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Change the Conversation: A Study of Mental Health Education and College Aged Students Attitudes' Towards Mental Illness

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Change the Conversation: A Study of Mental Health Education and
College Aged Students Attitudes' Towards Mental Illness

Bryan J. Landgren

Merrimack College

2020

MERRIMACK COLLEGE

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College Students' Attitudes Towards Mental Illness

AUTHOR: Bryan J. Landgren

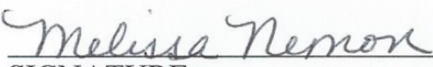
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Audrey Falk, Ed.D.
DIRECTOR, COMMUNITY
ENGAGEMENT


SIGNATURE

May 1, 2020
DATE

Melissa Nemon, Ph.D.
INSTRUCTOR, CAPSTONE
COURSE


SIGNATURE

May 1, 2020
DATE

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The pages of this piece of literature hold far more than the culmination of my master's degree program. These pages also reveal the relationships with the many generous and motivating people I have met since beginning my graduate journey at Merrimack College. The list is long, but I treasure the multitude of inspiration to my development as a student and as an individual.

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This one is for you, my sunshine. I do everything today and every day for you and I only hope to continue to prove you proud.

Abstract

Researchers have found that public opinion of people who are mentally ill or struggle with their own mental health are often negative. This project was created in an effort to determine the most efficient way to engage people in conversations about mental health and the stigma that encompasses such a conversation. What happens when mental health struggles are visible and supported through open and honest communication? What happens when they are not? The workshop *Change the Conversation: Attitudes Towards Mental Health* aimed to close the gap surrounding mental health education on a college campus and promote the necessity of understanding the importance of mental illness education among college students through a training/workshop focused on attitudes surrounding mental illness. Findings suggest that there is a surplus of resources widespread throughout Merrimack College, but creating conversation is where the trouble lies. The results from the workshop confirmed that, in order to effectively create open lines of communication, it takes one person to answer the question, “How are you doing today?” open and honestly.

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Change the Conversation: A Study of Mental Health and Education College Aged Students
Attitudes' Towards Mental Illness

According to the Canadian Centre for Occupational Health (2019), mental health is a state of well-being in which a person understands their own abilities. This also lends an individual the capacity to cope with the normal stresses of life, work productively, and plays a major role in allowing a person to contribute to their own community (Insel, 2019). The World Health Organization (WHO) states that there is an increase in rates surrounding disability in countries who are developed primarily surrounding mental disorders (WHO, 2003).

Mental illness is widespread in all countries, with a plethora of individuals struggling to find comfort in finding help each year. However, only a portion of those affected receive the treatment they would appropriately need (National Institute of Mental Health [NIMH], 2012). According to the Center for Disease Control (CDC), almost half of all adults will develop at least one mental illness in their lifetime that they will struggle to maintain a healthy understanding of, with the most common being mood disorders and anxiety (CDC, 2011). Even though mental illness is overwhelming and unwelcome throughout today's climate, the overarching problem is clustered among a much smaller population of people who suffer from a life of struggling with chronic mental illness, better known as a continuing struggle throughout an individual's day to day life (CDC, 2011).

Despite trying to work with individuals who struggle with mental illness and work towards creating an inclusive and open line of communication, efforts to educate the overarching population about mental illness continue to raise concerns. Stigmatizing attitudes continue to be largely held by the majority population in the United States, and with this comes a need for more appropriate educational background.

College age students are at a disadvantage when it comes to transitioning, as leaving home and leaving the comfort of what is known becomes more of a process of learning how to be comfortable being uncomfortable. Providing a unique opportunity, schools provide a more in-depth way of being able to identify and treat mental health conditions by serving students where they spend the majority of their time. For example, students on a college campus (who are resident students) live on the campus where they also attend classes and partake in clubs and other organizations. School personnel play an important role in identifying the early warning signs of, what is now and has become, an emerging mental health condition and in linking students with effective services and supports that are easily accessible.

Mental health education, though not widely found in classroom settings, is something that gives space for future education and involvement. Specifically, on a college campus, there are a wide variety of individuals with different struggles and backgrounds who need the appropriate support in order to succeed to the highest potential they can. One of the major indicators factoring in to the need for more education comes from a study on graduate students, stating that there is an overwhelming population of graduate students who are six times more likely to struggle with anxiety and depression throughout school as compared to the general population (Evans, Bira, Gastelum, Weiss & Vanderford 2018). Using this data, the conversation and need for more mental health education stems into a larger understanding.

The purpose of this project is to close the gap surrounding mental health education on a college campus and promote the necessity of understanding the importance of mental illness education among college students through a training/workshop focused on attitudes surrounding mental illness.

Literature Review

The U.S. Surgeon General defined mental health as “the successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity” (U.S. Department of Health and Human Services, 2001, p.4). Without question, mental health and the idea of mental health education is drawing upon a critical division that influences and impacts college aged students learning and overall health from beginning to end (Suldo, Friedrich, & Michalowski, 2010), yet stigma continues to prevent people from seeking help early, as they would for a physical illness (Judd, Jackson, Komiti, Bell, & Fraser, 2012). Mental health, though something a large percentage of the population suffer from, tends to be viewed in terms both of positive and negative experiences emotionally; however, symptoms of mental illnesses are also classified as rare, weird, voluntary, or untreatable (Chisholm, Patterson, Greenfield, Turner, & Birchwood 2018). Thornicroft (2012) reported that 52% to 74% of individuals with a mental disorder in Europe and the United States do not seek treatment. When a mental illness goes untreated, this will create a more severe resistance for treatment and can lead to secondary psychiatric disorders (deGirolamo, Dagani, Purcell, Cocchi & McGorry, 2012).

In order to adequately invest value in education towards the problem surrounding mental health in college aged individuals, it is crucial in understanding the validity and relevance surrounding these issues. Unfortunately, the most common reality is that individuals in the United States are dealing with mental health issues at an astounding rate (Brown, Riley, & Wissow, 2007; U.S. Department of Health and Human Services [DHHS], 1999). Students who had partaken in the College Student Mental Health Survey (CSMHS) between 2010 and 2015 reported 40-55% of an increase in students at the college level seeking counseling services, on or

off campus (Soet & Sevig, 2006). Other studies have found a significant widespread presence of mental health disorders ranging being between 17-21%, with some strong approximates reaching 38% (Committee on School Health, 2004). Mackenzie, Reynolds, Cairney, Streiner, and Sareen (2012) reported that the primary reason that individuals sought help was linked to panic disorder and depression but also found that help-seeking rates were significantly higher if depression and anxiety were present. Help-seeking rates for panic disorder (45.3%) were the highest among adults, with a particular hold on middle-aged adults (McKenzie et al., 2012).

These prevalent numbers do not include individuals who are hesitant in reaching out when in need of help, when in fact, many who are “at risk” could benefit significantly from a solid support system and foundation from the plethora of services surrounding them (Roberts, Roberts, & Xing, 2007). In addition, these statistics found may provide an underestimate of the problem revolving around the idea that not all individuals who suffer from mental health related issues will seek the appropriate treatment. According to a WHO study, it can take a person suffering a mental illness several years before seeking treatment. Within the same report, about 20% of people with depression actually seek help, meaning that 80% either do not seek help or do not receive the adequate amount of help. The median for seeking help ranged from three years to thirty years for anxiety disorders in particular, focusing mainly on age 1 to 14 for mood disorders and 6 to 18 years for substance use (Wang, Angermeyer, Borges, Bruffaerts, Tat Chiu, Degirolamo, & Ustun, 2007). Unless the attitudes surrounding mental illness are addressed and redirected, the anticipation of allowing persons with mental illness the overlaying opportunity to become an accepted part of a community remains negligible at best efforts.

What Is Mental Health?

In order to craft services that are fit to be of purpose, there primarily needs to be clarity regarding terminology and a new perspective and focus of effort. There is a preconceived danger that using overly generic terms that attempt to capture the full range of student issues and experiences actually combine considerably different student populations. In recent years, the dialogue has changed in regards to one's mental health and one's psychological wellbeing- how is a student to deal with the daily struggles and challenges that they are faced with (Barkham et al., 2019). The definition of mental health is evidently influenced by the culture that defines it and represents it.

