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# MENTAL HEALTH LITERACY AND ATTITUDES TOWARD MENTAL HEALTH HELP-SEEKING AMONG COLLEGE STUDENTS OF NON-MENTAL HEALTH PROFESSIONS

Hannah Metz

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MENTAL HEALTH LITERACY AND ATTITUDES TOWARD MENTAL HEALTH  
HELP-SEEKING AMONG COLLEGE STUDENTS OF NON-MENTAL HEALTH  
PROFESSIONS

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A Project  
Presented to the  
Faculty of  
California State University,  
San Bernardino

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In Partial Fulfillment  
of the Requirements for the Degree  
Master of Social Work

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by  
Hannah Metz  
May 2023

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Approved by:

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Yawen Li, PhD, MSW Research Coordinator

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## ABSTRACT

College students who do not study mental health-related topics are a population that are particularly susceptible to mental health problems due to the stress of higher education and potential lack of mental health literacy. If this population has low levels of mental health literacy, they may not recognize a need to seek help and may be influenced against seeking help due to perceived negative stigma. This study sought to measure the level of mental health literacy among this subpopulation, as well as their attitudes toward seeking help for mental health issues by using a survey questionnaire which included two instruments to evaluate these variables. The data was analyzed using a correlation analysis. A study sample of 36 individuals completed the instruments fully in order to be included in data analysis. The results of this study found that there is a correlation between mental health literacy and attitudes about seeking help for mental health. Other relationships were examined between demographic variables and instrument scores, but these did not provide significant statistical correlation. Implications for the field of social work were discussed. The information collected can be used to further understand the topics of mental health literacy and how it relates to a person's feelings regarding seeking services.

## ACKNOWLEDGEMENTS

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## CHAPTER ONE

### INTRODUCTION

#### Problem Formulation

All college students face stress and pressure that can be difficult to manage, and this can have a compounding effect on any preexisting mental health problems they may have. If students have low levels of mental health literacy, they may not be aware of any resources they can turn to for help (Kutcher et al., 2016) and thus become isolated or rely on negative coping behaviors. This problem can be worsened for students who are in fields of study that never teach them about emotional literacy or mental health topics (Lauber et al., 2005; Miles et al., 2020). For this reason, it is important to study these factors for non-helping profession students specifically to identify any need for interventions that focus on improving mental health knowledge and perceptions.

Research (Cheng et al., 2018; Rafal et al., 2018) has demonstrated that low mental health literacy can be a major contributing factor in preventing young adults and college students from seeking mental health services. Studies have also shown that young adults' awareness of the benefits of mental health treatment is a strong predictor of whether or not they seek help (O'Connor et al., 2014). Importantly, this is a factor that can be changed through improved promotion and education of mental health resources and treatment options.

A study by the Substance Abuse and Mental Health Services Administration (SAMHSA) demonstrated that in 2019, young adults 18-25 years

old had the highest occurrence of mental illness (29.4%) compared to older adults in the 26-49 age group (25.0%) and adults that were 50 and older (14.1%). This young adult age group also had the lowest percentage of mental health services received in the past year (38.9%) compared to the older age groups with 45.4% and 47.2%, respectively (SAMHSA, 2020). This demonstrates the need to find ways to improve mental health literacy which will ideally lead to increased use of mental health treatment among this population. The poor level of mental health and treatment usage within the young adult age group is significant enough to be considered a public health issue.

#### Purpose of the Study

The current study seeks to improve upon existing research by assessing the mental health knowledge of a specific sub-population of college students who do not study psychology or mental health-related subjects. The study also aims to determine the attitudes toward mental health help-seeking among this population to examine the relationship between the two factors of literacy and help-seeking.

If mental health practitioners are not successfully reaching the entirety of the student population, then they are not providing services as effectively as they could be. It is easy to picture how students studying psychology or social work will inevitably be taught extensively about mental health and treatment options. However, it is less likely that students within STEM or other non-helping professions will run into this type of material during their studies unless they

explicitly seek it out (Miles et al., 2020). For this reason, it is possible that there are many students who have low mental health literacy, even if they may be struggling with mental health problems themselves.

The method that was chosen for this research was a quantitative design due to the desire to collect data from a large pool of participants at a single point in time. The study utilized a self-administered questionnaire to gather data from participants. This selected research design helps to ensure the researcher does not inadvertently influence the participant responses to the questionnaire. This design also helps to mitigate concerns regarding confidentiality because the researcher does not have to interact with the participants. A quantitative method also allows the researcher to obtain large amounts of data in a relatively short amount of time.

#### Significance of the Project for Social Work Practice

The findings from this study provide a greater understanding of the level of awareness and engagement with mental health treatment services among students in non-helping profession majors. If the facilitators of the mental health treatment centers on campus understand the levels of emotional intelligence and patterns of mental health help-seeking among college students in non-helping professions, they will likely have a greater understanding of what they can do to better reach this subpopulation of students.

Counselors and facilitators can also implement more specified outreach policies or mental health awareness campaigns at the macro level to increase

students' mental health literacy across the entire CSUSB campus. In doing so, administration can empower students to better identify their own mental health problems when they arise and decide how and when to seek help. This project is significant for the Generalist Intervention Model process in that the results could enable therapists and counselors to improve their engagement with this specific sub-population of students on campus. Without proper engagement, students will not continue through the remaining stages of the helping process.

All college students face stressors and challenges of various severities throughout their educational journey. However, not all students have enough of an awareness about mental health to identify these emotions or problems and thus may never seek support through counseling or treatment. That being said, the research question for this project is as follows: What is the relationship between mental health literacy and attitudes toward mental health help-seeking among college students in non-helping professions?

## CHAPTER TWO

### LITERATURE REVIEW

#### Introduction

Mental health literacy is understood as the awareness and understanding of psychological disorders, which results in the capability to recognize, cope with, and prevent such disorders (Jorm et al., 1997). Mental health literacy enables people to recognize risk factors or causes and seek treatments and professional help. Because early adulthood is typically the time of inception for numerous mental health disorders (de Girolamo et al., 2012), addressing the topic of mental health literacy with this population is critical. The following chapter will review the literature relevant to this research topic and examine major themes found among the research studies.

