Social Work Theses                                                                 Social Work

4-2018

# 13 Reasons Why NOT: Examining Peer Networks and Barriers to Help Seeking

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Barriers to Help Seeking

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A project based upon an independent investigation,
Submitted in partial fulfillment of the requirements
For the degree of Bachelor of Arts in Social Work.

April 2018

Abstract

This paper examines mental health perceptions on a college campus, with an emphasis on the importance of peer networks, the barriers to help-seeking behaviors, and the persisting stigma against mental health treatment. The researcher hypothesized that students will report confiding in family, friends, and peers in times of emotional distress, rather than more formal support networks. The study utilized a 13-item survey that examined what barriers students face in seeking help, to whom students turn in times of distress, and if they feel that there is stigma on campus that is a deterrent to formal mental health treatment. The results supported the thesis with the finding that 96% of students reported turning to friends during times of distress, compared to 56% of students who used a formal help network.

*Keywords:* suicide prevention, mental health, peer networks, stigma

## Introduction

Suicide is a public health issue that is gaining severity in the United States, and it is an issue that must be comprehensively addressed.  Suicide risk is especially prevalent in adolescents and young adults (Manning, 2009), but there are ways to help, and suicide is absolutely preventable.  College aged adolescents and young adults will encounter different resources at their respective colleges and universities, but there is a lack of understanding if these resources are made readily assessable or used by the students (Czyz, Horwitz, Eisenberg, Kramer, & King, 2013; Downs & Eisenberg, 2012; Katz, Bolton, Katz, Isaak, Tilston-Jones, & Sareen, 2013). There is a sense of disconnect between the resources made available to college students and if the student feels comfortable or able to make use of them.  Despite the time and effort put into making mental health services available to students, there are countless reasons why students nevertheless do not take advantage of these resources designed to providence assistance to those who are struggling (Czyz, Horwitz, Eisenberg, Kramer, & King, 2013; Swanbrow, 2017). Suicide is a topic that is certainly difficult to discuss, but it is crucial to examine the stigma that still surrounds suicide and the beliefs and misconceptions that may make a student less likely to get the help he or she needs.

This thesis will examine how the students at a medium sized private Catholic college in the Northeast feel about the topic of suicide, and what resources these students use when they are feel distressed and overwhelmed. The concern that serves as the basis of this research question is that if the mental health issues of students go unaddressed and ignored, the risk for suicide increases.  Further, this thesis will assess the perceptions held by students at this college about suicide and their understanding of the resources in place to address this issue. It will also examine the "informal networks" to which students turn if they have concerns for themselves or

others, and contrast these networks to the more formal resources in place on campus. After

assessing the perceptions of students at this medium sized private Catholic college in the

Northeast, this thesis will attempt to provide recommendations for how to improve student

access and use of the mental health resources on campus, and to increase awareness about this

important issue in order to reduce the stigma related to mental illness and receiving mental health

services.

Suicide is one of the leading public health issues facing the United States at this time.

Data from the World Health organization indicates that the global rate of suicide has shown a

significant increase between 1950 and 2004, (Bertolote & Fleischmann, 2002) and data based

projections show that deaths by suicide could rise by as much as fifty percent from 2002 to 2030

(Mathers & Loncar, 2006).  More specifically, in 2015, the suicide rate for girls aged 15-19

reached a record high, with the rates for female suicides doubling from 2007 to 2015, from 2.4%

to 5.1% (Centers for Disease Control, 2017).  Suicide is the third leading cause of death for

adolescents and young adults aged 15-24, and the rate of suicide is between .5 and 7.5 per

100,000 among college students (Centers for Disease Control, 2013; World Health Organization,

2014). Evidence reports that there remains limited understanding and systematic assessment of

the resources and suicide prevention programs in place to help college students struggling with

their mental health (Downs & Eisenberg, 2012). This issue is widespread on college campuses,

and in 2013, 8% of full-time college students had suicidal thoughts, 2.4% made suicidal plans,

and 0.9% attempted suicide (Substance Abuse and Mental Health Services Administration,

2014). This thesis is important because it will examine what resources and preventative measures

are in place to address the mental health needs of a particular group of college students. This

study will examine the beliefs and perceptions of students at this college regarding their

knowledge of the mental health resources offered by the school.  Additionally, if there are

students who are aware of the mental health resources, but are not making use of these resources,

this thesis will assess the reasons behind the disconnect between services offered and their use by

students.

