5 (2.6%)	20 (10.5%)	36 (18.9%)	94 (49.5%)	35 (18.4%)
Students with mental illness are dangerous to have in a classroom.	69 (36.3%)	82 (43.2%)	32 (16.8%)	7 (3.7%)	0
I would not feel safe in the presence of a student with a mental illness	81 (42.6%)	74 (38.9%)	20 (10.5%)	12 (6.3%)	3 (1.6%)

To obtain an Opinions scale score, the ratings given to each of the three statements were summed and divided by five. Prior to being summed, the negatively worded items “I would not feel safe in the presence of a student with a mental illness,” and “Students with mental illness are dangerous to have in a classroom,” were reverse-scored. The scores could range from one to five, with higher scores reflecting a higher opinion. To ensure good internal consistency, Cronbach’s alpha was calculated at .694, indicating acceptable internal consistency. The mean Opinion scale score was 2.39.

Additional analyses

To determine the relationship between participants’ knowledge and opinions of mental illness, a correlation between the Total Knowledge score and the Opinions score was conducted. As expected, the Total Knowledge score was significantly correlated with the Opinions score, $r = .23$, $p < .001$ (one-tailed).

To further explore the relationship between participants’ opinions of mental illness, participants’ gender, and presence of a previous diagnosis, an additional two-way analysis of variance (ANOVA) was conducted: 2 (Gender of Participant) x 2 (Previous Diagnosis).

The effect of gender on the opinion scale score was not significant, $F(1, 190) = .38$, $p = .54$, $\eta^2 = 0.002$. Similarly, the effect of previous diagnosis was not significant, $F(1, 190) = 3.06$, $p = .08$, $\eta^2 = 0.016$. The interaction between participant gender and previous diagnosis was also not significant, $F(1, 190) = .58$, $\eta^2 = 0.003$.

CHAPTER IV

DISCUSSION

This study sought to: 1) gather information regarding acceptance and utilization of campus mental health services, 2) explore potential differences in how mental health difficulties are perceived, 3) explore the differences between how respondents view males and females who are struggling with relationship difficulties and mental illness, 4) examine how the gender of the respondent affects opinions of students dealing with a common mental health issue, and 5) examine respondents' beliefs about their knowledge of common difficulties among college students.

Contrary to the hypotheses offered, there were no significant differences in overall opinions found for the gender of the participants, nor were there significant differences in overall opinions for the sex of college students described in the scenarios. Thus, results in this study are not consistent with results from previous research demonstrating that women were more tolerant of individuals with mental illness, and that women who were dealing with a mental illness were usually seen more positively than their male counterparts (Corrigan & Watson, 2007; Gonzalez, et al., 2005; Masuda, et al., 2005).

There were, however, differences in overall opinion among the mental illnesses described in the survey. Contrary to the hypothesis, the depression label received the most negative ratings overall. The depressive symptoms provided in this study, loss of

interest in activities, fatigue, tearfulness, loss of appetite, and weight loss, may be least appealing to college students. Additionally, because of the social ramifications this set of symptoms may have, college students may have a negative view (Barney, et al., 2006; Ben-Porath, 2002; Heim, Smallwood, & Davies, 2005) of individuals exhibiting such symptoms.

Similarly, the label of bipolar disorder did not have the hypothesized effect; rather it was rated most positively, which is contrary to research literature (Michalak, et al., 2006). The description of symptoms in this study (i.e., decreased need for sleep, high self-esteem, racing thoughts, mood swings, easily distracted, and feeling more talkative than usual), were related to a manic episode, rather than symptoms related to the full spectrum (i.e., highs and lows) classically associated with bipolar disorder. These results may suggest that this particular set of symptoms are appealing to busy college students just as they are appealing to some individuals diagnosed with bipolar disorder.

While participants did not rate relationship problems most positively, as predicted, they did rate it more positively than anxiety, bulimia, and depression. Relationship problems are common and may be seen as less “pathological” and perceived as a normal part of development, which could explain why they were viewed in a relatively positive light (ACHA, 2007).

Anxiety (i.e., worrying, muscle tension, sleep difficulties, irritability, difficulty concentrating, fatigue, and restlessness) was rated slightly lower than relationship problems, which could be due to the prevalence of the symptoms amongst college students (ACHA, 2007). Again, given that colleges and universities are often stressful environments in which performance is expected, symptoms of anxiety may be viewed as

a common part of the college experience.

As predicted, bulimia nervosa was rated more negatively than most of the other mental illnesses presented here. Bulimia may be perceived as a mental illness that an individual has more control, and therefore more responsibility, over (Crisp, 2005). As Boyesen and Vogel (2008) and others (Corrigan, 2000; Corrigan & Watson, 2007) have discussed, attribution theory posits that behaviors that are controllable are more likely to be stigmatized than behaviors that are uncontrollable. Thus, the behaviors described in the present study (i.e., trying to lose weight by skipping meals, eating large amounts of food in short periods of time, then throwing up) may be perceived as being behaviors of choice rather than behaviors due to a biologically-based mental illness (Crisp, 2005).

Campus Service Utilization

An important aspect of the current study was to examine utilization of campus services among students. These services are highly important because they meet students' needs in specific areas, offer supportive services to increase academic success, and offer information about and referrals to other services. Colleges and universities can and should use available campus services to educate students about available supports, including the counseling center. Furthermore, having information regarding services and mental health issues present in numerous areas may help to normalize the concept and to reduce the stigma surrounding mental health.