#### Mental Health Literacy and Help-Seeking Among College Students

##### Prevalence of Mental Health Problems in College Students

The pervasiveness of mental health problems for college students is concerning, not only because of the hardship it causes during a crucial time in their lives, but also because it can have a negative impact on academic achievement (Auerbach et al., 2018; Bruffaerts et al., 2018) and is associated with suicidal ideation (Mortier et al., 2018). The college years are a complex period of significant psychosocial adjustment. During this time, students may struggle with adjusting to newfound responsibilities, identifying their purpose, and



developing new competencies in academic and social settings (Arnett, 2016).

The impact of these developmental changes compounds with an environment of heightened societal and financial pressure, resulting in college students being especially vulnerable to psychological disorders. As an at-risk population, college students are of-interest for further mental health literacy research.

The World Health Organization conducted a survey in 19 colleges across eight countries and found that about 33% of the university students who participated in the survey screened positive for at least one affective or substance disorder from the fifth-edition Diagnostic and Statistical Manual of Mental Disorders (DSM-5) (Auerbach et al., 2018). The Substance Abuse and Mental Health Services Association questioned undergraduate students in their study about their experiences in the past year. Over 45% of the student respondents experienced difficulty functioning because of depression, and more than 65% of them described having overwhelming anxiety (SAMHSA, 2020).

#### Factors that Influence Mental Health Literacy and Interventions

The literature shows that various factors can influence a college student's awareness of mental health. Having taken psychology-related courses or having a major related to psychology or a helping profession shows a high correlation with mental health literacy (Lumaksono et al., 2020; Miles et al., 2020). Students who have been previously diagnosed and/or treated for a mental health disorder also proved to possess increased mental health literacy (Dahlberg et al., 2008; Lauber et al., 2005; Miles et al., 2020). Those who had personal experiences

with peers or family members who have a psychological disorder, or students with families who openly discuss mental health were shown to have an increased awareness of mental health as well (Miles et al., 2020; Reavley et al., 2014). In regard to age, the majority of studies support the idea that young adults tend to be associated with higher mental health literacy (Farrer et al., 2008; Hadjimina & Furnham, 2017). However, there are some discrepancies in the literature as some studies indicate that this can vary depending on the psychological disorder being discussed. Although there are a handful of inconsistencies, overall, the literature supports that female gender tends to be associated with higher mental health literacy (Gibbons et al., 2015; Hadjimina & Furnham, 2017; Lauber et al., 2005; Miles et al., 2020).

The literature also supports increased mental health literacy as a result of educational efforts and resources regarding the transition to college (Kutcher et al., 2016). Studies have conducted systematic reviews to examine the efficacy of using interventions to improve mental health and mental health literacy. All of the studies in the meta-analyses involved adults and many involved college students specifically. The interventions overall demonstrated positive results for improving mental health and mental health literacy (Brijnath et al., 2016; Davies et al., 2014). Although the aim of some of the interventions in the meta-analysis was to improve mental health symptoms such as depression and anxiety, a byproduct of this effect would be increased mental health literacy among the students due to

their enhanced awareness and recognition of symptoms, as evidenced by the literature.

### Effect of Mental Health Literacy on Help-Seeking

The degree of mental health literacy among young adults and people in general can prompt early identification and appropriate intervention for psychological problems. The literature has connected increased levels of mental health literacy to reduced stigma, increased readiness to disclose mental disorders, clearer identification of psychological problems, more positive attitudes about seeking help, and increased use of treatment services (Kutcher et al., 2016; Potvin-Boucher et al., 2010; Rüsçh et al., 2011; Smith & Shochet, 2011). Contrastingly, a person's perception of stigma as well as failure to recognize mental health problems has been shown to correlate with a delay in help-seeking behavior (Johnson & Coles, 2013; Vogel et al., 2007).

This study will build on prior research by furthering the study of mental health literacy as it relates to help-seeking. Although prior research has studied college students using this topic, this study differs from previous literature by focusing on a specific subpopulation of college students who do not study psychology or mental health related topics. The study aims to fill the gap in literature by focusing on this population.

### Theories Guiding Conceptualization

The model used to conceptualize this study is the Model for Mental Health Help Seeking (Cauce et al., 2002). This model provides a focus on the pathways

by which adolescents seek help for psychological problems. The benefit of this perspective is that it considers the individual's culture and context, as these variables play large roles in the person's recognition of mental health problems and whether and how they search for treatment. The variables of race and ethnicity are considered as well. For conceptual clarity, the model defines culture as related to ethnic group and context refers more broadly to socioeconomic status (SES), gender roles, and regional differences (Cauce et al., 2002).

Although the Model for Mental Health Help Seeking was made to apply to the developmental context of adolescence, one can see how these same ideas can be applied to young adults and college students alike for the purposes of this study. The model provides an organizing framework to demonstrate how an individual can experience a help-seeking process that begins with recognition of the problem, progresses to the decision to pursue help, and ends with choosing a treatment option (Cauce et al., 2002). Culture and context can influence any of these stages. For example, an individual's culture may influence whether a problem or behavior is considered to be related to mental health or not. Also, some behaviors or psychiatric symptoms may be more accepted and seen as normal in certain contexts than in others.

This theory helps frame the potential variables involved leading up to an individual seeking or not seeking help for mental health problems. Any of the aforementioned variables can be applicable to the college students participating in this study. This includes recognition of the psychological problem, otherwise

defined in this paper as mental health literacy. Context plays an especially important role in problem perception and recognition, which is the first step towards seeking help.

### Summary

This chapter included an overview of the research relevant to the topic of mental health literacy and help-seeking behavior among college students in non-helping professions. The subsections include mental health literacy and help-seeking behavior among college students, prevalence of mental health problems among college students, the factors that influence mental health literacy and interventions, and the effect of mental health literacy on help-seeking behavior.

## CHAPTER THREE

### METHODS

#### Introduction

This study sought to describe the relationship between mental health literacy and attitudes about mental health help-seeking among college students who study subjects that are unrelated to mental health. This chapter explains the details of how this project was conducted. The sections following include study design, sampling, data collection and instruments, procedures, protection of human subjects, and data analysis.

#### Study Design

The purpose of this research study was to explore the level of mental health literacy among the sample population and describe the relationship between their mental health literacy and their attitude toward mental health help-seeking. A cross-sectional quantitative research design was chosen to best address the topic for this project. This type of analysis allows a larger number of participants to be involved and the findings to be more generalizable. The study was exploratory in nature because the research aimed to become more familiar with the problem area regarding this population, as well as to refine the issue and form a well-rounded picture of the topic. This research also has elements of a descriptive study because it aimed to provide a more precise description of the relationship between mental health knowledge and attitudes regarding seeking

help for the specific subset of college students in non-mental health-related fields.