The topic of suicide prevention is relevant and important to social work practice, and this

thesis examines the mental health services that are available to college students who constitute a

vulnerable population in terms of mental health and suicide risk.  Social work is concerned with

the quality of life of every individual, which includes addressing mental health and suicide

prevention.  Examining the resources on college campuses and assessing the disconnect that is

present between what is available and what students feel comfortable accessing will be

instrumental in providing suggestions for how colleges and universities can better provide for the

mental health needs of students.  Often students may feel more comfortable using informal

networks found between trusted friends, family, or teachers (Downs & Eisenberg, 2012), but it is

important to make students aware of the professional services that are available to them in an

effort to provide as many protective factors as possible for this vulnerable population.

The methodology for this thesis will include surveys conducted by the researcher and

administered to students in various social work courses at the school. The thoughts of these

college students will be examined through anonymous surveys about their perceptions of the

available campus resources, their level of comfort with accessing these resources, and if they feel

that stigma still exists when discussing mental health, or requesting help from others. With the

rates of suicides in the United States rising in recent years, it is essential to determine the best

practices for caring for the mental health of vulnerable populations, and to ensure that these

individuals feel that they have resources available to secure help when they need it.

## Literature Review

Suicide on college campuses is a topic that has garnered a large amount of investigation over the past decade, and there are numerous research studies that look into the many different aspects of college suicides.  When one conducts a comprehensive search for suicide, prevention programs, and stigma surrounding suicide when examining a population of college students, there is no dearth of studies regarding these topics. Many of these studies examine how there is a prevalence of suicide on college campuses that can not be easily explained due to the complex and multifaceted reasons behind why a student may take his or her own life.  A large number of researchers also delve into how there is still stigma surrounding suicide, despite the presence of some research that suggests that the role of stigma is declining.  Other important topics often covered in studies relating to suicide on college campuses are the preference for informal networks over formal counseling centers or mental health professionals, as well as suggestions for the best practices in terms of suicide prevention on college campuses. There is still a great amount of research that must be done in order to examine how a college can best provide the resources and guidance that students in distress need and deserve, and the vast amount of studies that examine suicide from multiple perspectives demonstrates how this is a topic that warrants further discussion and investigation.

## Prevalence of College Suicide

Suicide is a public health issue that has grown in severity over time and requires a systematic approach to identify the risk factors for suicide and to develop early intervention programs.  In recent years, there has been an increase in rates of suicide on college campuses, which leads invariably to the need for greater prevention efforts at the college level. Suicide is the second leading cause of death for youth aged 15-24 years old (Substance Abuse and Mental

Health Services Administration, 2014) and the World Health Organization reports that close to

800,000 people take their lives each year, with many more attempting suicide (World Health

Organization, 2017). In 2015, the suicide rates for females aged fifteen through nineteen reached

its peak from 1975 to 2015, with 5.1 suicides per 100,000 girls in this age group. This trend is

frightening, but even more concerning is that in general, suicide rates for teenagers are rising in

the United States (Centers for Disease Control, 2017). Furthermore, from 2002 to 2030, data-

based projections indicate that the number of suicides will increase by as much as fifty percent

(Mathers & Loncar, 2006). Suicide is a growing problem that must be addressed from multiple

aspects in order to decrease these rates and ensure that everyone can access the resources they

need.

Although rates of suicide vary slightly depending on the study conducted, a general

estimate of the suicide rate on college campuses is that 8% of undergraduates and 5% of graduate

students surveyed reported having attempted suicide at least once in their lifetime (Downs &

Eisenberg, 2012; Drum, Brownson, Denmark, & Smith, 2009). Drum and colleagues (2009) also

found that 55% of college students have reported suicidal ideation at some point. In a collection

of surveys conducted by the American College Health Association (2013), a few concerning

trends arose: annually, 46.5% of college students experienced hopelessness, 31.8% experienced

symptoms of depression that made it difficult for them to function, 8% considered suicide, and

1.6% reported attempting suicide. Even more alarming is that research points to the fact that

most students who have committed suicide while at college were not seen by a mental health

professional before they died. Czyz, Horwitz, Eisenberg, Kramer, and King (2013) found that

only 15-20% of students who died by suicide sought help at the school's counseling center,

meaning 80-85% of students were never seen by a trained professional before they took their

own lives.  This lack of professional intervention before a student commits suicide is shocking

and evidences the need for much greater prevention efforts that address the underlying risk

factors for suicide.