The three most frequently utilized campus services were Hartshorn Health Service, the Career Center, and the Wellness Zone. Because the student health center provides a variety of general physical health services, it makes sense that the majority of students would utilize the health center at one point or another. Furthermore, students

may also seek services at the health center even when they are dealing with mental health issues. This may be because they are not aware of the availability of mental health services, or because seeking help for physical complaints and from physical health providers may be more socially acceptable than seeking help from mental health providers (Ben-Porath, 2002; Link, et al., 1999). While the number of students that have presented to the health center with mental health concerns cannot be determined from the current study, it is important to note that of the counseling center users, only a small percentage indicated that they'd been referred from someone at the health center. These findings may indicate that more communication and collaboration between the service agencies is needed.

The Career Center also offers a broad range of services to students to assist in transitioning from a student to a professional. Individuals may utilize the center for a specific goal, such as finding a job, but they may also utilize the service for help with vocational assessment, career counseling, and professional development. It may be appropriate to refer some students to the counseling center, especially if they have concerns in addition to their career-related needs.

The Wellness Zone is a cooperative effort of a number of campus service agencies and provides information and services for nutrition, stress management screenings, and health assessments. The Wellness Zone is located in the student center and provides information regarding the counseling center and mental health issues, and offers outreach programming on a variety of topics. Because the Wellness Zone is located in a common, busy area and offers information on a variety of topics, it may be a highly effective way to educate and reach out to students in a manner that is not associated with

as much stigma.

University Counseling Center Services Utilized. As expected, fewer students utilized the counseling center than those that had not utilized the counseling center. Results from this study support results from other studies indicating that a small minority ever seek mental health services (Cooper, et al., 2003; Kessler, et al., 2001; Kessler, et al., 2003). Although the majority of students had not sought services at the counseling center, a great number of those students still reported having a previous mental health diagnosis. It is possible that some of those students are already being treated elsewhere and may not need the services provided on campus, but it may also point to a reluctance to seek help.

Students identifying as freshmen make up the smallest group of counseling center uses and the second-largest group of non-users, which may be an indication that the younger students do not know about the resources available to them and may be less likely to seek help (Gonzalez, et al., 2005)

Reasons for not utilizing services. Although many students reported they did not utilize the counseling center because they did not need to, many other students reported a variety of reasons for not seeking services. These reasons may identify barriers to seeking mental health services. A number of the reasons listed on the survey point to a lack of knowledge about seeking services. It is concerning that many students indicated they did not know where the counseling center was located, what types of services were offered, or why a student might seek help there. Additionally, some students wrote in “other” responses for not seeking services that also point to a lack of knowledge. For example, two individuals indicated that they didn’t know what the UCC was and another individual

stated that “price” was the reason for not using services. However, a portion of counseling sessions are already paid by student fees and other services are offered at a very low price.

Other reasons point to fear and/or stigma related to seeking mental health services. Some students noted that they were concerned about what others would think, while other students indicated that they were worried about confidentiality, parents or others finding out, and of being hospitalized involuntarily. As such, students might benefit from learning more about confidentiality and client rights when seeking services.

Seeking services in additional locations

As mentioned previously (Corrigan, 2000; Corrigan & Kleinlein, 2005; Link & Phelan, 1999; Sibicky & Dovidio, 1986) a mental illness label can often be assigned to someone because they have been associated with a mental health clinic. Thus, this study examined the likelihood of seeking services in locations other than the counseling center. Many students indicated that they would be more likely to seek mental health services if they were offered in the student health center or the student center. This supports other research (Ben-Porath, 2002) indicating that seeking physical health services is more acceptable than mental health services; therefore, students might feel less stigmatized if others could not label them as needing counseling services. Similarly, most students use the student center, as do faculty, staff, and visitors to the university. Thus, if counseling services were offered in a common, busy location, students seeking those services might feel more anonymous and therefore less stigmatized.

Offering mental health services in the residence halls may be helpful for those students currently living there, though not for students living off campus. Given that the

majority of students in this sample reported living off campus, it is not surprising that the majority of respondents noted they would not likely seek services offered in the residence halls.

Previous diagnoses and knowledge about mental illness

Many respondents reported having a previous mental health diagnosis. As expected, the presence of a mental illness was significantly related to a respondent's perceived total knowledge about mental illnesses. While this study did partially examine mental health history, information regarding current mental health concerns would have been beneficial in gaining an understanding of how many students continue to deal with mental health issues.

Overall, participants seemed to believe they had some knowledge about the mental illnesses described in this study. It is interesting to note that people reported they were least knowledgeable about bipolar disorder, but they rated bipolar disorder most positively; similarly, participants rated depression most negatively, but they had the most knowledge about that mental illness. Additionally, participants noted that they had less knowledge about bulimia and yet bulimia was rated more negatively than bipolar disorder.

Opinions about students with mental illness

Data for this study were collected during the one-year anniversary of the Virginia Tech shootings (Davies, 2008; Flynn & Heitzmann, 2008). It is promising to note, that in spite of all the publicity, fear, and caution following the shootings, when responding to the three opinion questions, (Becker, et al., 2002) students did not report feeling more uncomfortable or less safe when a student with a mental illness is in the classroom. Additionally, students did not report that they believe that students with mental illness

were dangerous.

Limitations

While the present study utilized appropriate methodology by randomly sampling, random assignment, counterbalancing the survey items, and sending multiple reminder e-mails, the low response rate and small sample size of this study threatens the validity and generalizability of the results. While web-based research can be cost-effective, efficient, and reach a wider variety of participants, there are also inherent problems associated with the technique. Email filters could prevent the emails from reaching participants and those that do not read their email at all, may have missed the invitation and reminders (Birnbaum, 2004; Crawford, Couper, & Lamias, 2001).

Demographic information was not available for the 2,960 students randomly selected for the present study, so comparisons between the students that completed the survey and the students that chose not to participate cannot be made. It is possible that the students who chose to participate are characteristically different or may hold different attitudes about mental illness than the students that did not participate in the study.