A limitation of quantitative research is that it does not allow the researcher to obtain detailed responses to questions. Due to this drawback, it is crucial to ensure that there is a wide enough variety of possible responses in the questionnaire to allow the participants to feel that their perspective is represented. Another limitation to this research design is that some participants may get bored while responding and begin to mark their answers haphazardly, resulting in respondent fatigue. A limitation also exists in that there is no comparison group of solely mental health-related majors to provide a direct comparison. Utilizing online questionnaires to collect data also has strengths. This method ensures participant confidentiality and anonymity. Quantitative designs are also less invasive than interacting face-to-face in other methods.

### Sampling

The participants for this study were gathered using a non-probability availability sample of students who volunteered to participate in the research. Of the students who volunteered, data was only used from the participants who met the research criteria to participate. The criteria included that they are over the age of eighteen, they are a student at the Southern California university where this research took place, and they have a major of study that is unrelated to mental health.

## Data Collection and Instruments

Quantitative data was collected via an online, self-administered questionnaire. The questionnaire began with demographic questions regarding the student's age, gender identification, ethnicity identification, major of study, and grade level in university. See Appendix D for demographic questions.

The independent variable for this study is the preexisting knowledge the college students possess about emotions and mental health as measured by the student's score on the Mental Health Literacy Scale (MHLS) (O'Connor & Casey, 2015). See Appendix B for the MHLS scale. The dependent variable is the student's attitude about seeking help for mental health issues as indicated by their score on the Mental Help Seeking Attitude Scale (MHSAS) (Hammer et al., 2018). See Appendix C for the MHSAS scale. The level of measurement for both variables is interval. Due to the exploratory and descriptive nature of this study, the relationship between these variables was examined, however no determination was made regarding causality.

The original MHLS instrument is a 35-item univariate scale. The questionnaire used in this study incorporated a shortened version of this scale that still retains the validity and reliability of the original version. The shortened version has 27 questions; only questions with repetitive themes were removed in order to shorten the instrument. The MHLS has demonstrated good internal consistency reliability with a Cronbach's alpha score of .873 (O'Connor & Casey, 2015). The instrument established test-retest reliability with  $(r(69)=.797, p<.001)$ ,



as well as known groups validity using t-tests to determine that mental health professionals had a significantly higher level of mental health literacy than the community sample that was used (O'Connor & Casey, 2015). The creators of the scale used the Flesch-Kincaid formula to determine that the instrument demonstrated a grade level of 7.6 (O'Connor & Casey, 2015), which was beneficial to ensure participants comprehended the questions that were asked. The MHLS scale covers numerous mental health literacy-related topics, including the capacity to recognize disorders, knowledge of where to find information, awareness of risk factors and causes, familiarity with self-treatment options, information on professional help available, and attitudes that promote recognition or suitable help-seeking behavior (O'Connor & Casey, 2015).

The Mental Help Seeking Attitudes Scale (MHSAS) is a 7-point semantic differential scale with bipolar adjectives at opposite ends. The MHSAS demonstrated internal consistency reliability with  $\alpha=.93$  (Hammer et al., 2018). The scale also showed test-retest reliability with a correlation coefficient of .86 and presented known-group evidence of validity with women and those who sought help regarding mental health shown to report more positive attitudes toward seeking help (Hammer et al., 2018).

## Procedures

A flier was created to solicit student participation on campus. The flier included a brief description of the purpose and goals of the study as well as the criteria required to participate. The flier contained a QR code where the students

can access the questionnaire to participate. The researcher also noted on the flier that participants do not receive compensation for their participation. The flier was advertised on campus during the spring semester of 2022 and remained posted and circulated until the end of data collection. The researcher contacted faculty in twenty-three different departments and requested their permission to forward a digital participation request to their students which included a direct link to participate as well as the QR code. The QR code and link took participants to an initial consent form for them to electronically agree to participate before allowing them to commence the questionnaire.

#### Protection of Human Subjects

A self-administered online questionnaire was used to protect the anonymity of the participants, as no identifiable information was collected from them. Prior to being able to access the questionnaire, the link or QR code from the flier showed participants an informed consent page which they had to agree to in order to participate. The informed consent explained that participation is voluntary and that the participants will not receive compensation for completing the questionnaire or be punished for not participating. See Appendix A for the informed consent page. In order to mitigate the transmission of COVID-19, all data was collected virtually.

## Data Analysis

The independent variable in this research project is the level of mental health literacy the participants possess as measured by their score on the MHLS instrument. The dependent variable is the participant's attitudes toward mental health help-seeking, as indicated by their results on the MHSAS instrument. The variables included in the demographic data section of the questionnaire were age, race/ethnicity, major of study, year in college, and gender identity. Because both variables are interval level data, a correlation analysis was used to analyze the data.

## Summary

This study explored the relationship between mental health literacy and attitudes toward mental health help-seeking among college students who study subjects unrelated to mental health. The instruments within the questionnaire were intended to provide a general measurement of these values using quantitative analysis. The study also aimed to highlight the relationship between the two variables and examine where there is room for improvement in providing mental health services to this population and increasing their awareness of mental health topics if needed.

## CHAPTER FOUR

### DATA ANALYSIS

#### Introduction

This chapter provides an analysis of the data that was collected from respondents for the purpose of measuring their level of mental health literacy as well as their attitudes about seeking help for mental health. A total of 36 students anonymously completed the survey for the study. All participants were current students at the university in Southern California where this research was conducted. Data collection took place from early February 2022 to late April 2022. This chapter includes descriptive statistics, presentation of findings, and a summary of the results.

#### Descriptive Statistics

##### Participant Demographics

A total of 36 students completed all instruments within the survey in order to be included in the final analysis. The original number of responses was 85, however 31 responses had such incomplete data that they were removed from the study. A total of 54 participants completed enough of the study to be included in the demographic data. Only 36 participants answered all questions in the study and were able to have their instrument responses scored. A frequency analysis was calculated on all demographic variables in the study. Table 1 displays the breakdown of the participant demographics. This table includes the

demographics of gender, ethnicity, current year in college and which college their major is part of within the university. The age of the participants ranged from a minimum of 18 years old to a maximum of 46 years old. The average age of participants was 24.13 with a standard deviation of 6.18. Figure 1 displays the age breakdown of the sample participants. Most students in the sample identified as female ( $n=40$ , 74.1%) compared to those who identified as male ( $n=14$ , 25.9%). None of the participants selected any of the other gender identity options that were provided in the demographic portion of the survey.