**Attitudes and Beliefs about Suicide**

Some of the prevailing barriers to help seeking behaviors are the attitudes and beliefs that

surround the topic of suicide. Some of the most commonly held attitudes of students who refuse

to seek professional help are that they feel that mental health treatment is not needed, they lack

the necessary time to see a mental health counselor, or they hold a preference for self-

management (Czyz, et al., 2013; Downs & Eisenberg, 2012; Rickwood, Deane, & Wilson,

2007).  Additionally, many students hold the perception that these incredibly serious issues that

they are facing are transient and thus do not require services (Czyz, et al., 2013).  There is an

overwhelming trend of students to not take advantage of professional counselors for mental

health services, and this dismissal of professional resources is a deleterious development that

must be addressed.

**Stigma.** There is also the issue of stigma to receiving services that has been highly

debated when discussing college suicide. Although some researchers claim that stigma may not

be as large of a deterrent for mental health services as in the past (Czyz, et. al, 2013; Downs &

Eisenberg, 2012), others believe that stigma still has a large impact on the help-seeking

behaviors of college students (Funkhouser, Zakriski & Spoltore, 2017; Morse & Schulze, 2013;

Rickwood, et. al, 2007; World Health Organization, 2014; Vogel, Wade, & Haake, 2006).

Rickwood, Deane, and Wilson (2007) found that suicidal thoughts are common in adolescents

and that these thoughts have a significant adverse effect on help seeking.  In fact, this study

examined how as suicidal ideation increases, help-seeking behaviors decrease and the adolescent

is less likely to seek help from anyone, much less an individual from a formal network, such as a trained mental health counselor.  The attitudes that surround suicide often do not help to promote seeking mental health services, and the stigma, whether personal or social, that students feel does not lead to a pronounced desire to seek help.

**Informal Peer Networks**

Although professional counseling centers may be readily available for most college students, there is a tendency of turning towards more informal networks of friends and family. Czyz and colleagues (2013) examine how there is a preference of young adults to seek help from informal sources, although they may not receive the type of help that is needed from these sources. These informal sources include relying on family and friends who may be more trusted than a mental health counselor, but in reality, these informal networks may be unable to provide the guidance that someone contemplating suicide needs if they are unaware of the resources available. Too often, college students may not view their distress as serious enough to warrant professional intervention and are prone to question if professional sources are appropriate or valuable for helping them to manage their distress (Czyz, et al. 2013; Downs & Eisenberg, 2012; Rickwood, et al., 2007).

Additionally, there is a strong correlation for the increasing refusal to seek out trained mental health professionals as suicidal feelings rise; rather, there is a preference for trusted friend or family member when feelings of suicidality are present (Czyz, et al. 2013; Downs & Eisenberg, 2012; Drum, et al., 2009; Rickwood, et al., 2007; Swanbrow-Becker, 2017).) Multiple researchers have found that the role of friends becomes more pronounced throughout adolescence, and peers increasingly play an important role in the help-seeking process (Mueller & Waas, 2002; Rickwood et al., 2007). In fact, many counseling centers report that there are

numerous visits to school counselors throughout the school year that are actually young people

seeking help for one of their peers, which is an encouraging trend in counseling centers across

the country (American College Health Association, 2013). Furthermore, Funkhouser and his

colleagues (2017) researched how peers have the potential to offer a socially supportive network

if they are trained in prevention methods, but there are nevertheless negative aspects of this peer

relationship. Unfortunately, many peers do not suggest professional help, provide helpful

advice, or even have any knowledge of the mental health services that are available on campuses.

Because peers are often the trusted individuals who are approached by students in distress, it is

essential for peers to be knowledgeable enough to provide or direct their friends to the

appropriate resources that can make an enormous difference in their lives.

**Best Practices for Assessing Suicide Risk or Intervention**

          **Curriculum-based interventions***. It is difficult to develop an intervention method that

will address the mental health needs of every single college student, but there are best practices

that are evidence-based that have been proven to help a student who is struggling. The largest

area of prevention in schools is curriculum-based presentations that are given to students in their

classes. These are programs include Signs of Suicide, QPR (Question, Persuade, Refer), and

Gatekeeper training (Ciffone, 2007; Katz, Bolton, Katz, Isaak, Tilston-Jones & Sareen, 2013;

Manning, 2009). These programs are evidence-based and have been proven to have positive

effects of increasing the knowledge and comfort levels of students to feel able to intervene if

they feel that a peer is in danger. Additionally, a new method of prevention includes increasing

feelings of connectedness on campus to reduce feelings of isolation and promote resiliency so

that students are better able to prepare for an instance where they may need mental health

services in the future (Drum, et al., 2009). Increasing the resiliency of students is crucial because

it will allow them to feel better able to handle difficult situations that will invariably arise in the future, and to help them to not feel that distressing situations are impossible to navigate.