According to the National Institute of Mental Illness (NAMI), a mental illness is something that effects a person's thinking, feeling, and mood. These interruptions in someone's everyday actions can affect an individual's relationship with individuals, their community, and even themselves. Moreover, according to the World Health Organization (WHO), mental health is "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community". This definition, while mainly representing a major progression with respect to developing away from the conceptualization of mental health as a present situation of absence of mental illness, while also raising several concerns. This also lends itself to the possibility of misunderstandings when it factors into identifying positive feelings and positive functioning as key component for mental health.

The inclusion of relationships that work well together between body and mind is based on the concept that mind, brain, organism and environment are deliberately connected, and the overall experience of being in the world cannot be separated from the way an individual's body

is feeling in its current environment and climate (Fuchs, 2009). Through a research study conducted by Andrew B. Borinstein (1992), survey results (Figure 1) implicate that a majority of Americans believe that the number of people who suffer from mental illness has drastically increased over the past twenty years (69% of surveyors) while also stating that mental illness is a serious health problem in the United States (89% of surveyors).

Figure 1. Americans' Perceptions of People with Mental Illness Over the Past Twenty Years

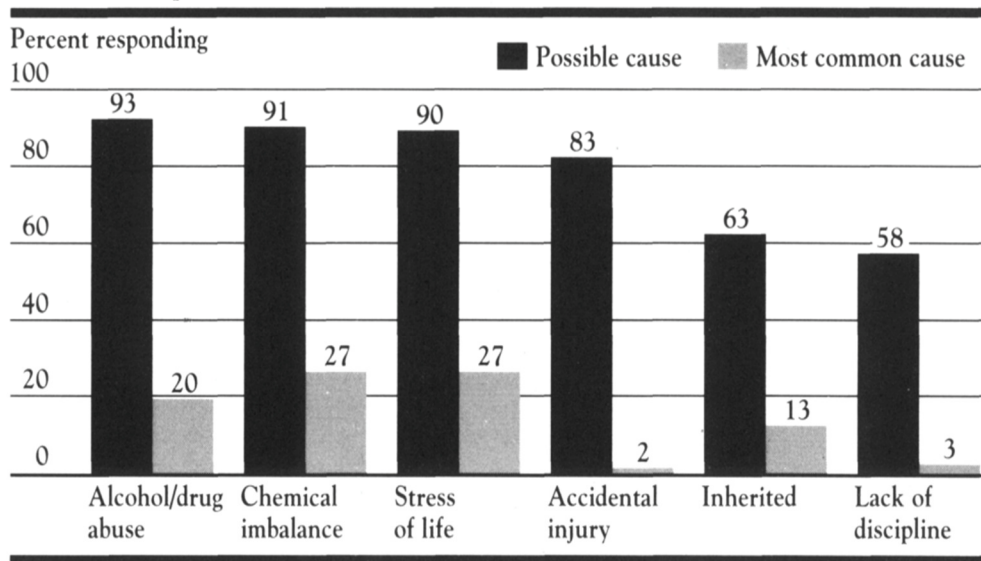
Survey response	Percent responding
Number has increased a lot	41%
Number has increased a little	28
Number has stayed the same	19
Number has decreased a little	4
Number has decreased a lot	2
Not sure	6

Source: The Robert Wood Johnson Foundation Program on Chronic Mental Illness, survey of the general public, December 1989.

Note: N = 1,326.

Americans believe that mental illness is caused by physical disturbances stemming from a chemical imbalance in the brain or one's environmental conditions such as the daily stressors of life or alcoholism/drug abuse; respondents cited these factors as overall causes of mental illness (Figure 2). When asked to choose the single most common cause, nearly 27 percent named both chemical imbalances in the brain and stress of daily life, and 20 percent cited alcohol or drug abuse.

Figure 2. Public's Perceptions of Causes of Mental Illness



Source: The Robert Wood Johnson Foundation Program on Chronic Mental Illness, survey of the general public, December 1989.

Note: N = 1,326.

Realizing multiple factors that play into the definition of mental illness and what makes up an individual's mental health, Americans do not consider themselves well informed about mental illness however they do think they should know more surrounding the topic (Borinstein, 1992).

Mental Health on College Campuses

Rates surrounding mental illness for young people severely high, yet the frequency of help-seeking is even more significantly lower, even more so among those from lower socioeconomic backgrounds and statuses (Ibrahim et al., 2019). Surrounding oneself with the idea surrounding self-stigma, defined as ruining one's own thoughts through feeling as though they are less than important (Andreen & Skerritt, 2017), this can play into why an individual feel as though they are not ready to work towards improving their mental well-being. For example, in a recent study researcher (Ibrahim et al., 2019) explain how, through reviewing the use of psychiatric treatment, that only approximately 33% of students with mental health problems

were seen and treated. This trend was also observed among young people who showed symptoms of anxiety and depression, also showing that of this only 18% to 24% looked for professional help. Those who did choose to seek help almost always preferred to receive assistance from family and friends, rather than a professional who is within the field (Ibrahim et al., 2019). Through the fear of stigma engulfing their social capital and being intimidated within social settings, there is more resistance surrounding help seeking as it places a person in an overwhelming mindset.

Seeking help for mental health issues is always the first step toward understanding and assessing the mental state, getting the appropriate diagnosis and furthermore undergoing the needed intervention and correlation of mental health by professionals in the field who know how to appropriately help the individual's needs. An individual's self-efficacy tends to become imposed by one's view in the public eye. There will continue to be a necessity surrounding further educating those on coping strategies, and how to handle certain scenarios with the appropriate skills that come with the struggles (Ibrahim et al., 2019).

Little research has been done surrounding the utilization of mental health services on college campuses by college aged students. As many as 25% of college students suffer from common mental health disorders such as anxiety, depression, and alcohol use disorder (Lipson, Zhou, Wagner, Beck, & Eisenberg, 2016), making these three major concerns the most prevalent across college students. This is what continues to lead towards poor mental health and continuing towards not wanting to seek the appropriate health treatment when needed. Among all of these mental health related illnesses will also lead towards greater risk factors and later warning signs as well, making this situation harder for those who need to gather assistance for themselves.

Overwhelmingly, colleges across the world are fighting against the rising rates of mental disorders, and in many circumstances, the demand for services on campus continues to far exceed the available resources capable of securing. When a student in college is feeling as though they are in distress, they are provided with a school counseling service. Across the United States, according to DiVento and Saxena (2017), it is estimated that approximately five million children have a parent with a serious mental illness. There is a strong level regarding lack of functioning when it comes to social situations and working in collaboration with one's own community. When seeking risk factors, many individuals will feel as though they are not appropriately executing these and will need to do what is best for them, when it comes to finding the appropriate help.

This high prevalence of mental health disorders among college aged students continues to show the growth over time of one's personal strengths and needs towards benefiting themselves. Overarchingly, there continues to be debate among researchers about the barriers that revolve around seeking help and the behavior that helps to explain how adolescents and adults respond to the need for help. Several studies indicate that although college-aged individuals display positive attitudes about mental health and have a low stigma surrounding the idea of mental illness, there is still hesitation to reach out for help (Bidle, Donovan, Sharp, & Gunnell, 2007).

With anxiety and depression being the two most prevalent mental illnesses people struggle with most frequently (Auerbach et al., 2018; Lipson et al., 2016), this illustrates that a need for more interpersonal interactions must happen in order to work towards opening communication and clearing a better path for success.

Social Stigma and Fears About Seeking Help

Stereotypes are the false or misleading statements that correlate with a misconception that is usually, but not always, inaccurate and discrediting any evidence used to reevaluate one's perceived thoughts on a group or individual (Blum, 2004). Through this definition, it is important to note that an individual's school related environment will also play a major factor when it comes to a student's ability to appropriately cope with certain scenarios (i.e., bullying, victimization, isolation). One major correlational stereotype revolves around peer victimization. Peer victimization is something revolving around making an individual feel as though they are in the wrong and they deserve to be shamed for reasons that may be unknown (Pratiwi, Zuhriyah, & Supriati. 2018).