The race/ethnicity data included 32 (59.3%) who identified primarily as Hispanic or Latino, 6 (11.1%) who identified as primarily Caucasian, 6 (11.1%) who selected more than one ethnicity and were categorized as multiethnic, 8 (14.8%) who identified as Asian or Native American which were combined into an “Other” category, and 2 (3.7%) who preferred not to specify their race or ethnicity.

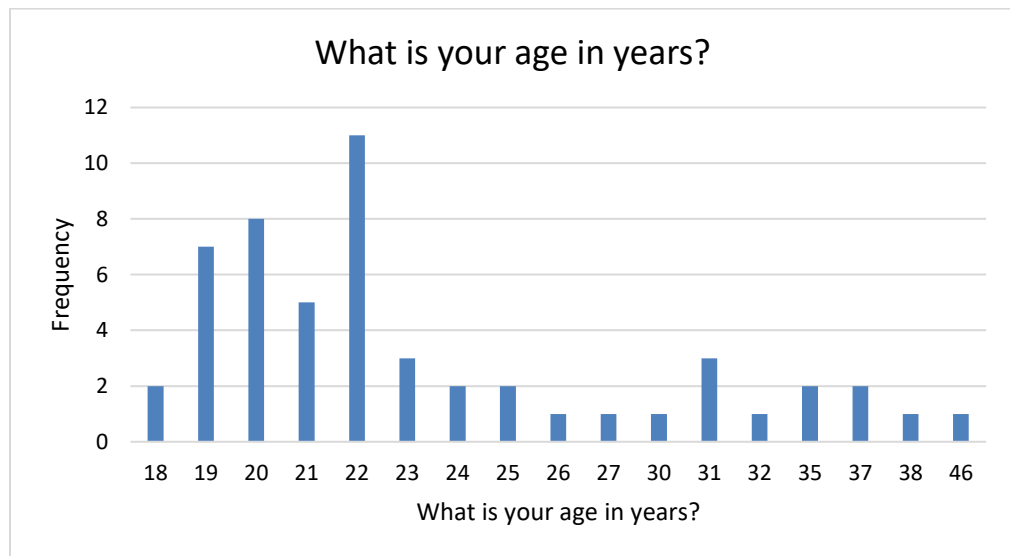
The participants in this study were 5 (9.3%) 1<sup>st</sup> year undergraduate students, 11 (20.4%) 2<sup>nd</sup> year undergraduates, 16 (29.6%) 3<sup>rd</sup> year undergraduates, 7 (13%) 4<sup>th</sup> year undergraduates, 6 (11.1%) 5<sup>th+</sup> year undergraduates, and 9 (16.7%) graduate students. In the survey, participants were asked for their major of study in college. For simplicity, the researchers categorized the participants into colleges within the university instead of individual majors of study. In this sample, a majority of 32 (59.3%) participants were part of the College of Natural Sciences, 7 (13%) were in the College of Arts

and Letters, 5 (9.3%) were in the College of Business, and 1 (1.9%) participant did not specify.

Table 1. Demographics

Variable	Frequency (N)	Percentage (%)
<b>Gender</b>		
Female	40	74.1
Male	14	25.9
<b>Ethnicity</b>		
Hispanic/Latino	32	59.3
Other (Asian & Native American)	8	14.8
Caucasian	6	11.1
Multiethnic	6	11.1
Prefer not to Specify	2	3.7
<b>Current Year in College</b>		
1 <sup>st</sup> Year Undergraduate	5	9.3
2 <sup>nd</sup> Year Undergraduate	11	20.4
3 <sup>rd</sup> Year Undergraduate	16	29.6
4 <sup>th</sup> Year Undergraduate	7	13.0
5 <sup>th+</sup> Year Undergraduate	6	11.1
Graduate Student	9	16.7
<b>College Based on Major</b>		
College of Natural Sciences	32	59.3
College of Social and Behavioral Sciences	7	13.0
College of Arts and Letters	9	16.7
College of Business	5	9.3
Did not specify	1	1.9

Figure 1. Participant Age Representation



### Mental Health Literacy Scale (MHLS)

Survey questions 6-32 consisted of a shortened version of the Mental Health Literacy Scale (MHLS), with questions regarding knowledge of various mental health disorders, how to seek help for mental health, and attitudes toward people with mental illness (O'Connor & Casey, 2015). A shortened version of the original scale was created for this study by removing eight questions that measured overlapping themes and could be removed without excessively altering the validity and reliability of the scale. Participants were presented with variations of likert scales (Very Unlikely, Unlikely, Likely, Very Likely) for each instrument question. Responses for the likert scales were redefined during data analysis following the instructions for the scale. The variables were redefined as follows: "Very Likely" = 4, "Likely" = 3, "Unlikely" = 2, "Very Unlikely" = 1. Certain

questions were reverse coded in order to follow the correct scoring instructions for the instrument. Originally, the scale's minimum score was 35 and the maximum score was 160. The shortened version has a minimum score of 27 and a maximum score of 120. A higher score on this instrument indicates that the respondent has high mental health literacy, while a score on the lower end indicates less of an understanding of mental health literacy. The range of responses on the MHLS for this study was a minimum score of 74 and a maximum score of 116, with a mean of 96.4 and a standard deviation of 9.36. This suggests that, on average, participants had fairly high mental health literacy. Figure 2 shows a graph of participant scores on the MHLS.