Similarly, while many individuals did not respond to the request to participate in research, others responded initially and dropped out of the study without completing the entire survey. Some researchers recommend collecting demographic information at the beginning of survey, which would create an opportunity to compare the demographic info of the dropouts and the completers (Birnbaum, 2004).

Practical implications

Outreach is an important asset for college and universities, though may be underutilized (Farrell, 2008; Shuchman, 2007). Many universities are trying to increase

their outreach efforts because of the high percentages of students that never seek services within the counseling center; however, some of those students may be reached through outreach and prevention services. Additionally, because men tend to utilize services less and underreport difficulties, it may be necessary to focus outreach and interventions at reaching men on college campuses.

As the present study shows, education regarding available services, the limits of confidentiality and client rights may also be useful for students. Many institutions provide students with information about campus services during freshman orientation. However, students are receiving a great deal of other information at that time, which is often confusing and overwhelming. Campuses should consider presenting the information at various times and in various settings, while also providing information about mental illnesses (e.g., signs and symptoms).

In designing future interventions, it will be important to consider that different disorders are often perceived differently, as demonstrated by the current study and other research (e.g., Boysen & Vogel, 2008; Crisp, 2005; Link, et al., 1999). Moreover, it may be more effective to assess pre-existing attitudes about mental illness before presenting anti-stigma materials. Interventions may also need to occur well before an individual reaches college-age.

Communication and feedback loops between health centers, counseling centers, and other outside agencies (e.g., emergency rooms or psychiatric hospitals) have historically been poor (Shuchman, 2007), yet communication within, as well as outside of, the university setting is highly important (Davies, 2008; Farrell, 2008). Universities may consider ways to gain information about incoming students' mental health history,

history of academic supports and accommodations, and implement strategies for student service agencies to coordinate with each other. Furthermore, more counseling centers and health centers are moving toward integrating their services, which could greatly improve the ease with which providers can communicate and coordinate care.

Future research

Future research should address some of the limitations of the current study. Specifically, this study should be replicated with a larger, more representative sample of college students. This study had a very small sample size, which may be due, in part, to the use of web-based methods. As stated, web-based surveys may be able to reach a larger audience, but non-response and drop-out are major limitations. Thus, it may be beneficial to collect data using paper-and-pencil methods in the future. However, if web-based methods are used, mechanisms to collect demographic information about the non-responders would be highly beneficial in order to compare responders with non-responders.

Although the current study gathered information about students that did not utilize counseling center services, future research should focus more on those students. It would be particularly interesting to assess further the factors contributing to non-utilization among students that are currently experiencing mental health symptoms. In addition to asking questions about why they have not sought services, it may be beneficial to have students self-assess the level of severity of their symptoms, as well as their perceived ability to cope with symptoms.

Lastly, gaining a better understanding of overt discrimination associated with seeking help for mental health difficulties would be a useful addition to research in this

area. Future research can improve upon the existing literature by focusing on college students and their experiences of discrimination associated with mental health issues.

An exciting recent development is the Center for the Study of College Student Mental Health (www.sa.psu.edu/caps/research_center.shtml), which has been endorsed by approximately 150 university counseling centers (Flynn & Heitzmann, 2008).

Participating universities and colleges have agreed to contribute to aggregated data sets on student mental health. Such widespread collaboration will not only allow colleges and universities a chance to gather current data and monitor mental health trends, it may also encourage increased and continued communication. This collaborative project will provide valuable data that should be utilized in future research and interventions.

Conclusions

The results of this study contribute to our understanding of college students in a number of ways. First, participants in this study perceived mental illnesses among college students differently. Second, students that have not sought mental health services on campus have cited a number of reasons for not doing so (e.g., not aware of services or location, fears related to treatment, fears related to others finding out about seeking treatment). Third, greater self-perceptions of knowledge of mental illness are related to more positive opinions of students with mental illness.

Although previous research has examined perceptions of mental illness, utilization of mental health services, and previous experiences of mental illness, the present research contributes uniquely to our understanding of college students. This research improves upon previous research and will likely act as a bridge between what has been studied previously and what needs to be evaluated in future research.

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APPENDIX A
OPINIONS OF MENTAL ILLNESS SURVEY

OPINIONS OF MENTAL ILLNESS SURVEY (MALE VERSION FORM A)

You will be asked to read a brief description of a variety of college students who are coping with various issues. Based on each description, you will rate the individual on a number of characteristics. Although you will be given only the briefest description, imagine what this person might be like based upon the characteristics listed below. By choosing a “5,” you are indicating that the person is very much like the characteristic; by choosing a “1,” you are indicating that the person is not at all like the characteristic. You may choose any number between 1 and 5, as long as you think it best describes the person you read about.

1. Imagine a **male** college student who is experiencing symptoms of depression, such as loss of interest in activities, fatigue, tearfulness, loss of appetite, and weight loss. Suppose you met this person on campus. Choose the characteristics that best describe this person.

	Very		Neutral		Not at all
	5	4	3	2	1
emotionally stable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
friendly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
helpless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
lazy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
weak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Imagine a **male** college student who is experiencing symptoms of anxiety, such as worrying, muscle tension, sleep difficulties, irritability, difficulty concentrating, fatigue, and restlessness. Suppose you met this person on campus. Choose the characteristics that best describe this person.

	Very		Neutral		Not at all
	5	4	3	2	1
emotionally stable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
friendly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
helpless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
lazy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
weak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Imagine a **male** college student who is experiencing symptoms of bulimia nervosa, such as having a poor body image, trying to lose weight by skipping meals, eating large amounts of food in short periods of time, then throwing up. Suppose you met this person on campus. Choose the characteristics that best describe this person.