Peer victimization is something common among adolescents in the United States, with approximately 20% to 28% of youth reporting being bullied at school (Eaton, Kann, Kinchen, Shanklin, Flint, Hawkins, Wechsler, 2013). Someone who is known to utilize a plethora of stereotypes has a tendency to associate a certain trait within a stereotyped group with an approach in line with associating ideas that do not coincide with the generalization of thoughts surrounding cognitive functioning.

Stigma of mental illness is something that should be understood from a historical context. Stigma is a term that was originally derived during the Roman Empire and shaped by multiple theorists over time. Goffman (1963) originally identified the words presence as a "spoiled identity". This term as a whole publicly shamed and rejected individuals within a community when they were under the impression of the definition. Subsequently, this individual would be made to feel out of the group and does not belong losing their social status and social capital in the community (Link & Phelan 2001). For a plethora of time, the cause of mental illness has

been the subject surrounding a lot of debate, as someone with a mental illness is seen as weak, unstable and had certain personality traits that would define their behavior and way of living (Corrigan & Shapiro, 2010). As well, mental illness has the lowest level of public acceptance across all levels of society (Corrigan & Shapiro, 2010). Individuals who seek help perceive the cultural stereotypes of mental illness as unwanted and they internalize all perceptions about themselves to try and keep themselves safe from shaming.

In terms of media depiction and the way mental health is viewed to the public eye, mental illness is displayed in a variety of ways, much of which happens in film. Through films such as Matt Skerritt's "Angst", the general public - who is not quite sure how to go about learning new information surrounding the epidemic of anxiety and mental illness - will have a larger comprehension while hearing personal stories as well. Through real life experience, it is displayed as having a global conversation that surrounds the topic of mental health and what the individuals have learned from working through their suffering and knowledge content (Andreen & Skerritt, 2017). When learning about the current needs of students who struggle with speaking on behalf of their mental illness, it is crucial that they feel as though they have the underlying support from the majority of their community.

Another example would be the children's book "Can I Catch It Like a Cold?" written by the Centre for Addiction and Mental Health. This children's book is designed to help a child understand what it is like to live in a household where a parent is struggling with depression. When the book focuses on a boy named Alex, and he finds out that his father is staying in bed all day and that the reason is because of depression, he confides in his friend at school, asking if he will catch depression because of his father (Centre for Addiction and Mental Health, 2009). From the beginning, this is teaching children that mental illness is not something to be afraid of,

but it is also not something that should be taken lightly. We as a population have so much growing to do, and it is important that we take this into consideration with our younger population especially.

As well, media takes mental illness into a perspective that is not always accurate and appropriate. The person suffering mental disorders is not only burdened and overwhelmed by their condition but also by the stigma that surrounds the topic of mental illness. The impact of stigma detrimentally influences society stating that it is considered to be the obstacle in mental disorders therapy and working alongside individuals who need help. Stigma takes the society by showing an adverse view toward severe mental disorders while showing that is also something related to cultural appropriation and beliefs (Pratiwi, Zuhriyah, & Supriati. 2018). It is important to find what dominant factors play into public stigma and what will need to be done in order to erase the stigma from the public eye. Through mass media and the way, the public eye sees mental illness being displayed throughout small encounters plays a major role in understanding what is going on through the understanding of one suffering from mental illness (Pratiwi, Zuhriyah, & Supriati. 2018).

Mental Health Services on Campus

The roles and functions of school psychology practitioners were studied by Bramlett, Murphy, Johnson, and Wallingsford (2002) through a national survey of National Association of School Psychologist members. This research study looked into demographic information, professional social activities, the types of referrals one was making/getting, and crisis intervention skills towards practicing psychologists (specifically located within a school setting). The overwhelming majority (63%) of respondents were female, of which 40% received a master's degree, 36% held a type of Specialist degree, and 24% held Doctoral degrees for their

programs and services. The average majority length of experience was 18 years with 10% reporting being in the field for less than ten years, the second largest group of 43% reported practicing between 11-20 years, and the majority of 46% reported practicing as a school psychologist for well over 20 years. The ratio of practitioners to students appears to be continually improving (Fagan & Wise, 2000). What this means is that there is a high probability that, within the near future, the ratio would be able to even out and best support the students in need. The consistency of these results with other survey findings done in previous research suggests that they are valid identifications of school psychologists' perceptions of actual and physical performance. Almost one-half of the respondents in the study done indicated that they were highly and significantly involved in crisis team activities (with high resolution rates).

Current research highlights the overwhelming responses poor mental health and illness can have on students' development and how devastating the results can be to the performance of a college aged student. Furthermore, the research reflects an extraordinarily high disparity between services provided and to those who are in need. While it is clear that the need for mental health education is something prevalent in today's society and to help better prepare college aged students for their college careers; it is unclear whether collegiate level institution is doing anything with what the research is saying. Due to the changing shift in students' mental needs, trainings and programs need to be put in place in order to assure ever student has access to the appropriate materials and skillsets. The question then remains whether these initiatives, standards, and guidelines are being reflected in how schools better prepare their faculty, staff, and student populations. Overall, closing the gap surrounding mental health education and understanding the necessity of the importance surrounding mental illness education among

college age students is prevalent through needing a training/workshop that will affect the attitudes surrounding mental illness.

Tested Methods to Promote Seeking Help

Through research conducted by Adrian Furnham and Viren Swami (2018), they found that studies consistently show that the general public tend to have relatively poor recognition and understanding of the symptoms of mental health disorders and appear to emphasize self-help over traditional medical treatments as the better solution.

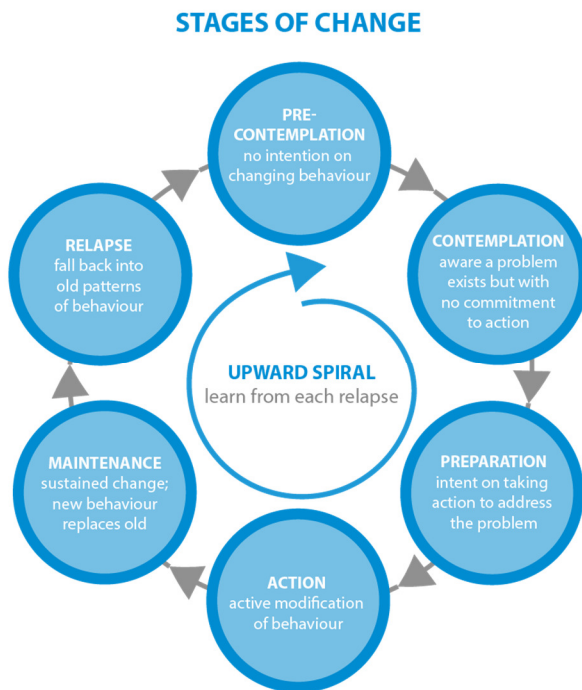
College students are constantly reporting homesickness, loneliness, distress, and conflict in interpersonal relationships (a strong association between multiple people). By creating a more cohesive understanding between multiple different parties, there is more of a chance that people will relate better with what it is that they are struggling with and having a real life encounter. Not surprisingly however, college students have reported high levels of stress, which in line interferes with an individual's academic performance. These overwhelmingly increased stressors can leave students feeling vulnerable to mental health problems that can invoke stress related situations (Conley, Travers & Bryant, 2013). Related to the psychosocial and developmental challenges college students face, they are also the popular candidate for preemptive mental health efforts, including promotion surrounding mental health.

Didactic seminars are known to be a core component of training in the psychology education field, allowing for trainees to learn a specific skill set where they feel as though they are understanding what they are learning or gaining a new light to a particular knowledge base, complementing real life scenario based learning (Zuckerman, Weisberg, Silberbogen, & Topor, 2019). Through didactic seminars, there is a better understanding of being able to utilize a certain skill set while getting the appropriate training in a hands-on form. The necessity surrounding

working with new ideas and learning in a different context can help to open and reflect on new waves of intellect and insight. Participants tend to also display a sophisticated understanding of the stigma to which negative stereotypes can lead, showing that there is a significant impact when relating to the relevance and importance of these seminars.