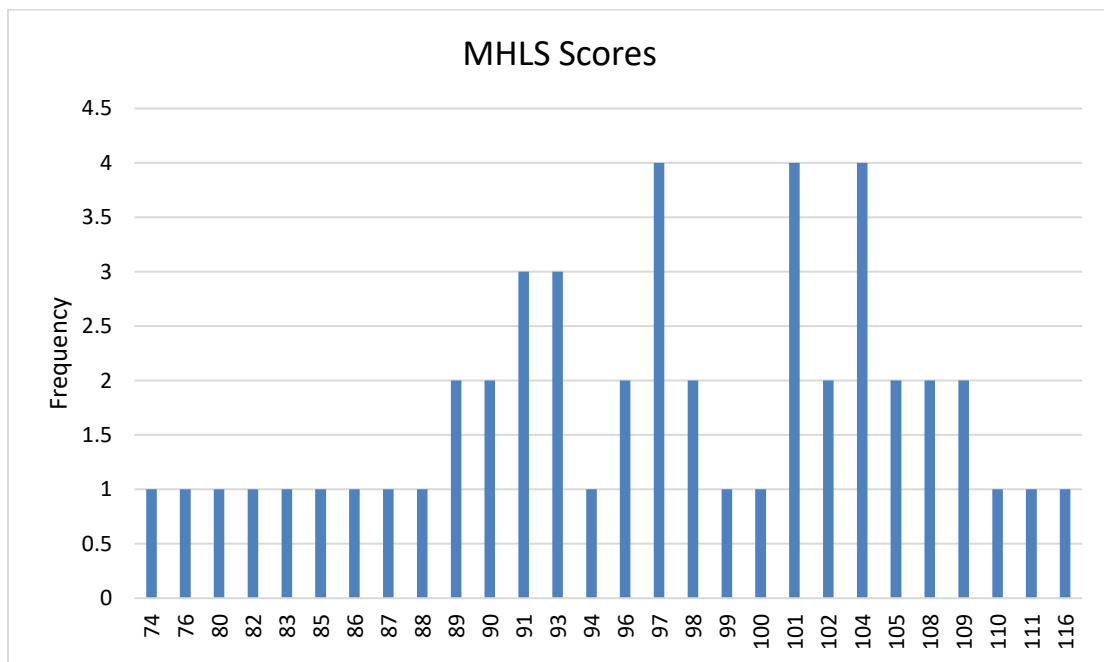


Figure 2. MHLS Scores



### Mental Help Seeking Attitudes Scale (MHSAS)

The final survey question consisted of the Mental Help Seeking Attitudes Scale (MHSAS), a 7-point semantic differential scale with nine pairs of bipolar adjectives at opposite ends (Hammer et al., 2018). These adjectives are designed to be able to measure a person's attitude by asking if they believe seeking help from a mental health professional would be effective versus ineffective, helpful versus unhelpful, etc. In order to properly calculate scores for the MHSAS, where a higher mean score indicates a more favorable attitude about seeking mental health help, some of the items needed to be reverse coded as indicated by the instructions for the scale. Final mean scores were then calculated for the respondents. For this instrument, scores can range from a low of 1 to a high of 7. A high score indicates a more favorable attitude about seeking help for mental health. The range of scores on the MHSAS (Figure 3) for this study was a minimum of 3.89 and a maximum of 7.00. The mean was 5.97 with a standard deviation of 1.04.

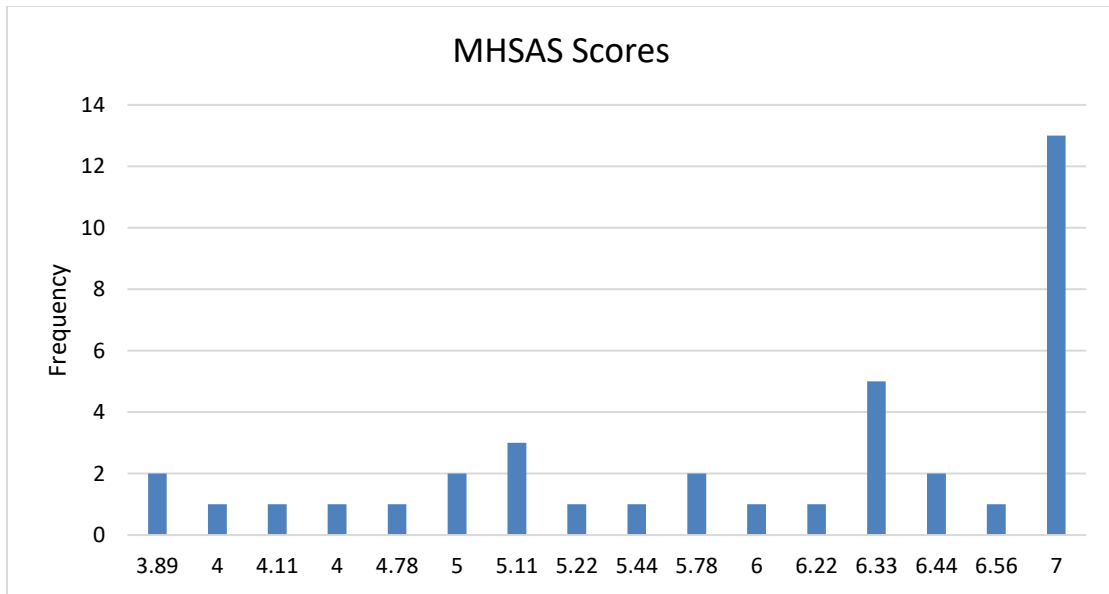


Figure 3. MHSAS Scores

#### Presentation of Findings

Statistical analysis was performed using IBM SPSS software. A bivariate correlation analysis was completed which demonstrates a significant positive association between participant scores on the Mental Health Literacy Scale and their scores on the Mental Help Seeking Attitudes Scale [ $r(36)=.43, p=.01$ ]. This result indicates that there is a potential correlation between a person’s level of mental health literacy and their attitude toward seeking help for their mental health. An independent samples t-test was also conducted to examine if there are differences between gender and participant scores on the survey instruments. The results of the t-test were not statistically significant. There was a significant amount of missing data in the form of skipped questions. For this reason, some participants are not represented in the final scores because the

SPSS software is not able to calculate scores with incomplete data for the participants who did not fully complete both instruments within the survey.

### Summary

A total of 54 respondents completed this study, however, only 36 of the participants provided complete responses on both the MHLS and the MHSAS instruments in order to have their scores calculated. The demographics of the respondents varied in age, gender, race/ethnicity, college of study, and university grade level. The Mental Health Literacy Scale was used as the independent variable for this study representing the participant's level of understanding of mental health topics. The dependent variable was the respondent's attitudes regarding seeking professional help for mental health, as represented by their score on the Mental Help Seeking Attitudes Scale. High scores on the MHLS indicated a higher level of knowledge regarding mental health disorders and related mental health topics. A high score on the MHSAS indicates a more favorable attitude about seeking mental health treatment or services. A correlation test was ran to compare scores on both instruments to see if there is a potential relationship between level of mental health literacy and feelings toward seeking mental health services. Additionally, independent sample t-tests were generated to examine the influence certain demographic variables might have on instrument scores, however these results were not statistically significant. This chapter reviewed participant demographics as well as their

scores on both the MHLS and the MHSAS. Results of the data analysis were also discussed.