	Very 5	4	Neutral 3	2	Not at all 1
emotionally stable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
friendly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
helpless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
lazy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
weak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Imagine a **male** college student who is experiencing relationship problems, such as feeling jealous of and angry with his partner, having poor communication, and having difficulty expressing emotions. Suppose you met this person on campus. Choose the characteristics that best describe this person.

	Very 5	4	Neutral 3	2	Not at all 1
emotionally stable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
friendly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
helpless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
lazy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
weak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Imagine a **male** college student who is experiencing symptoms of bipolar disorder, such as decreased need for sleep, high self-esteem, racing thoughts, mood swings, easily distracted, and feeling more talkative than usual. Suppose you met this person on campus. Choose the characteristics that best describe this person.

	Very 5	4	Neutral 3	2	Not at all 1
emotionally stable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
friendly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
helpless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
lazy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
weak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. What is your gender identity?

- Female
- Male
- Transgender

7. What is your age?

- | | |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> 17 and under | <input type="checkbox"/> 24 |
| <input type="checkbox"/> 18 | <input type="checkbox"/> 25 |
| <input type="checkbox"/> 19 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 20 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 21 | <input type="checkbox"/> 28 |
| <input type="checkbox"/> 22 | <input type="checkbox"/> 29 |
| <input type="checkbox"/> 23 | <input type="checkbox"/> 30 and above |

8. What is your student status? Freshman Sophomore Junior Senior

9. What is your major? _____

10. How do you identify racially/ethnically? (Check all that apply)

- Asian/Pacific Islander
- Asian American
- Black/African American
- Caucasian
- Latino(a)/Hispanic
- Native American/American Indian
- Other (please specify): _____

11. Where do you currently live?

- On-campus
- Off-campus

12. What is your current relationship status?

- Partnered, not living together
- Partnered, living together
- Single
- Married
- Divorced
- Widowed
- Separated
- Other (please specify): _____

13. Which of the following services have you **ever** utilized? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Learning Assistance Center | <input type="checkbox"/> The Career Center |
| <input type="checkbox"/> The Wellness Zone | <input type="checkbox"/> Hartshorn Health Services |
| <input type="checkbox"/> Resources for Disabled Students | <input type="checkbox"/> The DAY Program |
| <input type="checkbox"/> None of the above | |

14. Have you previously visited the University Counseling Center (UCC) at Colorado State University?

- Yes (Skip to Q16)
 No (Go to Q15)

15. Why have you not previously visited the University Counseling Center (UCC)? (check all that apply): (Go to Q19)

- I have not needed to utilize its services.
- I was not sure where the UCC is located.
- I was not aware of the services offered at UCC.
- I was concerned about what others might think.
- I could not get in when needed for an appointment.
- I was worried about confidentiality.
- I was worried my parents would find out.
- I wanted to solve the problem on my own.
- The hours of operation are not convenient.
- I thought the problem would get better on its own.
- The location is not convenient.
- I was afraid of being put in the hospital against my will.
- I didn't think the people there would understand my concerns.
- The people there are not like me and cannot relate to me or my concerns.
- Other (please specify): _____

16. What made you choose to visit the University Counseling Center (UCC)? (Check all that apply)

- It was paid for by my student fees.
- The location was convenient.
- A friend or faculty member referred me.
- I heard about its services from a presentation.
- I saw some advertising.
- A friend said it was helpful.
- I was referred by someone at Hartshorn Health Services.
- My parent(s) heard about it and told me to go.
- I saw information about it on the website.
- I've been used similar services at another agency and found it helpful.
- Other (please specify): _____

17. How many times have you visited the center during this academic year?

- Once
- 2-3 times
- 4-5 times
- More than five times

18. What services have you utilized at the University Counseling Center (UCC)?

- Group Therapy
- Individual Therapy
- Stress Management Program
- Crisis/Emergency Counseling
- Learning Assessment
- Alcohol/Drug Assessment
- Other (please specify): _____

19. Which of the following have you **ever** been diagnosed with? (Check all that apply)

	Yes	No
Anxiety	<input type="checkbox"/>	<input type="checkbox"/>
Bipolar Disorder	<input type="checkbox"/>	<input type="checkbox"/>
Bulimia Nervosa	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>
Relationship Problems	<input type="checkbox"/>	<input type="checkbox"/>

20. How many other individuals do you personally know that you think may have had a mental illness?

- Not sure
- 1-2
- 3-5
- 6-8
- 8-10
- 10 or more

21. The person described previously in this survey was:

- Male
- Female

22. As a CSU student, if you were ever in need of **counseling services** and they were offered in the following additional locations, how likely would you be to use the services (5= very likely; 1= not at all likely)?

	Very Likely 5	4	Neutral 3	2	Not at all likely 1
Career Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hartshorn Health Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lory Student Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Residence Halls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. How knowledgeable are you about the common problems listed below that were previously described in this questionnaire?

	Very knowledgeable 5	4	Neutral 3	2	Not at all knowledgeable 1
Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bipolar Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bulimia Nervosa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much do you agree with the following statements?

24. I feel comfortable when dealing with a student who has symptoms of a mental illness.

Strongly Agree 5	Agree 4	Neutral 3	Disagree 2	Strongly Disagree 1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. Students with mental illness are dangerous to have in a classroom.

Strongly Agree 5	Agree 4	Neutral 3	Disagree 2	Strongly Disagree 1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26. I would not feel safe in the presence of a student with a mental illness.