Through the Theory of Change framework, we are able to focus mainly on the approach to evaluate complex community-based change which focused on interventions (Weiss, 1995). This was a highly focused approach that was developed in the 1990's in the United States of America by the Aspen Institute RoundTable on Community Change. This framework focuses on the relationship between intervention activities and the main desire intended surrounding short-term, intermediate and long-term impact. The Theory of Change also requires making strict decisions upon the assumptions about how change will occur, so that it can be understood how and why the activities were implemented from the beginning for a specific outcome.

Figure 3. Stages of Change, Theory of Change Framework



Some innovative techniques here like 24/7 Tele-health lines and other services. But also focus on peer-to-peer support and positive perceptions. This should also serve as your summary / ending wrap-up. Something that says we need more innovation so that we can tackle this growing epidemic. It is also important to realize that the statement that the well-being of an individual is linked to the well-being of others is supported by an overwhelming amount of research. For example, Emma Seppala, Science Director at Stanford University's Center for Compassion and Altruism Research and Education, has reported through studies that people who feel more connected to others tend to have lower rates of anxiety and depression (McLeigh, 2015). Vice President Joe Biden encouraged the soon-to-be graduates of Yale University in New Haven, Connecticut to "resist the temptation of your generation to let 'network' become a verb that saps the personal away, that blinds you to the person right in front of you, blinds you to their hopes, their fears, and their burdens" (Biden, 2015). Further, these individuals tend to have higher self-esteem and are more empathic, trusting, and cooperative.

Why This Matters

Having unmet mental health needs can be detrimental to all facets of one's life... Individuals with unmet needs were less likely to receive helpful and necessary information on their condition or have the ability to access other services (Isaacs, Beauchamp, & Maybery, 2019). When a person begins to feel as though they are in need of assistance, they are not sure as to what direction they need to be pointed in, causing them to struggle with making the best decisions for themselves. Individuals with severe persistent mental illness (SPMI) have multiple in depth and complex needs pertaining to those related to employment, accommodation, life skills, etc. (Burns, Catty, Becker, Drake, Fioritti, Knapp, & Wiersma, 2007). Without being able to accommodate ones needs, an individual will continue to struggle to make a positive change

within their own mental state. Through the most common issues being daytime activities, someone to spend time with, and employment being of the most relevant issues people with SPMI are facing, this also lends to knowing that there is a way to help the issue as well.

Along the same lines, people who struggle with severe mental illness often do not receive the treatment that they significantly need (Guzman-Parra, Moreno-Küstner, Rivas, Alba-Vallejo, Hernandez-Pedrosa, & Mayoral-Cleries. 2018). When an individual is re-hospitalized, they will most likely be readmitted again not long after. With the lack of appropriate support, lifestyle changes, and community shifts, many individuals will struggle to stay afloat (Guzman-Parra, Moreno-Küstner, Rivas, et al., 2018). Though most patients speak on why they are present, the most relevant of them all pertain to the number of previous admissions, receiving little personal help for psychological distress and coping skills/mechanisms, managing money, and personal company (Guzman-Parra, Moreno-Küstner, Rivas, et al., 2018). The need for appropriate support among those who are unable to help themselves to the best of their abilities is a strong requirement and one that needs to begin to take shape.

One major research focuses heavily on “mental health literacy” (MHL), defined as knowledge about mental health disorders that is associated with their recognition, management, and prevention (Furnham & Swami, 2018). In a U.S. national combination of two illnesses study, 44.8% of people diagnosed with a mental disorder did not seek help, and 57% of people with a mild disorder reported a low perceived need to seek help (Mojtabai, Olfson, Sampson, Jin, Druss, Wang, & Kessler, 2011). A low perceived need is defined as having symptoms that do not appear to cause psychological or social impairment that would impact a person’s life intentionally. Those with a severe disorder reported 25.9% need for help compared to those with a moderate disorder who reported a low perceived need for help at 39.3% (Mojtabai et al., 2011).

However, this situation is no different for adolescents either. It has been reported that youth with high suicidal ideation have the lowest intentions to actively seek help versus the youth who showcase low suicidal ideation. However, students of this age may have difficulty even recognizing what the signs of mental illness are.

Workshops to Promote Mental Health on College Campuses

The need to focus increased research on patients experiencing their first episode of psychosis and the necessity to obtain trainings and workshops on a college campus was heavily emphasized in *A National Plan for Schizophrenia Research*. To develop strategies for enhancing research in the mental health realm, a National Institute of Mental Health Workshop on First-Episode Psychosis was held in 1991 in order to accomplish the needs to the individuals suffering (Kirch, Keith, & Matthews, 1992). The goal of the workshop was to focus on ways in which researchers might build on the work of earlier investigations of first-admission patients in need of psychological disorders, using newer psychological strategies and better techniques for mentally and emotionally important disasters. Research projects that, through findings that it is important that there are establishing linkages between academic, public, and private treatment referral and service settings when looking for ways to better their own personal communications with their networks (Bromet, 1992). Research suggests that there is a moveable understanding when there is an importance in trainings and workshops for individuals to feel as comfortable as possible with their environments.

Project Plan

Mental health education is an idea surrounding new ways of communication, improving relationships with not only one another but on a self-identified basis, and also the ability to realize what resources are needed in order to appropriately succeed. The goal, through a collaborative workshop, is to approach the gap between students who understand mental health education and the necessities of creating a cohesive and comprehensive environment for all students involved. Through creative dialogue, honesty and empathy, the students of Merrimack College will be welcomed and encouraged to reflect on their understanding of mental health, the stigma behind it, and how to find the appropriate resources to best benefit them in any given situation.

Defined Goals

- Promote self-reflection and introspection through discussing mental health and the stigma attached and surrounding it
- Create awareness at Merrimack College and the student community through educating college-aged students and working towards breaking down stigma and gaining the appropriate tools to work towards becoming aware of one's surroundings.
- Analyze and evaluate the level of comprehension of mental health, including the basic level definition of the term, the stigma, and the myths and realities of mental illnesses and the ideology surrounding it.
- Create a safe and supportive environment for the Merrimack College community to discuss their perceptions and thoughts about mental health in their own communities

Target Audience and Stakeholders

Primarily, the target audience for this project is the college-aged, student population at Merrimack College as they will benefit the most from having a conversation surrounding attitudes and mental health education through workshops and open dialogue. In addition, Merrimack College as a campus is a targeted audience as they will benefit from creating a safer and more open environment to have discussions revolving around mental health education and the resources students have available to them.

A key stakeholder in this project is the organization Active Minds on Merrimack College's campus. Not only will they be a major contributor through marketing, resources, and student involvement, but it also lends the organization to having a more dominant presence moving forward in regard to mental health education with the student population at Merrimack College. As well, the students at Merrimack College are stakeholders in that they are the ones who will be bringing their understanding and willingness to learn new information and providing open dialogue surrounding their views on mental health within their day to day lives.

Crafting a Clear Message

Individuals who are affected by mental illness are among the three most rejected groups in society today. Research shows that when issues of mental health are brought up by today's adolescents, they are normally silenced because professionals are not confident on how to have these difficult conversations. Yet excluding them from these discussions is not helping deconstruct stigma surrounding mental health (Buchman-Wildbaum et al., 2018).

Moreover, while it seems that there continues to be a general trend of higher rejection and resentment over the years towards most of the minority groups, these sections of people appear

to bring up an independent pattern of stable and high rejection rates among individuals in the United States (Buchman-Wildbaum et al. 2018).

Furthermore, there is a stigma attached to mental illness and mental health education that prevents college-aged students to freely and comfortably express their thoughts, feelings, and identities.