          **Peer support training**. Furthermore, many studies include an emphasis on training peers, because these are the individuals most likely to be approached by a suicidal student (Downs & Eisenberg, 2012; Drum, et al., 2009).  If peers are trained in Gatekeeper training, they will feel better able to intervene when they see someone who is in need, and this increased knowledge will result in more successful interventions on college campuses. A particularly successful peer support initiative comes from Morse and Schulze (2013), who introduced a six week training known as the Student Support Network that helps students to understand how to effectively respond to their peers' distress with empathy and compassion. The success of this program in training over 400 students shows how it is possible to create peer oriented initiatives that allow students to gain the level of comfort and knowledge needed for peer intervention.

**Conclusion**

          Suicide on college campuses is a topic that has warranted large amounts of research, and especially so in recent years as suicides on college campuses are still prevalent. Nonetheless, suicide in higher education is an area that requires more investigation, as the issue is often still not fully understood.  There is prevailing uncertainty about why exactly students are not accessing mental health resources before it is too late, and it is unclear what role stigma plays in this aversion to resources.  Different programs responding to the mental health needs of students are important, but what may prove to be the most effective in preventing suicides on college campuses are prevention and intervention training programs for students. Because students who are contemplating suicide are more likely to turn to informal networks than formalized mental health resources, it is essential to train students in gatekeeper methods.

This thesis will examine the question of why students do not feel comfortable using the resources available on college campuses, with an emphasis on examining if students would rather turn to a trusted friend or roommate over a trained mental health professional. Questions about the resources available, the reasons for students not taking advantage of these resources, and what resources students do favor when struggling will be asked of college students at a medium sized, private, Catholic college. The results of these surveys may inform and offer valuable information about students' perspectives by examining the barriers that students feel prevent them from accessing formal mental health resources on campus. The hypothesis that will be examined is if stigma surrounding mental health plays a large role in help-seeking behaviors on this campus, and if the students on this campus are more likely to turn to their friends, family, and peers rather than formal help networks in times of distress.

## Methodology

### Sample

In order to examine the informal peer networks and the barriers to help seeking at a medium sized private college in the northeast, this mixed methods research study was conducted through anonymous surveys distributed to 100 students within 7 different social work courses. The students ranged in class year from freshmen to senior year, with 14 different majors represented in the sample. The results allowed the researcher to gain a better understanding of what barriers students face in accessing mental health services and whether or not stigma still plays a large role in help-seeking behaviors.

### Research Design

The research design was a mixed methods study with an integration of both quantitative and qualitative measures. The instrument will be a thirteen-question survey that includes seven-

point Likert scale questions, nominal level yes or no questions, and open-ended qualitative

questions (See Appendix B).  The instrument will allow the researcher to review both

quantitative data regarding mental health perceptions, stigma, and help-seeking behaviors, as

well as qualitative descriptions of how students respond in times of stress. The results from the

survey will be kept entirely anonymous with no identifying information included in the survey in

order to provide the most accurate results.

**Data Gathering**

The surveys were distributed to freshmen through senior students in multiple social work

courses, so the participants will be selected through homogeneous purposive sampling. Students

from every class year were chosen for this study as students in every grade level experience high

levels of stress and anxiety due to many different and complex reasons. Although this sample

was not used to generalize to the larger population due to its small sample size, the results gained

through the surveys was important nonetheless in gaining insight into how this cohort of students

perceives suicide and the barriers to accessing mental health resources.

**Data Analysis**

After the surveys are completed, the results were analyzed through the SPSS statistical

software.  By creating a scale of similar items from the survey, trends were drawn from the

responses to the survey questions. For the qualitative open-ended questions, the researcher will

examine the responses in order to discover common trends.  The results will be used to draw

conclusions about the effects of stigma on help-seeking behaviors, as well as examining to whom

students turn in times of distress. The hypothesis is that those who perceive there to be stigma

surrounding mental health on campus will be less likely to access mental health services.

Additionally, the researcher hypothesizes that the students in this sample will report utilizing

their friends, peers, and family more often than formal support networks.