Strongly Agree 5	Agree 4	Neutral 3	Disagree 2	Strongly Disagree 1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OPINIONS OF MENTAL ILLNESS SURVEY (MALE VERSION FORM B)

You will be asked to read a brief description of a variety of college students who are coping with various issues. Based on each description, you will rate the individual on a number of characteristics. Although you will be given only the briefest description, imagine what this person might be like based upon the characteristics listed below. By choosing a “5,” you are indicating that the person is very much like the characteristic; by choosing a “1,” you are indicating that the person is not at all like the characteristic. You may choose any number between 1 and 5, as long as you think it best describes the person you read about.

1. Imagine a **male** college student who is experiencing symptoms of bipolar disorder, such as decreased need for sleep, high self-esteem, racing thoughts, mood swings, easily distracted, and feeling more talkative than usual. Suppose you met this person on campus. Choose the characteristics that best describe this person.

	Very 5	4	Neutral 3	2	Not at all 1
emotionally stable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
friendly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
helpless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
lazy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
weak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Imagine a **male** college student who is experiencing relationship problems, such as feeling jealous of and angry with his partner, having poor communication, and having difficulty expressing emotions. Suppose you met this person on campus. Choose the characteristics that best describe this person.

	Very 5	4	Neutral 3	2	Not at all 1
emotionally stable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
friendly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
helpless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
lazy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
weak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Imagine a **male** college student who is experiencing symptoms of bulimia nervosa, such as having a poor body image, trying to lose weight by skipping meals, eating large amounts of food in short periods of time, then throwing up. Suppose you met this person on campus. Choose the characteristics that best describe this person.

	Very		Neutral		Not at all
	5	4	3	2	1
emotionally stable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
friendly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
helpless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
lazy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
weak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Imagine a **male** college student who is experiencing symptoms of anxiety, such as worrying, muscle tension, sleep difficulties, irritability, difficulty concentrating, fatigue, and restlessness. Suppose you met this person on campus. Choose the characteristics that best describe this person.

	Very		Neutral		Not at all
	5	4	3	2	1
emotionally stable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
friendly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
helpless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
lazy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
weak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Imagine a **male** college student who is experiencing symptoms of depression, such as loss of interest in activities, fatigue, tearfulness, loss of appetite, and weight loss. Suppose you met this person on campus. Choose the characteristics that best describe this person.

	Very		Neutral		Not at all
	5	4	3	2	1
emotionally stable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
friendly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
helpless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
lazy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
weak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. What is your gender identity?

- Female
- Male
- Transgender

7. What is your age?

- | | |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> 17 and under | <input type="checkbox"/> 24 |
| <input type="checkbox"/> 18 | <input type="checkbox"/> 25 |
| <input type="checkbox"/> 19 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 20 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 21 | <input type="checkbox"/> 28 |
| <input type="checkbox"/> 22 | <input type="checkbox"/> 29 |
| <input type="checkbox"/> 23 | <input type="checkbox"/> 30 and above |

8. What is your student status? Freshman Sophomore Junior Senior

9. What is your major? _____

10. How do you identify racially/ethnically? (Check all that apply)

- Asian/Pacific Islander
- Asian American
- Black/African American
- Caucasian
- Latino(a)/Hispanic
- Native American/American Indian
- Other (please specify): _____

11. Where do you currently live?

- On-campus
- Off-campus

12. What is your current relationship status?

- Partnered, not living together
- Partnered, living together
- Single
- Married
- Divorced
- Widowed
- Separated
- Other (please specify): _____

13. Which of the following services have you **ever** utilized? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Learning Assistance Center | <input type="checkbox"/> The Career Center |
| <input type="checkbox"/> The Wellness Zone | <input type="checkbox"/> Hartshorn Health Services |
| <input type="checkbox"/> Resources for Disabled Students | <input type="checkbox"/> The DAY Program |
| <input type="checkbox"/> None of the above | |

14. Have you previously visited the University Counseling Center (UCC) at Colorado State University?

- Yes (Skip to Q16)
 No (Go to Q15)

15. Why have you not previously visited the University Counseling Center (UCC)? (check all that apply): (Go to Q19)

- I have not needed to utilize its services.
- I was not sure where the UCC is located.
- I was not aware of the services offered at UCC.
- I was concerned about what others might think.
- I could not get in when needed for an appointment.
- I was worried about confidentiality.
- I was worried my parents would find out.
- I wanted to solve the problem on my own.
- The hours of operation are not convenient.
- I thought the problem would get better on its own.
- The location is not convenient.
- I was afraid of being put in the hospital against my will.
- I didn't think the people there would understand my concerns.
- The people there are not like me and cannot relate to me or my concerns.
- Other (please specify): _____

16. What made you choose to visit the University Counseling Center (UCC)? (Check all that apply)

- It was paid for by my student fees.
- The location was convenient.
- A friend or faculty member referred me.
- I heard about its services from a presentation.
- I saw some advertising.
- A friend said it was helpful.
- I was referred by someone at Hartshorn Health Services.
- My parent(s) heard about it and told me to go.
- I saw information about it on the website.
- I've been used similar services at another agency and found it helpful.
- Other (please specify): _____

17. How many times have you visited the center during this academic year?

- Once
- 2-3 times
- 4-5 times
- More than five times

18. What services have you utilized at the University Counseling Center (UCC)?

- Group Therapy
- Individual Therapy
- Stress Management Program
- Crisis/Emergency Counseling
- Learning Assessment
- Alcohol/Drug Assessment
- Other (please specify): _____

19. Which of the following have you **ever** been diagnosed with? (Check all that apply)

	Yes	No
Anxiety	<input type="checkbox"/>	<input type="checkbox"/>
Bipolar Disorder	<input type="checkbox"/>	<input type="checkbox"/>
Bulimia Nervosa	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>
Relationship Problems	<input type="checkbox"/>	<input type="checkbox"/>

20. How many other individuals do you personally know that you think may have had a mental illness?

- Not sure
- 1-2
- 3-5
- 6-8
- 8-10
- 10 or more

21. The person described previously in this survey was:

- Male
- Female

22. As a CSU student, if you were ever in need of **counseling services** and they were offered in the following additional locations, how likely would you be to use the services (5= very likely; 1= not at all likely)?