Incentives for Engagement

Those who attend the workshop and day of discussion will have the opportunity to leave feeling as though they are more comfortable with discussing mental illness and having a clearer understanding when it comes to how to reduce the stigma that surrounds mental illness. The community will also have a better understanding when it comes to working alongside college-aged students and the language that is appropriate to help someone in need. Furthermore, there will also be a strong correlation with knowing what signs to look for and what more can be done to work towards improving the quality of life when possible.

Stakeholder: General College Students of Merrimack College

Incentive: To provide the necessary contributions to their campus experience and the knowledge surrounding their fellow community.

Stakeholder: Meredith Fitzsimmons

Incentive: To support and encourage the fellow of the School of Education & Social Policy in educational experiences.

Stakeholder: Russell Olwell

Incentive: To support and encourage the fellow of the School of Education & Social Policy in educational experiences.

Stakeholder: Active Minds Organization at Merrimack College

Incentive: To create meaningful connections with the surrounding communities and to network with individuals who support the same cause and important subject matter.

Stakeholder: Samaritans of Merrimack Valley

Incentive: To expand upon training opportunities while engaging and supporting the community surrounding Merrimack College and those who are most impacted by these topics.

Outreach Methods

1. Email out flyers and information regarding the date, time, and location of the event to members of the Merrimack College community. As well, an email will be sent out to on campus leadership positions, encouraging an educational learning experience with their staff and student leaders.
2. Posters hung on campus and within the community
3. Social Media marketing including but not limited to Facebook, Twitter, and Instagram
4. Promoting with local nonprofits and mental health facilities who are willing to share the information with their communities and networks
5. Word of mouth when interacting with individuals on a personal level

The reason why I want to focus on using these types of outreach methods relies on the research done by the U.S. Dept. of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services (2006), regarding the idea that if the public does not know an event is happening, they will not attend. Furthermore, outreaching to the appropriate locations with the most beneficial methods is crucial in recruiting the right individual to attend the program.

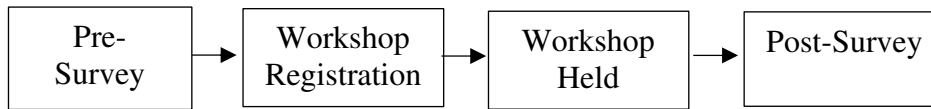
Responsibilities Chart

Name:	Organization:	Responsibilities:	Contact Info:
Bryan Landgren	Merrimack College, North Andover, MA	Program Planner and Facilitator	landgrenb@merrimack.edu (508) 330-9707
Debbie Helms	Samaritans of Merrimack Valley	Support & Network	dhelms@fsmv.org (978) 886-4416
Christine Shaw	Merrimack College, North Andover, MA	Support & Network	shawc@merrimack.edu (781) 983-0791
Active Minds	Merrimack College, North Andover, MA	Recruitment & Marketing & Activity Leader	activeminds@merrimack.edu
The NAN Project	The NAN Project – Lexington, MA	Support	info@thenanproject.org
Anne Snyder	Merrimack College, North Andover, MA	Connecting with Active Minds & Communication	snydera@merrimack.edu

Tools/Measures to Assess Progress

In order to measure the impact of the workshop, Various tools will be utilized to assess the progress of this capstone project, including threads from emails and other forms of communication. In addition, the number of surveys and information collected at the workshop and notes based from the informal conversations being had will serve as data collection materials and information. Lastly, the results from all of the data will serve as information on whether or

not this workshop was found to be successful and should be considered something to move forward with.



Implementation Timeline

Dates:	Actions:
November 25, 2019 – November 29, 2019	<ul style="list-style-type: none"> • Reach out to potential contacts and networking selections
December 2, 2019- December 6, 2019	<ul style="list-style-type: none"> • Secure all involved with the workshop and development • Continue to brainstorm necessary workshop layout
December 9, 2019 – December 13, 2019	<ul style="list-style-type: none"> • Connect with Debbie Helms on Training Materials & Content • What is the setup of the event?
December 16, 2019 – December 20, 2019	<ul style="list-style-type: none"> • Decide on a date for workshop
January 6, 2020 – January 10, 2020	<ul style="list-style-type: none"> • Reserve Space on Campus • Check with presenters, panelists & all involved that the date works
January 13, 2020 – January 17, 2020	<ul style="list-style-type: none"> • Work on the curricula • Create marketing & promotional materials • Create Facebook event
January 20, 2020 – January 25, 2020	<ul style="list-style-type: none"> • Create Survey
January 27, 2020 – January 31, 2020	<ul style="list-style-type: none"> • Content development and branding necessities for other organizations involved

February 3, 2020 – February 7, 2020	<ul style="list-style-type: none"> • Finalize Agenda & Share with partners
February 10, 2020 – February 28, 2020	<ul style="list-style-type: none"> • Send out email invitations • Post to social media & market event • Create RSVP list • Outreach
March 2, 2020 – March 27, 2020	<ul style="list-style-type: none"> • Last minute changes / corrections / edits • Send pre-information materials to attendees • Convert “in-person” workshop to an online format in order to host the workshop virtually
March 28, 2020	<ul style="list-style-type: none"> • Host Virtual Workshop
March 29, 2020 – April 8, 2020	<ul style="list-style-type: none"> • Analyze the data received
April 8, 2020 – April 15, 2020	<ul style="list-style-type: none"> • Finalize Capstone Project
April 15, 2020 – April 22, 2020	<ul style="list-style-type: none"> • Poster Presentation for Virtual Colloquium

Logical Framework

I Will... Host a workshop to educate students in the Merrimack College community.
So That... Students can notice the attitudes surrounding mental health and the necessity for working with each other rather than against one another to improve open lines of communication.
So That... Students may also work towards breaking down the stigma surrounding mental health and the development of resources and skills within their own personal lives.
So That... Positive conversation can be had when it comes to mental health education and the desire for a mandatory need for education.
So That... A person is able to notice the signs and symptoms surrounding mental health struggles and how to respond in a time of crisis.
So That... Individuals can feel as though they are comfortable expressing the way they are feeling at any given moment.
So That... Students are more comfortable reaching out and finding the resources available to them at all times.
So That... Mental health awareness will increase in the community.
So That... The Merrimack College community will be healthier and have more engaged members participating in reducing the stigma surrounding mental health.
So That... We include the campus community in discussions about mental health and mental illness.

Implementation Notes

When creating the workshop “Change the Conversation”, multiple roadblocks were put up and needed to be solved. During the implementation of this event, the COVID-19 pandemic had begun hindering the gathering of groups, school closings, and in person events to be cancelled. Because of these hurdles, the event was then forced to be held in an online fashion. The original date of the workshop (March 21, 2020) needed to be pushed back a week and needed to be reconsidered as to how the event could be completed successfully. In order to hold the event online, multiple activities needed to be revamped and reconsidered while the length of time the event was to be held was shortened in order to attract a larger population.

Results

Change the Conversation explored ideas surrounding mental illness, mental health, and the stigma that surrounded such ideas. This project was intended to gauge college students’ attitudes towards mental health and how they viewed individuals who look to help engage those who need it most. Responses to both the pre-survey and post-event survey were mainly positive and implied that there would be an attempt at changing one’s individual response when they are impacted by mental health struggles at Merrimack College. The surveys collected were gathered and placed into three main categories: quantitative data, qualitative themes, and demographics.

Pre-Survey

An online pre-event survey was released two months prior to spark interest in the event, to gather information topics of interest to students, and workshop methods that would be interesting to the students. A total of 56 individuals responded to the survey.

Out of the 56 respondents, 80.4% were between 18 and 24 years of age (n=45), 10.7% were between the ages of 25 and 29 (n=6), 8.9% were aged 30 or more (n=5).