## Findings

In order to investigate the hypothesis that students will report seeking out the guidance

and support of family members, peers, and friends more so than formal help networks, the

researcher collected surveys from 100 undergraduate students in 7 different social work courses.

The researcher expects to find that students will more frequently report turning to friends, family,

and peers due to the level of comfort inherent in these more informal sources of help.  The

presence of stigma will be explored by identifying questions relating to perceptions of mental

health on campus, and the responses to these questions may indicate the presence of stigma that

could impact to whom students turn in times of distress.  When examining the survey population,

these students ranged in class years from freshmen to seniors, with 15% of sample comprising of

seniors, 15% of juniors, 27% of sophomores, and 43% of freshmen.

Figure 1

*Sample Population by Grade*
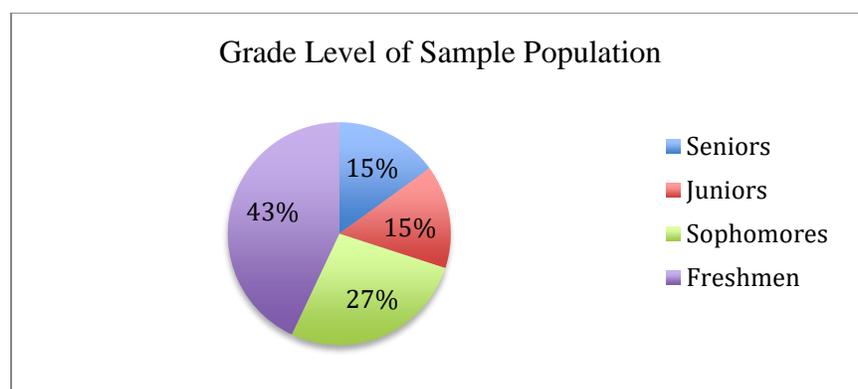


Within this sample, the mean age was 19.5.  The majors of the students varied, but because the

classes were all part of the social work department, other than students who were undeclared

(22%), social work was the most frequently noted major with 19% of the respondents.  The

demographics of the sample by major are listed in the table below.

Table 1

*Student Demographics*

| Major | Frequency | Percent |
|---|---|---|
| Undeclared | 22 | 22 |
| Social Work | 19 | 19 |
| Double Major | 13 | 13 |
| Psychology | 11 | 11 |
| Health Policy and Management | 9 | 9 |
| Business | 9 | 9 |
| Education | 5 | 5 |
| Biology | 4 | 4 |
| Sociology | 2 | 2 |
| Public and Community Service | 2 | 2 |
| Social Science | 1 | 1 |
| Chemistry | 1 | 1 |
| Computer Science | 1 | 1 |
| Art | 1 | 1 |
| **Total** | **100** | **100** |

Another major characteristic of this sample was how the population was predominantly female

(80%).

**Coping Mechanisms**

      The data revealed, in respect to coping mechanisms, that there are many trends present within the sample. In terms of what college students like to do when they are feeling overwhelmed or stressed out, 72% of students responded that they enjoy doing "fun activities with others," 69% noted watching TV or movies, 68% answered that they exercise, and 66% responded that they sleep when feeling overwhelmed.  The least noted activity of which students take part when feeling overwhelmed was "Use drugs," which only 4% of respondents answered positively to doing.  See the table below for this information.

Table 2

*Ways of Coping When Feeling Overwhelmed of Stressed*

| Activity | Frequency | Percent |
|---|---|---|
| Fun activities with others | 72 | 72 |
| Watch TV or movies | 69 | 69 |
| Exercise | 68 | 68 |
| Sleep | 66 | 66 |
| Eat | 46 | 46 |
| Positive Self-Talk | 41 | 41 |
| Outdoor Activity | 40 | 40 |
| Pray | 32 | 32 |
| Cook or bake | 25 | 25 |
| Drink Alcohol | 21 | 21 |
| Meditate | 17 | 17 |
| Other | 12 | 12 |
| Use Drugs | 4 | 4 |

| Total | 100 | 100 |
|-------|-----|-----|

**Formal and Informal Networks**

When the respondents were asked what is helpful to them or others when struggling or in times of distress, there were a few answers that appeared frequently. Of the respondents, 96% reported talking to friends, 91% reported talking to family, and 63% reported talking to a significant other. Other commonly cited answers include 56% of respondents noting talking to a therapist, 35% talking to peers, 34% talking to a professor, and 26% talking to a member of the clergy or a spiritual advisor. The least commonly cited response was visiting the Emergency Room, which garnered only 4% of the respondents. See table 3 below.