## CHAPTER FIVE

### DISCUSSION

#### Introduction

This study examined students from a four-year university and their level of mental health literacy as well as their attitude about seeking help for mental health. The following chapter discusses the study's findings in connection to related literature and previous research. This chapter will also provide an overview of the strengths and limitations of this study. Furthermore, recommendations for social work policy, practice and future research will also be considered. Lastly, this chapter will review conclusions and implications regarding this subject within the field of social work.

#### Discussion

The purpose of this study was to examine the relationship between mental health literacy and attitudes toward mental health help-seeking among college students who study subjects that are unrelated to mental health. The study utilized Hammer et al.'s (2018) MHSAS scale to evaluate student's attitudes regarding seeking mental health services. O'Connor and Casey's (2015) MHLS instrument was also utilized to provide a measurement of the participant's level of mental health literacy. Data analysis and instrument scoring indicated that the participants in this study had fairly high levels of mental health literacy as well as mostly positive attitudes regarding seeking mental health services.

The higher mental health literacy scores and positive attitudes could be due to a possible sampling bias where students who were more familiar with or had an affinity for this topic chose to participate at higher rates than students who did not. The higher-than-expected scores can also be an indicator that the university where this study was conducted has more mental health education efforts in place. The mental health education and resources provided by the university campus include the CARE Team (Campus Assessment, Response and Education), and the Counseling and Psychological Services center. The university's CARE Team is a group of professional staff members that work to provide support and resources to students. They respond to situations and student issues that may hinder student's personal or academic success, such as unstable food and housing, emotional crises, health concerns, or other challenges (*CARE Team*, n.d.). According to the university website, Counseling and Psychological Services (CAPS):

supports the university mission of academic success and social justice through promoting the mental well-being of...students, the campus community, and the surrounding region. This is achieved through mental health counseling, advocacy, and outreach and consultation in a safe, supportive and culturally-informed environment" (*Counseling & Psychological Services*, n.d.).

The CAPS center's services include individual counseling, themed support groups, informational workshops, and outreach events. Given the

aforementioned sources of support and mental health education present at the university where this study was conducted, it is plausible that students on this campus have higher levels of mental health literacy and more positive perspectives of seeking treatment. The literature supports that educational efforts to promote mental health literacy are associated with higher levels of mental health literacy and lessened stigma (Brijnath et al., 2016; Davies et al., 2014), thus providing a possible explanation for the higher scores on the survey instruments for this study.

Prior research has determined that the female gender tends to be associated with higher levels of mental health literacy (Gibbons et al., 2015; Hadjimina & Furnham, 2017; Lauber et al., 2005; Miles et al., 2020). This study did not corroborate this trend in the literature because the t-test conducted between the gender variable and the participant's score on the Mental Health Literacy Scale did not prove to be statistically significant. However, it should be noted that very few men participated in the study compared to women.

In regard to age, the literature indicates that young adults tend to be associated with higher mental health literacy (Farrer et al., 2008; Hadjimina & Furnham, 2017). Although this study included a variety of ages, the majority of participants fell into the category of young adulthood. The results of the t-test that was ran to examine the correlation between the age demographic variable and the participant score on the survey instruments were not statistically significant.

Therefore, the results of this research project did not support the same finding as the literature.

### Strengths and Limitations

The purpose of examining the strengths and limitations of the study is to examine the credibility as well as recognize improvements that can be made in order to increase generalizability. Reviewing strengths and weaknesses in the research method enables future studies to be able to improve upon the design.

#### Strengths

A handful of strengths were identified in this study. One strength is that there was variation in certain demographic variables (Grinnell & Unrau, 2018). Respondents varied in age, year in college, and race/ethnicity. This allowed for a good amount of diversity in lived experience and the ability for this study to analyze mental health literacy and attitudes about seeking mental health services in a somewhat diverse sample.

It was difficult to obtain participants during the data collection period using only flyers posted around campus because many classes were still online or hybrid due to the COVID-19 pandemic. Many students also do not stop to read posters and flyers. A major strength of this study is the involvement of faculty in various departments who distributed the survey flyer and link to their classes through email in order to garner more responses. This participation of faculty in helping to gather data made a significant difference in the number of participants who responded to the survey.



## Limitations

One significant limitation for this study is the small sample size of respondents who completed the full survey. Unfortunately, this sample size limits the variability of demographics as well as the generalizability of the study and results (Grinnell & Unrau, 2018). Another limitation for this study is that some of the demographics were not diverse enough. Specifically, the demographics of gender and college of study. A majority of the respondents were female respondents, and a large majority of the participants were from a major within the College of Natural Sciences. While this study specifically sought out students who studied subjects unrelated to mental health, ideally there needs to be more variety from different college subjects, such as within the College of Business and the College of Arts and Letters.

Additionally, the survey was lengthy and required about ten to fifteen minutes of the participant's time to complete. Extensive surveys can lead to participant's getting bored or burnt out and either quitting the survey early or skipping many questions to get to the end (Grinnell & Unrau, 2018). This proved to be a limiting factor in gathering data for this study, as many incomplete responses had to be removed during analysis in order to generate accurate scores for the instruments.

This study had a brief data collection period of about three months, from early February 2022 to late April 2022, which also proved as a limiting factor. A comparison group also should have been included in the research design in

order to be able to compare scores on MHLS and MHSAS between students who study mental health-related subjects and those who do not, therefore this is a limitation in this study. Future studies on this subject would benefit by providing direct comparison between these groups in order to analyze variations in mental health literacy and attitudes about receiving mental health services to examine if there is a significant difference.

#### Recommendations for Social Work Practice, Education and Research

The field of social work is heavily intertwined and involved with mental health and related services. As a population in general, college students face many stressors that can be overwhelming, and these can worsen any preexisting mental health problems they may have. If students have low mental health literacy, they may not be aware of the options that are available to them for receiving help and support (Kutcher et al., 2016) and thus self-isolate or turn to maladaptive coping behaviors. This problem can be exacerbated for students who are in fields of study that never teach them about emotional literacy or mental health topics (Lauber et al., 2005; Miles et al., 2020). There is also a concern for students who perceive a stigma about mental health services and therefore have negative attitudes about seeking help. Thus, it is important to study the factors of mental health literacy as well as student attitudes toward seeking mental health services.