	Very Likely	4	Neutral	2	Not at all likely
	5		3		1
Career Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hartshorn Health Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lory Student Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Residence Halls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. How knowledgeable are you about the common problems listed below that were previously described in this questionnaire?

	Very knowledgeable	4	Neutral	2	Not at all knowledgeable
	5		3		1
Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bipolar Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bulimia Nervosa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much do you agree with the following statements?

24. I feel comfortable when dealing with a student who has symptoms of a mental illness.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
5	4	3	2	1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. Students with mental illness are dangerous to have in a classroom.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
5	4	3	2	1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26. I would not feel safe in the presence of a student with a mental illness.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
5	4	3	2	1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OPINIONS OF MENTAL ILLNESS SURVEY (FEMALE VERSION FORM A)

You will be asked to read a brief description of a variety of college students who are coping with various issues. Based on each description, you will rate the individual on a number of characteristics. Although you will be given only the briefest description, imagine what this person might be like based upon the characteristics listed below. By choosing a “5,” you are indicating that the person is very much like the characteristic; by choosing a “1,” you are indicating that the person is not at all like the characteristic. You may choose any number between 1 and 5, as long as you think it best describes the person you read about.

1. Imagine a **female** college student who is experiencing symptoms of depression, such as loss of interest in activities, fatigue, tearfulness, loss of appetite, and weight loss. Suppose you met this person on campus. Choose the characteristics that best describe this person.

	Very 5	4	Neutral 3	2	Not at all 1
emotionally stable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
friendly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
helpless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
lazy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
weak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Imagine a **female** college student who is experiencing symptoms of anxiety, such as worrying, muscle tension, sleep difficulties, irritability, difficulty concentrating, fatigue, and restlessness. Suppose you met this person on campus. Choose the characteristics that best describe this person.

	Very 5	4	Neutral 3	2	Not at all 1
emotionally stable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
friendly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
helpless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
lazy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
weak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Imagine a **female** college student who is experiencing symptoms of bulimia nervosa, such as having a poor body image, trying to lose weight by skipping meals, eating large amounts of food in short periods of time, then throwing up. Suppose you met this person on campus. Choose the characteristics that best describe this person.

	Very 5	4	Neutral 3	2	Not at all 1
emotionally stable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
friendly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
helpless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
lazy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
weak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Imagine a **female** college student who is experiencing relationship problems, such as feeling jealous of and angry with her partner, having poor communication, and having difficulty expressing emotions. Suppose you met this person on campus. Choose the characteristics that best describe this person.

	Very 5	4	Neutral 3	2	Not at all 1
emotionally stable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
friendly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
helpless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
lazy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
weak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Imagine a **female** college student who is experiencing symptoms of bipolar disorder, such as decreased need for sleep, high self-esteem, racing thoughts, mood swings, easily distracted, and feeling more talkative than usual. Suppose you met this person on campus. Choose the characteristics that best describe this person.

	Very 5	4	Neutral 3	2	Not at all 1
emotionally stable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
friendly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
helpless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
lazy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
weak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. What is your gender identity?

- Female
- Male
- Transgender

7. What is your age?

- | | |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> 17 and under | <input type="checkbox"/> 24 |
| <input type="checkbox"/> 18 | <input type="checkbox"/> 25 |
| <input type="checkbox"/> 19 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 20 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 21 | <input type="checkbox"/> 28 |
| <input type="checkbox"/> 22 | <input type="checkbox"/> 29 |
| <input type="checkbox"/> 23 | <input type="checkbox"/> 30 and above |

8. What is your student status? Freshman Sophomore Junior Senior

9. What is your major? _____

10. How do you identify racially/ethnically? (Check all that apply)

- Asian/Pacific Islander
- Asian American
- Black/African American
- Caucasian
- Latino(a)/Hispanic
- Native American/American Indian
- Other (please specify): _____

11. Where do you currently live?

- On-campus
- Off-campus

12. What is your current relationship status?

- Partnered, not living together
- Partnered, living together
- Single
- Married
- Divorced
- Widowed
- Separated
- Other (please specify): _____

13. Which of the following services have you **ever** utilized? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Learning Assistance Center | <input type="checkbox"/> The Career Center |
| <input type="checkbox"/> The Wellness Zone | <input type="checkbox"/> Hartshorn Health Services |
| <input type="checkbox"/> Resources for Disabled Students | <input type="checkbox"/> The DAY Program |
| <input type="checkbox"/> None of the above | |

14. Have you previously visited the University Counseling Center (UCC) at Colorado State University?

- Yes (Skip to Q16)
 No (Go to Q15)

15. Why have you not previously visited the University Counseling Center (UCC)? (check all that apply): (Go to Q19)

- I have not needed to utilize its services.
- I was not sure where the UCC is located.
- I was not aware of the services offered at UCC.
- I was concerned about what others might think.
- I could not get in when needed for an appointment.
- I was worried about confidentiality.
- I was worried my parents would find out.
- I wanted to solve the problem on my own.
- The hours of operation are not convenient.
- I thought the problem would get better on its own.
- The location is not convenient.
- I was afraid of being put in the hospital against my will.
- I didn't think the people there would understand my concerns.
- The people there are not like me and cannot relate to me or my concerns.
- Other (please specify): _____