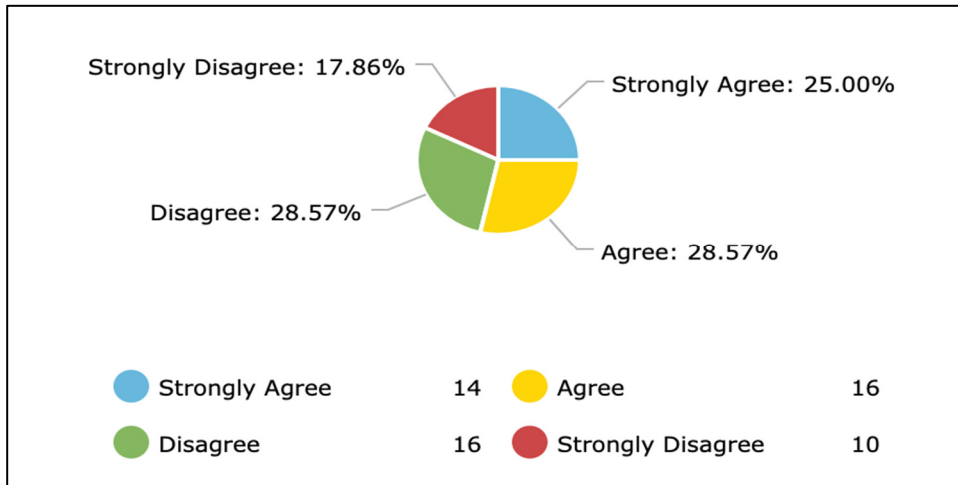
Respondents were asked to indicate their how much they know or understand about mental health on a scale of very little (4) to a great deal (1). All 56 responded to this question with an average score of 2.0, indicating “a lot”.

Next, a series of questions about how people feel about individual’s with mental illness were asked on a 4-scale with options strongly agree (1), agree (2), disagree (3), and strongly disagree (4). The first questions asked, “All patients in mental hospitals should be prevented from having children by a painless operation”. The majority of respondents indicated they disagree or strongly disagree (n=50, 89.2%), however six respondents stated they agree.

Following, respondents were asked to consider that more tax money should be spent on individuals with severe mental illness. Nearly all respondents indicated they strongly agree or agree (n=53, 94.6%), while only three individuals said that they disagree or strongly disagree. The following question asked, “There is something about people with mental illness that makes it easy to tell them from ‘normal people.’” Fifty-four of 56 people indicated that they strongly disagree or disagree (96.4%) with this statement while two individuals said they agree to some extent.

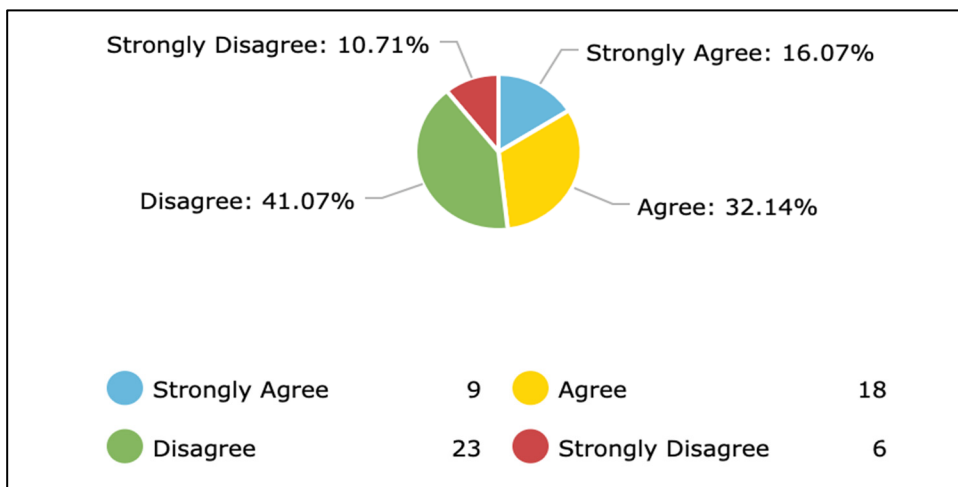
Survey participants were asked if they felt mental illness was like any other illness. Fourteen of the 56 respondents (25%) stated they strongly agree and another 16 (28.57%) stated that they agree. However, 16 respondents (28.57%) stated they disagree that a mental illness is like any other illness and another 10 strongly disagreed (17.86%).

Figure 4: Mental Illness is Like Any Other Illness



Next, respondents were asked a series of questions about individuals’ attitudes toward mental health and how they viewed certain personal situations. Respondents were asked to answer on a 4-scale with options strongly agree (1), agree (2), disagree (3), and strongly disagree (4). The first question asked if the individual was experiencing a mental breakdown, would they be inclined to seek professional attention. Just over half, or 51.8% of responses (n=29) indicated that they were not likely to seek professional attention, while 48.2% (n=27) said that they would seek help if they found necessary.

Figure 5: If I Was Having a Mental Breakdown, My First Inclination Would Be to Seek Help



In follow up with the previous question, individuals were asked, “Considering the time and expense involved in psychotherapy, it would have doubtful value for a person like me.” Only 23.2% (n=13) of individuals stated that they agreed with the above statement while 76.8% (n=43) said that they disagreed with the above statement saying that they would see psychotherapy being beneficial to them. Next, respondents were asked to consider if an individual should work out their own problems. Of the 56 responses, only 1 individual agreed with this statement while 98.2% (n=55) disagreed or strongly disagreed. Finally, respondents were asked, “Personal and emotional troubles, like many things, tend to work themselves out”. In response, 80.4% of responding’s disagreed, leaving 19.7% (n=11) to agree with this statement.

Anonymous Question Capture During Event

During the workshop there was a system established so that workshop participants could anonymously submit questions. Some were related to the topic being discussed and some were just general thoughts or question about mental health. These questions were addressed or discussed during the workshop as part of the debrief and general discussion. Responses included:

- Is the Student Support Network (SSN) kind of like the youth and adult Mental Health First Aid Training at Merrimack College?
- What are your suggestions for how to reach out to someone who might be in a tough time?
- What is your opinion? Do you think that mental illness is an illness like any other?
- Do you believe (or has there been any research done) on sexual identity, gender identity, and the struggles surrounding mental illness?
- What is the definition and/or symptoms of schizophrenia?

- For someone who wouldn't seek help, how can we help so they feel that they could seek/get help?
- How much of an impact do you think social media has on people's perceptions of other people's happiness?
- Have you found a Correlation between mental health and physical health, negative or positive?
- Do you feel as though there is a gender gap in mental health?
- Do you think that most college students deal with mental illness?
- What is the difference of being depressed & having depression?
- Do you agree with that definition option by the WHO?

Post-Survey

An online post-event survey was released immediately following the workshop to gather participants thoughts about the workshop and to understand particular takeaways for the participants. A total of 26 respondents completed the survey upon completion of the workshop.

Out of the 26 respondents, 26.9% were between 18 and 24 years of age (n=20), 15.4% were between the ages of 25 and 29 (n=4), 10% were aged 30 or more (n=2). Additionally, 84.6% identified as female (n=22) and 15.4% identified as male (n=4).

When asked to identify their race, 11.5% identified themselves as Black/African American (n=3), 88.5% identify as white (n=23), 3.8% as American Indian/Eskimo/Alaska Native (n=1) and 3.8% identified as mixed race (n=1).

Survey respondents were asked to rate the workshop on a 4-scale of excellent, good, fair and poor. Over 92% rated the workshop as excellent (n=24), suggesting that the workshop was successful. No respondents indicated a fair or poor score. As well, 96.2% stated that the online

nature of the workshop was good or excellent (n=25). One participant responded with the online component being “fair” at 3.8%.