In examining these variables, social workers and mental health professionals can ensure they provide outreach and psychoeducation that will be

effective even for students who may have low mental health literacy or a negative attitude about mental health services. Clinicians can also identify any need for interventions that focus more on improving mental health knowledge and perceptions. Students with low mental health literacy and/or negative attitudes about mental health services are less likely to seek help, even if they are struggling with a mental health problem. As social workers, there is a responsibility to advocate for these clients and provide adequate outreach to connect them to services. Research is an important aid in helping to identify gaps that may be present in the current outreach efforts and mental health education being provided to students on campus.

### Conclusion

This chapter reviewed the strengths and limitations of this research project. The results of this study found that there is a correlation that exists between mental health literacy and attitudes about seeking help for mental health. Other relationships between demographic variables and instrument scores were examined, however the results did not prove to be statistically significant. Recommendations for the field of social work and future research were also discussed. The information collected from this study can be used to further understand the topics of mental health literacy and how it relates to a person's feelings about seeking mental health services.

APPENDIX A  
INFORMED CONSENT

## INFORMED CONSENT

The study in which you are asked to participate is designed to measure how much students know about mental health and to see what their attitudes are for seeking help for mental health. The study is being conducted by Hannah Metz, a graduate student, under the supervision of Dr. Armando Barragán, Associate Professor in the School of Social Work at California State University, San Bernardino (CSUSB). The study has been approved by the Institutional Review Board at CSUSB.

**PURPOSE:** The purpose of the study is to examine the participants' knowledge regarding mental health topics as well as their attitudes toward seeking help for mental health issues.

**DESCRIPTION:** Participants will be asked a few questions on their knowledge of mental health topics and disorders, their feelings toward people with mental health issues, attitudes about seeking help for mental health problems, and some demographic questions.

**PARTICIPATION:** Your participation in the study is totally voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

**CONFIDENTIALITY:** Your responses will remain confidential, and data will be reported in group form only.

**DURATION:** It will take 10 to 15 minutes to complete the survey.

**RISKS:** Although not anticipated, there may be some discomfort in answering some of the questions. You are not required to answer and can skip the question or end your participation.

**BENEFITS:** There will not be any direct benefits to the participants. However, findings from the study will contribute to our knowledge in this area of research.

**CONTACT:** If you have any questions about this study, please feel free to contact Dr. Barragán at (909) 537-3501.

**RESULTS:** Results of the study can be obtained from the Pfau Library ScholarWorks database (<http://scholarworks.lib.csusb.edu/>) at California State University, San Bernardino after July 2023.

I understand that I must be 18 years of age or older to participate in your study, have read and understand the consent document and agree to participate in your study.

- Yes, I agree to participate and want to continue to the questionnaire.
- No, I do not wish to participate

APPENDIX B  
MENTAL HEALTH LITERACY SCALE (MHLS) - SHORTENED

The purpose of these questions is to gain an understanding of your knowledge of various aspects to do with mental health. When responding, we are interested in your degree of knowledge. Therefore when choosing your response, consider that:

1. If someone became extremely nervous or anxious in one or more situations with other people (e.g., a party) or performance situations (e.g., presenting at a meeting) in which they were afraid of being evaluated by others and that they would act in a way that was humiliating or feel embarrassed, then to what extent do you think it is likely they have **Social Phobia**

Very unlikely                  Unlikely                          Likely                                  Very Likely

2. If someone experienced excessive worry about a number of events or activities where this level of concern was not warranted, had difficulty controlling this worry and had physical symptoms such as having tense muscles and feeling fatigued then to what extent do you think it is likely they have **Generalised Anxiety Disorder**

Very unlikely                  Unlikely                          Likely                                  Very Likely

3. If someone experienced a low mood for two or more weeks, had a loss of pleasure or interest in their normal activities and experienced changes in their appetite and sleep then to what extent do you think it is likely they have **Major Depressive Disorder**

Very unlikely                  Unlikely                          Likely                                  Very Likely

4. To what extent do you think it is likely that **Personality Disorders** are a category of mental illness

Very unlikely                  Unlikely                          Likely                                  Very Likely

5. To what extent do you think it is likely that **Dysthymia** is a disorder

Very unlikely                  Unlikely                          Likely                                  Very Likely

6. To what extent do you think it is likely that the diagnosis of **Agoraphobia** includes anxiety about situations where escape may be difficult or embarrassing

Very unlikely                  Unlikely                          Likely                                  Very Likely

7. To what extent do you think it is likely that the diagnosis of **Bipolar Disorder** includes experiencing periods of elevated (i.e., high) and periods of depressed (i.e., low) mood

Very unlikely                  Unlikely                  Likely                  Very Likely

8. To what extent do you think it is likely that the diagnosis of **Drug Dependence** includes physical and psychological tolerance of the drug (i.e., require more of the drug to get the same effect)

Very unlikely                  Unlikely                  Likely                  Very Likely

9.  
To what extent do you think it is likely that in general in the U.S., **women are MORE likely to experience a mental illness of any kind compared to men**

Very unlikely                  Unlikely                  Likely                  Very Likely

10.  
To what extent do you think it is likely that in general, in the U.S., **men are MORE likely to experience an anxiety disorder compared to women**

Very unlikely                  Unlikely                  Likely                  Very Likely

11.  
To what extent do you think it is likely that **Cognitive Behaviour Therapy (CBT)** is a therapy based on challenging negative thoughts and increasing helpful behaviours

Very unlikely                  Unlikely                  Likely                  Very Likely

12.  
Mental health professionals are bound by confidentiality; however there are certain conditions under which this does not apply.

To what extent do you think it is likely that the following is a condition that would allow a mental health professional to **break confidentiality**:

*If you are at immediate risk of harm to yourself or others*

Very unlikely                  Unlikely                  Likely                  Very Likely



13.

Mental health professionals are bound by confidentiality; however there are certain conditions under which this does not apply.

To what extent do you think it is likely that the following is a condition that would allow a mental health professional to **break confidentiality**:

*if your problem is not life-threatening and they want to assist others to better support you*

Very unlikely                  Unlikely                  Likely                  Very Likely

14.

To what extent do you think it would be helpful for someone to **improve their quality of sleep** if they were having difficulties managing their emotions (e.g., becoming very anxious or depressed)

Very unhelpful                  Unhelpful                  Helpful                  Very helpful

15.