Table 3

*Helpful Networks in Times of Crisis*

| Activity | Frequency | Percent (%) |
|----------|-----------|-------------|
| Talking to Friends | 96 | 96 |
| Talking to Family | 91 | 91 |
| Talking to Significant Other | 63 | 63 |
| Talking to Therapist | 56 | 56 |
| Talking to Peers | 35 | 35 |
| Talking to a Professor | 34 | 34 |
| Clergy or Spiritual Advisor | 26 | 26 |
| Talking to a Family/ Primary Care Doctor | 17 | 17 |
| Attending a Support Group | 15 | 15 |
| Peer Online Support | 9 | 9 |
| Calling Crisis Clinic | 6 | 6 |

| | | |
|---|---|---|
| Other | 5 | 5 |
| Emergency Room Visit | 4 | 4 |
| **Total** | **100** | **100** |

## Mental Health Perceptions

The survey instrument also included 7 point Likert Scale questions, with the mean answers listed below in Table 4. The two questions that students most strongly agreed with based on the highest mean value is "I know of college students who have felt overwhelmed" with a mean of 6.588, "Suicide is preventable" with a mean of 5.962, and "I know of college students who have felt depressed" with a mean of 5.909 (with an answer of 1 being Strongly Disagree and 7 being Strongly Agree). These responses are all within the range of Somewhat Agree (5.0) to Strongly Agree (7.0).

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|----------------|----------------|----------------|----------------|---------------|---------X-------|
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| Strongly | Disagree | Somewhat | Neutral | Somewhat | Agree | Strongly |
|---|---|---|---|---|---|---|
| Disagree | | Disagree | | Agree | | Agree |

**I know of college students who have felt overwhelmed.**

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|----------------|----------------|----------------|----------------|----------X|---------------|
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| Strongly | Disagree | Somewhat | Neutral | Somewhat | Agree | Strongly |
|---|---|---|---|---|---|---|
| Disagree | | Disagree | | Agree | | Agree |

**I know of college students who have felt depressed.**

The question that has the lowest mean and thus the least amount of agreement is "I know of students who have made plans to hurt or harm themselves" with a mean of 3.348.

|----------------|----------------|----**X**------------|----------------|-----------**--**|---------------|

Strongly    Disagree         Somewhat        Neutral        Somewhat        Agree        Strongly

Disagree                          Disagree                            Agree                               Agree
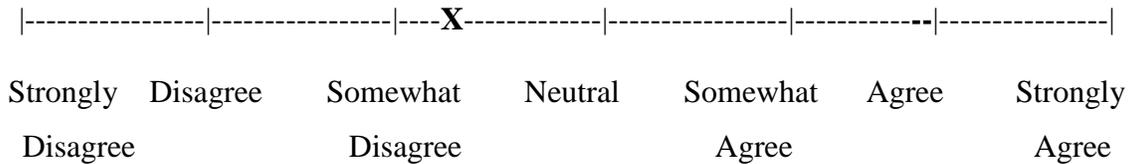
**I know of students who have made plans to hurt or harm themselves.**

This question would fall between Somewhat Disagree (3.0) and Neutral (4.0). The remaining questions with the mean values and standard deviations can be found in the table below.

Table 4

*Mean Responses to Likert Scale Questions*

| Question | Mean | S.D. |
|---|---|---|
| 1. I know of college students who have felt overwhelmed. | 6.588 | .7918 |
| 2. Most college students engage in activities that allow them to feel happy and fulfilled. | 5.230 | 1.246 |
| 3. I know of college students who have felt depressed. | 5.909 | 1.1124 |
| 4. Most college students feel able to manage their own mental health. | 4.553 | 1.1555 |
| 5. I know of students who have made plans to hurt or harm themselves. | 3.348 | 1.7490 |
| 6. There are many mental health resources on campus. | 4.951 | 1.1822 |
| 7. College is a place where students can feel comfortable talking about their mental health. | 4.0210 | 1.239 |
| 8. College students think differently about someone who has gone to the counseling center. | 3.765 | 1.4931 |
| 9. Suicide is preventable. | 5.962 | .9134 |