Respondents were then asked a series of questions regarding the impact of the workshop, the knowledge gained from the workshop, and potential actions they may take because of the workshop. These were rated on a scale of strongly agree (1), agree (2), disagree (3), and strongly disagree (4). The first question asked whether participants felt the workshop was helpful and impactful. All 26 respondents answered this question with an average score of 1.2, suggesting most strongly agree. Secondly, participants were asked if the goals of the workshop were clearly met with results of 84.6% strongly agreed (n=22) with the goals being clearly met while 15.4% responded agree (n=4). Thirdly, participants were asked if discussions were meaningful and remained relevant to the material being presented. Results showed 84.6% strongly agreed (n=22), 11.5% agreed (n=3) and 3.8% disagreed (n=1) that the discussions were impactful and meaningful to the work being presented. Following, the next question asked if the activities were meaningful and useful, with results showing of 84.6% strongly agreed (n=22) with the activities being meaningful while 15.4% responded agree (n=4). Next, the participants were asked, “I can begin to see the importance of having open communication with my community surrounding mental health.” Results showed 84.6% strongly agreed (n=22) while 15.4% responded agree (n=4). As well, participants were asked about their engagement moving forward with other mental health events and participants showed 84.6% strongly agreed (n=22) while 15.4% responded agree (n=4). Finally, for this section, participants were asked if they plan to take action in their own lives because of this workshop. Participants responded with 84.6% strongly agreed (n=22) to take action while 15.4% responded agree (n=4).

Survey respondents were asked to comment on what were the most valuable things they learned during the workshop. Responses varied widely but fell among four major themes: individual perspective, empathy, maintenance, and deliverables. Eleven were focused on individual perspective and included things like, “be honest with yourself” and “normal is relative, be as kind to yourself as you are to others”. Six were focused on deliverables which included things such as, “the 5-4-3-2-1 exercise and spoon theory were new things that I learned and will be able to utilize on a daily basis” and “I had never thought of using energy in a way of spoons which made this very helpful to understand.” Five of the responses were focused around maintenance which included things such as, “there is support on campus that is easy to approach and get in contact with” and “being able to take things away that I did not know before.” Two respondents had a focus surrounding empathy with statements like, “It is as important to speak kindly to yourself as it is to others.”

Survey respondents were then asked to comment on what about the workshop challenged their previously held opinions regarding mental health and the education surrounding it. Responses ranged between multiple different statements but fell between three major themes: knowledge, personal narrative, and adjustment. Seven respondents said that they were focused around adjustment by making statements such as, “it's difficult to hear that people are afraid to ask for help or feel ashamed to ask for help. More people need to advocate for this to let others know of where to go, who to talk to and that talking about this is okay.” As well, other statements were about how, “suffering is not universal, but it is how you deal with that suffering that is what counts.” Nine respondents focused their ideas on knowledge which entails ideas such as, “Defining a term as slippery as mental health” and how “it’s okay not to be okay.” As well, six responses surrounded around the theme of a personal narrative like, “before today I always

viewed this word from a deficit perspective, but now I view health the same as I do wellness” and about “the way I think about myself”. Three respondents chose not to answer or said that this question did not apply to them in particular.

Finally, respondents were asked what could be improved if the event is to take place in the future. Responses varied widely but fell among four major themes: general, logistics, content, other. Four respondents stated that they were focused on the content of the workshop being revisited and/or redone on things like, “I think you should focus more on your own research” and “focus on more diverse mental illnesses instead of just depression and anxiety.” Eight respondents commented on the idea surrounding general improvements that mostly focused on things such as, “having the workshop in person” or “allowing for more room to discuss.” Five respondents stated things such as, “I wish I could see more people’s faces” or “more room for interactions within breakout rooms” which classify themselves as logistical improvements. The other categorized improvements (n=8) were general comments about the success of the workshop and cannot be classified as improvements.

Discussion

The post-evaluation of the event ended in overall positive responses. Survey data and feedback corroborates this with 92% of respondents giving the workshop a rating of “excellent.” While some people thought that the event could have been elongated with more discussion-based activities involved, all the other responses were highly positive. The goal of the entire workshop was to help individuals change their own internal conversation which would, by nature, help to change the conversations that individuals would have with the people in which they are

surrounded by. To live one's life without fear of the stigma surrounding their actions is to live a life to the fullest degree.

Specific key takeaways from the event talked about wanting to “educate” themselves further, “the importance of maintenance,” as well as the need for continued conversation. When looking back to the logic model that was designed to encompass the goals of this workshop, one of the first deliverables was to be able to help Merrimack College students to be able to notice the attitudes that surround mental health and how to ensure that people feel comfortable talking with each other about their struggles, leading to a response of nearly 96% of respondents feeling as though this was achieved.

The entire event inspired others to take a step and start to learn (with 84.6% strongly agreeing that this workshop inspired them to take action). If people have the knowledge and the skill set that they can act on, it not only means they are empowered to do so but it reduces the stigma that surrounds the conversation and moves to empower them to help others. From previous research, we learn that someone who is known to utilize a large number of stereotypes has a tendency to associate a certain trait within a stereotyped group with an approach that overall generalizes stigma within situations. In order for someone to feel as though action is necessary, first people will begin to understand why their words matter and what it is that gets people to feel comfortable opening up when they feel as though that is hard for them to do.

This particular project taught me that beginning the conversation sparks the ideas to all and makes people actively engaged in the event, rather than just standing back and looking at what the conversation might look like. Ultimately, the outcome of this event was positive because everyone felt as though they could relate to at least one piece of material - people had

ownership of their content. This is a key element of community building and community empowerment; the idea of giving ownership allows people to listen and to be open.

After looking through all of the post-event feedback and the written in responses from individuals, there was one response that eloquently encompassed this idea of beginning the conversation in order to change it. One attendee said the following:

“I originally answered that mental illness should be treated as a physical illness, but after considering the severity of mental illnesses, maybe we should treat them [a mental illness] with more priority. Before today, I always viewed this word from a deficit perspective, but now I view health the same as I do wellness. It's difficult to hear that people are afraid to ask for help or feel ashamed to ask for help. More people need to advocate for this to let others know of where to go, who to talk to and that talking about this is okay. It made me really think about how suffering is not universal, but it is how one deals with their suffering that is really what counts.”

Regardless of the praise for the event, this comment perfectly describes the experience and why people felt like they could partake and be so open in having a conversation. Through allowing attendees to take ownership surrounding their thoughts, struggles, and limitations, I was able to allow for an open floor in regard to communicating a wide array of ideas and processes. This shows that making the information more accessible and easily understandable has encouraged people to attempt and teach others, while also broadening their own understanding of people's internal struggles and inner dialogues.

When there continues to be a conversation happening, we begin to learn where people's discrepancies come in and why it is that they feel as though they are unable to get the help they need and deserve. Through workshops, research has shown that trainings allow for participants

to learn a specific skill set where they feel as though they are understanding what they are learning or gaining a new light to a particular knowledge base, complementing real life scenario based learning.

Limitations

While the event was overall positive, there were specific limitations that my event did have. This event was originally intended to take place on campus and in person, however, due to the COVID-19 pandemic, the event ended up being moved online. Along with a change of location, the events date also was postponed to the following week because of the need to re-assess program delivery in light of a new modality and the change to college student schedules after the college campus was closed. As well, the event took place on a Saturday morning on the same weekend Merrimack College had decided to extend their spring break, which might have turned people away. The campus culture itself is also not extremely vocal of their support towards students' mental health struggles, which hindered the message of the event on a larger scale.

Looking at other factors, another limitation of this study was that the results might not generalize beyond the type of individuals who participated in this study. The participants were limited to students at one particular college in Massachusetts who completed both the first and the second surveys. By expanding out to different colleges or universities, results may vary or change participation, knowledge gained, and likelihood of taking action. As well, Merrimack College is a religious affiliated institution which may impact the honesty and participation by certain members of the community.

Implications for Future Projects

Drawing specifically from the “Theory of Change” Framework, in order to appropriately create a new way of thinking, one needs to go through the cycle in regard to change in order to approach a new outcome. As discussed earlier in this study, change is created by introducing new ways of thinking and through a cycle of thinking. From the responses, and the large number of responses specifically talking about the self and self-reflection, this event encouraged people to see themselves through the ideas of conversation and reshaping how their mind looks at certain ideas and tasks. This put the Theory of Change to the test and proved it to be a valuable piece of theory and literature. Self-reflection was a major factor in ensuring participants felt that they were understanding the content and how they could replicate these ideas throughout their daily lives.

Different kinds of workshops should also be considered when looking into presenting regarding mental health and the impacts the attitudes may have on college campuses. While this workshop was executed virtually, the turnout and participation may be different if the event was to be held in person or with a different student body, therefore may have had strikingly different results.