To what extent do you think it would be helpful for someone to **avoid all activities or situations that made them feel anxious** if they were having difficulties managing their emotions

Very unhelpful                  Unhelpful                  Helpful                  Very Unhelpful

Please indicate to what extent you agree with the following statements:

	Strongly Disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
16. I am confident that I know where to seek information about mental illness					
17. I am confident using the computer or telephone to seek information about mental illness					
18. I am confident attending face to face appointments to seek information about mental illness (e.g., seeing the GP)					

19. I am confident I have access to resources (e.g., GP, internet, friends) that I can use to seek information about mental illness					
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Please indicate to what extent you agree with the following statements:

	Strongly Disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
20. People with a mental illness could snap out if it if they wanted					
21. A mental illness is a sign of personal weakness					
22. A mental illness is not a real medical illness					
23. People with a mental illness are dangerous					

Please indicate to what extent you agree with the following statements:

	Definitely unwilling	Probably unwilling	Neither unwilling or willing	Probably willing	Definitely willing
24. How willing would you be to move next door to someone with a mental illness?					
25. How willing would you be to make friends with someone with a mental illness?					
26. How willing would you be to have someone with a mental illness marry into your family?					
27. How willing would you be to employ someone if you knew they had a mental illness?					

O'Connor, M., & Casey, L. (2015). The Mental Health Literacy Scale (MHLS): A new scale-based measure of mental health literacy. *Psychiatry Research*, 229(1), 511–516. <https://doi.org/10.1016/j.psychres.2015.05.064>

APPENDIX C  
MENTAL HELP SEEKING ATTITUDES SCALE (MHSAS)

INSTRUCTIONS: For the purposes of this survey, “mental health professionals” include psychologists, psychiatrists, clinical social workers, and counselors. Likewise, “mental health concerns” include issues ranging from personal difficulties (e.g., loss of a loved one) to mental illness (e.g., anxiety, depression).

Please mark the circle that best represents your opinion. For example, if you feel that your seeking help would be extremely useless, you would mark the circle closest to "useless." If you are undecided, you would mark the "0" circle. If you feel that your seeking help would be slightly useful, you would mark the "1" circle that is closer to "useful."

**If I had a mental health concern, seeking help from a mental health professional would be...**

	3	2	1	0	1	2	3	
Useless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Useful
Important	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Unimportant
Unhealthy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Healthy
Ineffective	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Effective
Good	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bad
Healing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hurting
Disempowering	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Empowering
Satisfying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Unsatisfying
Desirable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Undesirable

Hammer, J. H., Parent, M. C., & Spiker, D. A. (2018). Mental Help Seeking Attitudes Scale (MHSAS): Development, Reliability, Validity, and Comparison With the ATSPPH-SF and IASMHS-PO. *Journal of Counseling Psychology*, 65(1), 74–85. <https://doi.org/10.1037/cou0000248>

APPENDIX D  
DEMOGRAPHIC QUESTIONS

1. What gender do you identify as?

- Male
- Female
- Nonbinary
- Transgender Male
- Transgender Female
- Prefer not to answer

2. What is your age in years?

---

3. What year are you in college?

- 1st Year Undergraduate
- 2nd Year Undergraduate
- 3rd Year Undergraduate
- 4th Year Undergraduate
- 5th+ Year Undergraduate
- Graduate Student

4. Please specify your ethnicity (you may select more than 1)

- Caucasian
- African American
- Hispanic/Latino
- Asian
- Native American
- Native Alaskan/Hawaiian or Pacific Islander
- Prefer not to specify

5. What is your major of study?

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APPENDIX E  
INSTITUTIONAL REVIEW BOARD APPROVAL LETTER





January 18, 2022

**CSUSB INSTITUTIONAL REVIEW BOARD**  
Administrative/Exempt Review Determination  
Status: Determined Exempt  
IRB-FY2022-73

Armando Barragan Jr. Hannah Metz  
CSBS - Social Work  
California State University, San Bernardino  
5500 University Parkway  
San Bernardino, California 92407

Dear Armando Barragan Jr. Hannah Metz:

Your application to use human subjects, titled "Mental health literacy and attitudes toward mental health help-seeking among college students in non-mental health professions" has been reviewed and determined exempt by the Chair of the Institutional Review Board (IRB) of CSU, San Bernardino. An exempt determination means your study had met the federal requirements for exempt status under 45 CFR 46.104. The CSUSB IRB has weighed the risks and benefits of the study to ensure the protection of human participants.

This approval notice does not replace any departmental or additional campus approvals which may be required including access to CSUSB campus facilities and affiliate campuses. Investigators should consider the changing COVID-19 circumstances based on current CDC, California Department of Public Health, and campus guidance and submit appropriate protocol modifications to the IRB as needed. CSUSB campus and affiliate health screenings should be completed for all campus human research related activities. Human research activities

conducted at off-campus sites should follow CDC, California Department of Public Health, and local guidance. See CSUSB's [COVID-19 Prevention Plan](#) for more information regarding campus requirements.

You are required to notify the IRB of the following as mandated by the Office of Human Research Protections (OHRP) federal regulations 45 CFR 46 and CSUSB IRB policy. The forms (modification, renewal, unanticipated/adverse event, study closure) are located in the Cayuse IRB System with instructions provided on the IRB Applications, Forms, and Submission webpage. Failure to notify the IRB of the following requirements may result in disciplinary action. The Cayuse IRB system will notify you when your protocol is due for renewal. Ensure you file your protocol renewal and continuing review form through the Cayuse IRB system to keep your protocol current and active unless you have completed your study.

- **Ensure your CITI Human Subjects Training is kept up-to-date and current throughout the study.**
- **Submit a protocol modification (change) if any changes (no matter how minor) are proposed in your study for review and approval by the IRB before being implemented in your study.**
- **Notify the IRB within 5 days of any unanticipated or adverse events are experienced by subjects during your research.**
- **Submit a study closure through the Cayuse IRB submission system once your study has ended.**

If you have any questions regarding the IRB decision, please contact Michael Gillespie, the Research Compliance Officer. Mr. Michael Gillespie can be reached by phone at (909) 537-7588, by fax at (909) 537-7028, or by email at [mgillesp@csusb.edu](mailto:mgillesp@csusb.edu). Please include your application approval number IRB-FY2022-73 in all correspondence. Any complaints you receive from participants and/or others related to your research may be directed to Mr. Gillespie.

Best of luck with your research.

Sincerely,

*Nicole Dabbs*

Nicole Dabbs, Ph.D., IRB Chair  
CSUSB Institutional Review Board

ND/MG

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