16. What made you choose to visit the University Counseling Center (UCC)? (Check all that apply)

- It was paid for by my student fees.
- The location was convenient.
- A friend or faculty member referred me.
- I heard about its services from a presentation.
- I saw some advertising.
- A friend said it was helpful.
- I was referred by someone at Hartshorn Health Services.
- My parent(s) heard about it and told me to go.
- I saw information about it on the website.
- I've been used similar services at another agency and found it helpful.
- Other (please specify): _____

17. How many times have you visited the center during this academic year?

- Once
- 2-3 times
- 4-5 times
- More than five times

18. What services have you utilized at the University Counseling Center (UCC)?

- Group Therapy
- Individual Therapy
- Stress Management Program
- Crisis/Emergency Counseling
- Learning Assessment
- Alcohol/Drug Assessment
- Other (please specify): _____

19. Which of the following have you **ever** been diagnosed with? (Check all that apply)

	Yes	No
Anxiety	<input type="checkbox"/>	<input type="checkbox"/>
Bipolar Disorder	<input type="checkbox"/>	<input type="checkbox"/>
Bulimia Nervosa	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>
Relationship Problems	<input type="checkbox"/>	<input type="checkbox"/>

20. How many other individuals do you personally know that you think may have had a mental illness?

- Not sure
- 1-2
- 3-5
- 6-8
- 8-10
- 10 or more

21. The person described previously in this survey was:

- Male
- Female

22. As a CSU student, if you were ever in need of **counseling services** and they were offered in the following additional locations, how likely would you be to use the services (5= very likely; 1= not at all likely)?

	Very Likely	4	Neutral	2	Not at all likely
	5		3		1
Career Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hartshorn Health Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lory Student Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Residence Halls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. How knowledgeable are you about the common problems listed below that were previously described in this questionnaire?

	Very knowledgeable	4	Neutral	2	Not at all knowledgeable
	5		3		1
Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bipolar Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bulimia Nervosa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much do you agree with the following statements?

24. I feel comfortable when dealing with a student who has symptoms of a mental illness.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
5	4	3	2	1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. Students with mental illness are dangerous to have in a classroom.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
5	4	3	2	1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26. I would not feel safe in the presence of a student with a mental illness.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
5	4	3	2	1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OPINIONS OF MENTAL ILLNESS SURVEY (FEMALE VERSION FORM B)

You will be asked to read a brief description of a variety of college students who are coping with various issues. Based on each description, you will rate the individual on a number of characteristics. Although you will be given only the briefest description, imagine what this person might be like based upon the characteristics listed below. By choosing a “5,” you are indicating that the person is very much like the characteristic; by choosing a “1,” you are indicating that the person is not at all like the characteristic. You may choose any number between 1 and 5, as long as you think it best describes the person you read about.

1. Imagine a **female** college student who is experiencing symptoms of bipolar disorder, such as decreased need for sleep, high self-esteem, racing thoughts, mood swings, easily distracted, and feeling more talkative than usual. Suppose you met this person on campus. Choose the characteristics that best describe this person.

	Very 5	4	Neutral 3	2	Not at all 1
emotionally stable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
friendly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
helpless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
lazy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
weak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Imagine a **female** college student who is experiencing relationship problems, such as feeling jealous of and angry with his partner, having poor communication, and having difficulty expressing emotions. Suppose you met this person on campus. Choose the characteristics that best describe this person.

	Very 5	4	Neutral 3	2	Not at all 1
emotionally stable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
friendly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
helpless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
lazy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
weak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Imagine a **female** college student who is experiencing symptoms of bulimia nervosa, such as having a poor body image, trying to lose weight by skipping meals, eating large amounts of food in short periods of time, then throwing up. Suppose you met this person on campus. Choose the characteristics that best describe this person.

	Very 5	4	Neutral 3	2	Not at all 1
emotionally stable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
friendly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
helpless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
lazy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
weak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Imagine a **female** college student who is experiencing symptoms of anxiety, such as worrying, muscle tension, sleep difficulties, irritability, difficulty concentrating, fatigue, and restlessness. Suppose you met this person on campus. Choose the characteristics that best describe this person.

	Very 5	4	Neutral 3	2	Not at all 1
emotionally stable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
friendly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
helpless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
lazy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
weak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Imagine a **female** college student who is experiencing symptoms of depression, such as loss of interest in activities, fatigue, tearfulness, loss of appetite, and weight loss. Suppose you met this person on campus. Choose the characteristics that best describe this person.

	Very 5	4	Neutral 3	2	Not at all 1
emotionally stable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
friendly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
helpless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
lazy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
weak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. What is your gender identity?

- Female
- Male
- Transgender

7. What is your age?

- | | |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> 17 and under | <input type="checkbox"/> 24 |
| <input type="checkbox"/> 18 | <input type="checkbox"/> 25 |
| <input type="checkbox"/> 19 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 20 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 21 | <input type="checkbox"/> 28 |
| <input type="checkbox"/> 22 | <input type="checkbox"/> 29 |
| <input type="checkbox"/> 23 | <input type="checkbox"/> 30 and above |

8. What is your student status? Freshman Sophomore Junior Senior

9. What is your major? _____

10. How do you identify racially/ethnically? (Check all that apply)

- Asian/Pacific Islander
- Asian American
- Black/African American
- Caucasian
- Latino(a)/Hispanic
- Native American/American Indian
- Other (please specify): _____

11. Where do you currently live?

- On-campus
- Off-campus

12. What is your current relationship status?

- Partnered, not living together
- Partnered, living together
- Single
- Married
- Divorced
- Widowed
- Separated
- Other (please specify): _____