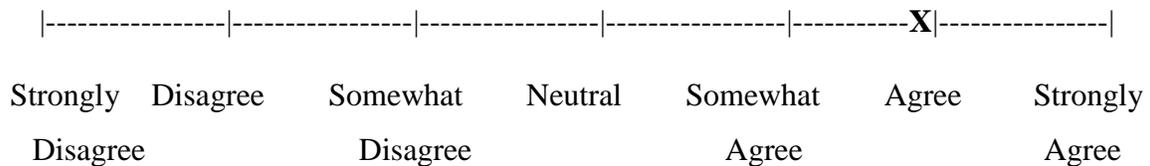| 10. I know of college students who have visited the counseling center. | 5.115 | 1.8503 |
| --- | --- | --- |

In addition to quantitative questions, there were also three open-ended questions to which the sample responded. Some trends arose from the surveys collected. As the researcher hypothesized, the most commonly cited answer to the question of "What do you think students (or yourself) find to be most helpful when dealing with difficult situations?" was friends, family, or peers.  Of the 100 respondents, 33 noted talking to friends and family as the most helpful option when dealing with stress.  Additionally, 26 respondents noted solely talking to friends, and 11 noted only talking to family members.  One of the students could have been speaking for many other respondents when she reported, "*Many students feel most comfortable turning to close friends and family because they are easily accessible and trusted*."  Another student offered the opinion that, "*For students, it is beneficial to talk with peers who may be having similar experiences and are readily available.*"  The necessity of having a readily available individual to turn to for support in difficult times was a common theme for this question.

There were some students as well who reported finding counseling services or talking with a therapist helpful. Of the sample, 11 students reported talking with a therapist to be helpful, and 2 students identified the Personal Counseling Center as an option.  One student described how therapy is important, "*but not the school counseling center because it does not have progressive resources.*" Another student combined these frequently seen answers by describing how "*Talking to peers is the most helpful because they can then refer you to further services like counseling or spiritual direction*." Furthermore, a significant trend was that many students referred to "social supports" when answering this question. One student commented, "*I think it is most helpful when people know that they are not alone. Support systems are essential in difficult situations*."  Another student added to this same idea by responding, "*I think it is most*

*comfortable to be in an environment talking to people you trust, knowing that no one else has to know about what is said.*" This sense of support and trust was a highly noted trend by 11 students.

Some of the less frequently noted methods of coping include finding and talking to an adult, being able to talk about mental health without being judged, talking to a coach, exercising, using online peer support, drinking of the weekend, on-campus resources, and simply "taking a break." One student noted that generally, "*I feel like everyone has their own coping mechanisms when dealing with difficult situations.*" Overall, although there are many different outlooks for students when feeling overwhelmed or in distress, the most commonly reported answer was turning to friends and family in times of need.
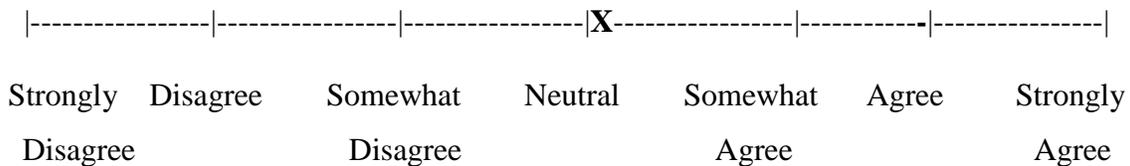
Another noteworthy result was that many students believed that suicide was preventable. In this question, there was an opportunity to write in an answer, and many students described how in certain cases, there are sometimes individuals who feel that suicide is their only option, but overall, it is preventable.  One student described how, "*There is always a better option, but in some cases loved ones are completely unaware of the depression.*" Many students echoed this same notion, with one student noting the importance of "appropriate care and attention."  On the Likert scale, this question received a mean score of 5.962, which is a score that hovers just shy of "Agree."