Another recommendation for future studies is to expand the sample. This study had a sample that was relatively homogenous in terms of their ethnicity and age group. The participants were also not equally represented in terms of gender, which may have affected the results of this workshop. Therefore, another recommendation for future workshops is that it should be more explored amongst the overall general sense of the results from this study to other geographic areas and with individuals of varying demographic backgrounds to gain a wide range of results.

This project has raised a large number of questions. For one, how could more students from the target community been reached to make them attend whether on campus or in an online format? How do you get the people who need to have conversations to be interested in attending an event such as this when it is highly discussion orientated? In my project, I was not able to (on a large scale) fully change the culture at Merrimack College, but I was able to educate and open the attendees' eyes to other conversations and creating a clearer understanding of how to approach the stigma surrounding mental illness.

Future iterations should take this a step further when considering new ways of conducting a workshop and have multiple events throughout the year that will continue to encourage more individuals to come and make it accessible for multiple student organizations to become a part of. This project also raises the question, what other ways can conversation help people understand another individual struggles and challenges, and what is the most efficient way to do this in a long-term framework?

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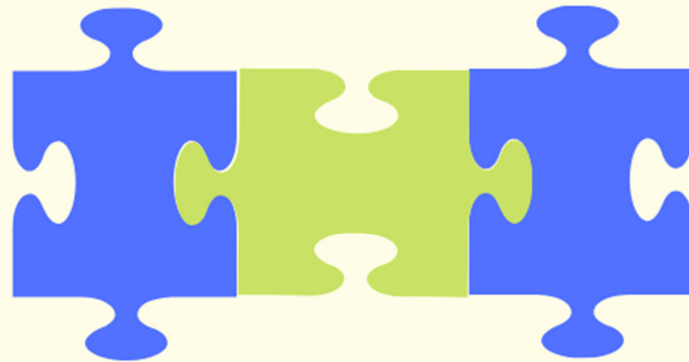
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Appendix A: Event Flyer



A Key Puzzle Piece to Your Mental Health

CHANGE THE CONVERSATION

MARCH 21, 2020

MERRIMACK COLLEGE

9:00AM-1:00PM

*Ages 18-25 Only

*Free Admission

*Students of the Merrimack College Community
(Undergraduate & Graduate Programs)

Contact Bryan at landgrenb@merrimack.edu
with any questions!

Register Here:



Appendix B: Event Agenda**“Change the Conversation: Attitudes Toward Mental Health Agenda**

Master’s Thesis Capstone Workshop for Masters of Community Engagement

DAY AND DATE	START TIME	END TIME	LOCATION
Saturday, March 28	10:00 AM	12:30 PM	Zoom Platform

MEETING CREATED BY	FACILITATOR
Bryan Landgren	Bryan Landgren

MEETING TITLE
<i>Change the Conversation: Attitudes Toward Mental Health</i>

SUBJECT OF MEETING
Mental Health and Stigma Surrounding Mental Illness and Having Open Conversations About It

AGENDA

	START TIME	DURATION	DESCRIPTION	PERSON / DEPT. RESPONSIBLE	END TIME
1	10:00AM	0:15 min	Event Introduction	Bryan	10:15AM
2	10:15AM	0:30 min	See it, Believe it?	Bryan	10:45AM
3	10:45AM	0:30 min	Give Me The Blueprint	Bryan	11:15AM
4	11:15AM	0:05 min	BREAK	BREAK	11:20AM
5	11:20AM	0:25 min	I Hear College Is Hard... Let’s Change It	Bryan	11:45AM
6	11:45AM	0:30 min	Active Minds	Active Minds	12:15PM
7	12:15PM	0:00 min	Wrap Up, Debrief, Post-Evaluation	End	12:30PM

Appendix C: Pre-Event Survey

Change the Conversation: Pre-Event Survey

The goal is to approach the gap between students who understand mental health education and the necessities of creating a cohesive and comprehensive environment for all students involved. Through creative dialogue, honesty and empathy, the students of Merrimack College will be welcomed and encouraged to reflect on their understanding of mental health, the stigma behind it, and how to find the appropriate resources to best benefit them in any given situation.

Please fill out this short RSVP to reserve your spot today (it will take no more than 10 minutes, I promise). I look forward to a meaningful conversation with you!

1. How old are you?
2. To which gender identity do you most identify?

Mental Health Background:

3. In general, how much would you say you know about mental health?

Opinion About Mental Illness:

4. All patients in mental hospitals should be prevented from having children by a painless operation.
5. More tax money should be spent in the care and treatment of people with severe mental illness.
6. There is something about people with mental illnesses that makes it easy to tell them from "normal people".
7. Mental illness is an illness like any other.

Attitude Towards Mental Illness:

8. If I believed I was having a mental breakdown, my first inclination would be to get professional attention/help.
9. Considering the time and expense involved in psychotherapy, it would have doubtful value for a person like me.
10. A person should work out their own problems; getting psychological counseling should be a last resort.
11. Personal and emotional troubles, like many things, tend to work themselves out.

Attitudes to Mental Illness:

Please respond to the following statements honestly and truthfully.

Schizophrenia: a long-term mental disorder of a type involving a breakdown in the relation between thought, emotion, and behavior, leading to faulty perception, inappropriate actions and feelings, withdrawal from reality and personal relationships into fantasy and delusion, and a sense of mental fragmentation.

12. Schizophrenia would damage a person's career.
13. I would be comfortable if someone with schizophrenia were my colleague at work.
14. I would be comfortable inviting someone with schizophrenia to hang out with my family & friends.
15. How likely do you think it would be for someone with schizophrenia to get in trouble with the law?

Event Confirmation:

16. I will be attending the March 21 workshop at Merrimack College from 9:00 am-1:00 pm.

Appendix D: Post-Event Evaluation**“Change the Conversation: Attitudes Toward Mental Health” Post-Event Evaluation**

*Thank you for participating in the today's workshop. The purpose of this evaluation is to gain your thoughts, opinions, and understandings on the workshop. This evaluation should take no more than 5 minutes to complete. Please **DO NOT** write your name on the evaluation in order to ensure all answers are kept confidential.*

Please respond to the following statements:

	Strongly Agree	Agree	Disagree	Strongly Disagree
1. I felt as though this workshop was helpful and impactful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The goals of this workshop were clear to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The discussions stayed on track with the theme of the workshop	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The activities were meaningful and connected to the topic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I can begin to see the importance of having open communication with my community surrounding mental health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. After the workshop, I plan to take action in my own life on conversations surrounding mental health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. I believe that schizophrenia would damage a person's career.
 Strongly Agree Agree Disagree Strongly Disagree
8. I would be comfortable if someone with schizophrenia were my colleague at work.
 Strongly Agree Agree Disagree Strongly Disagree
9. I would be comfortable inviting someone with schizophrenia to hang out with my family and friends.
 Strongly Agree Agree Disagree Strongly Disagree
10. How likely do you think it would be for someone with schizophrenia to get in trouble with the law?
 Extremely Likely Likely Not Very Likely Extremely Unlikely
11. The public stigma attached to mental illness prevents many people from seeking the help they need.
 Extremely Likely Likely Not Very Likely Extremely Unlikely

12. If this workshop is to happen again, how could it be improved?

13. When a student at Merrimack College is struggling with their mental health, what policies or procedures are in place to appropriately help this individual, if any?

14. What is one thing that you will take away from today?

15. Would you recommend this workshop to others (check one)? Yes _____ No _____

Please tell us a little bit about yourself:

16. What is your age? _____

17. To which gender identity do you most identify with?

- | | |
|--|--|
| <input type="radio"/> Male | <input type="radio"/> Transgender Female |
| <input type="radio"/> Female | <input type="radio"/> Nonbinary / Non-Conforming |
| <input type="radio"/> Transgender Male | <input type="radio"/> Other: _____ |

Thank you for taking the time to participate in this event and for completing this survey. We hope you enjoyed the experience!

Please put your completed evaluation in the box.