13. Which of the following services have you ever utilized? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Learning Assistance Center | <input type="checkbox"/> The Career Center |
| <input type="checkbox"/> The Wellness Zone | <input type="checkbox"/> Hartshorn Health Services |
| <input type="checkbox"/> Resources for Disabled Students | <input type="checkbox"/> The DAY Program |
| <input type="checkbox"/> None of the above | |

14. Have you previously visited the University Counseling Center (UCC) at Colorado State University?

- Yes (Skip to Q16)
 No (Go to Q15)

15. Why have you not previously visited the University Counseling Center (UCC)? (check all that apply): (Go to Q19)

- I have not needed to utilize its services.
 I was not sure where the UCC is located.
 I was not aware of the services offered at UCC.
 I was concerned about what others might think.
 I could not get in when needed for an appointment.
 I was worried about confidentiality.
 I was worried my parents would find out.
 I wanted to solve the problem on my own.
 The hours of operation are not convenient.
 I thought the problem would get better on its own.
 The location is not convenient.
 I was afraid of being put in the hospital against my will.
 I didn't think the people there would understand my concerns.
 The people there are not like me and cannot relate to me or my concerns.
 Other (please specify): _____

16. What made you choose to visit the University Counseling Center (UCC)? (Check all that apply)

- It was paid for by my student fees.
 The location was convenient.
 A friend or faculty member referred me.
 I heard about its services from a presentation.
 I saw some advertising.
 A friend said it was helpful.
 I was referred by someone at Hartshorn Health Services.
 My parent(s) heard about it and told me to go.
 I saw information about it on the website.
 I've been used similar services at another agency and found it helpful.
 Other (please specify): _____

17. How many times have you visited the center during this academic year?

- Once
- 2-3 times
- 4-5 times
- More than five times

18. What services have you utilized at the University Counseling Center (UCC)?

- Group Therapy
- Individual Therapy
- Stress Management Program
- Crisis/Emergency Counseling
- Learning Assessment
- Alcohol/Drug Assessment
- Other (please specify): _____

19. Which of the following have you **ever** been diagnosed with? (Check all that apply)

	Yes	No
Anxiety	<input type="checkbox"/>	<input type="checkbox"/>
Bipolar Disorder	<input type="checkbox"/>	<input type="checkbox"/>
Bulimia Nervosa	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>
Relationship Problems	<input type="checkbox"/>	<input type="checkbox"/>

20. How many other individuals do you personally know that you think may have had a mental illness?

- Not sure
- 1-2
- 3-5
- 6-8
- 8-10
- 10 or more

21. The person described previously in this survey was:

- Male
- Female

22. As a CSU student, if you were ever in need of **counseling services** and they were offered in the following additional locations, how likely would you be to use the services (5= very likely; 1= not at all likely)?

	Very Likely 5	4	Neutral 3	2	Not at all likely 1
Career Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hartshorn Health Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lory Student Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Residence Halls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. How knowledgeable are you about the common problems listed below that were previously described in this questionnaire?

	Very knowledgeable 5	4	Neutral 3	2	Not at all knowledgeable 1
Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bipolar Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bulimia Nervosa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much do you agree with the following statements?

24. I feel comfortable when dealing with a student who has symptoms of a mental illness.

Strongly Agree 5	Agree 4	Neutral 3	Disagree 2	Strongly Disagree 1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. Students with mental illness are dangerous to have in a classroom.

Strongly Agree 5	Agree 4	Neutral 3	Disagree 2	Strongly Disagree 1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26. I would not feel safe in the presence of a student with a mental illness.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
5	4	3	2	1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APPENDIX B

COVER LETTER/INVITATION TO PARTICIPATE

Dear Student,

You are being asked to participate in a research study designed to examine your perceptions and to gather information regarding some of the services you may have used on campus. The study is being conducted by members of the Department of Psychology and may help to understand more about college students.

To participate in this project, we ask that you read a number of brief descriptions about a variety of college students and then complete a survey containing questions related to the descriptions. There will also be questions gathering information about you and the campus services you may have used. The entire process should take approximately 10 to 15 minutes.

It is not possible to identify all of the potential risks in research procedures, but the researchers have taken reasonable safeguards to minimize any potential, but unlikely, risks. Participating in this study should not pose any serious risks to you. There is no known benefit in participating in this study, but we hope to gather more information about your reactions to common issues that college students deal with, as well as the services on campus you have used so that we can improve services offered to college students.

This study is anonymous. That means that no one, not even members of the research team will know that the information you give comes from you. Your information will be combined with information from other people taking part in the study. When we write about the study to share it with other researchers, we will write about the combined information we have gathered. You will not be identified in these written materials.

If you have questions about the study, you can contact the investigators, Heidi Bemowski at 970-347-2377 or Dr. Lee Rosén at 970-491-5925. If you have questions about your rights as a volunteer in this research, contact Janell Barker, Human Research Administrator at 970-491-1655.

Your participation in this research is voluntary. If you decide to participate in the study, you may withdraw your consent and stop participating at any time without penalty. Completing the survey implies consent to participate in the research study.

To complete the survey, please click on the following link:

[<http://www.studentvoice.com/colostate/...>]

APPENDIX C
DEBRIEFING STATEMENT

Thank you for participating in this research project. The purpose of this study is to determine how college students perceive individuals who are struggling with symptoms of mental illness and understand more about college students' preferences for seeking help. This research study will help us gather important information so we can begin to develop more effective education, prevention, and intervention strategies.

If you feel you may be struggling with similar symptoms or other issues touched on in this research, please consider talking with someone at the University Counseling Center (970-491-6053) or visit them in Clark C-36. Five counseling sessions are free for fee-paying CSU students.

If you have any questions, please contact Heidi Bemowski (970-347-2377) or habemo@lamar.colostate.edu or Dr. Lee Rosén (970-491-5925) at the Department of Psychology.