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|----------------|----------------|----------------|----------------|----------X|----------------|
```
Strongly    Disagree        Somewhat        Neutral        Somewhat        Agree        Strongly
 Disagree                    Disagree                        Agree                        Agree

**Suicide is preventable.**

**Mental Health and Stigma**

Another question that relates to perceptions of mental health and potential stigma would be the responses to the following statements: "College is a place where students can feel comfortable talking about their mental health" and "College students think differently about someone who has gone to the counseling center."  The mean responses to both of these statements were 4.021 (S.D. 1.239) and 3.765 (S.D. 1.493) respectively.

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|----------------|----------------|----------------|X----------------|-----------·|----------------|
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| Strongly | Disagree | Somewhat | Neutral | Somewhat | Agree | Strongly |
| Disagree | | Disagree | | Agree | | Agree |

**College is a place where students can feel comfortable talking about mental health.**

Both of these responses are between somewhat disagree and somewhat agree, with both close to an answer of 4, which is "Neutral." When the researcher conducted a bivariate correlation between the items "Most college students feel able to manage their own mental health" and "I know of college students who have visited the counseling center to seek mental health services," there was a statistically significant inverse correlation (r= -0.208, p = .005). This inverse correlation signifies that as the mean responses to the item "Most college students feel able to manage their own mental health" increase, the mean responses decrease in regards to the item "I know of college students who have visited the counseling center to seek mental health services." This inverse correlation demonstrates how as more students feel able to manage their own mental health, they will be less likely to report visiting the counseling center.

When one analyzes the data through SPSS, there are also correlations among other items. There is a moderately strong correlation between gender and reporting feeling overwhelmed (r =

0.357, p = .045) with female students being more likely to report knowing of students who have felt overwhelmed. Additionally, there is a moderately strong correlation between visiting the counseling center and feeling overwhelmed (r = .407, p < .005). Furthermore, there is a strong correlation between visiting the counseling center and reporting feelings of depression (r =.561, p < .005). Finally, there are inverse correlations between the items regarding students reporting feeling overwhelmed and feeling depressed and the item examining if students feel able to manage their own mental health. Between feeling overwhelmed and managing mental health, there is a statically significant and moderately strong inverse correlation (r = -.197, p = .025). The correlation between the variables of feeling depressed and feeling able to manage mental health, there is also a moderately strong and statistically significant inverse relationship (r = -.223, p = .013).

In terms of the variables that correspond to stigma and mental health perceptions, the researcher conducted an independent samples Test between the variables "College students think differently of someone who has gone to the counseling center" and "I know of college students who have visited the counseling center to seek mental health services." There is a statistically significant relationship (p = .024) between these variables, and a mean difference of .83442 and an F of .457, signifying how students who think differently of students who have gone to the counseling center also report not knowing very many students who use this resource.

In general, the findings supported the researcher's hypothesis that students are more likely to turn to friends and family members than formal networks, such as mental health counseling or therapy. The results show that 96% of respondents reported talking to friends, 91% reported talking to family, and 63% reported talking to a significant other. On the other hand, 56% of students did report talking with a therapist when they are struggling or in distress. The

results regarding if suicide is preventable were also notable, as the mean response was 5.962, signifying agreement with this statement. Finally, the researcher did not find hardly any statistically significant correlations between perceptions and stigma of mental health on campus with help-seeking behaviors. The correlations that the researcher found may have not been incredibly strong, but there were some correlations between variables that were highly statistically significant.

## Summary and Conclusions

Suicide among college students is a public health issue that has continued to grow in severity. Lately, increasing numbers of students are exhibiting signs of distress and reporting high levels of anxiety and feelings of hopelessness. A common trend found in similar studies is that students are reluctant to use more formal help networks in times of distress, and would rather turn to family, friends, and peers when they are feeling distressed. In this study of 100 college students at a medium sized, Catholic college in New England, the researcher found that students did overwhelmingly report turning to informal help networks such as their friends and family. The researcher also hoped to investigate the presence of stigma in this student population, but the results were inconclusive, and there were no statistically significant correlations between the variables relating to stigma on campus with the responses to where the students seek help. From the results, it is difficult to analyze what the barriers to help seeking students may be facing, which would reflect a need for further research.

Some of the most significant results from this study came from the question of to whom students turn when they are feeling overwhelmed or distressed. In this study, 96% of students reported that they consider talking with friends to be most helpful to themselves or others in times of distress. The next most frequently seen response was that 91% of students noted talking

with family members as the most helpful when struggling. What is interesting about these results is that the sample was drawn from several social work courses, so the students may already be considering helping professions that rely on help-seeking behaviors. What is curious about these results is that even these students who are all taking a social work course would still more frequently report turning to friends and family over a more formalized help network. These results are similar to the results of other studies relating to the importance of peer networks. Czyz and colleagues (2013) examine how there is a preference of young adults to seek help from informal sources, although they may not receive the type of help that is needed from these sources. These informal sources include relying on family and friends who may be more trusted than a mental health counselor, as well as more readily accessible and trusted as they are someone who is in the same immediate setting of the youth (Mueller & Waas, 2002; Rickwood et al., 2007).  In reality, however, these informal networks may not actually benefit the students because peers and friends may be unable to provide the guidance that someone contemplating suicide needs if the peer is unaware of the resources available.

The literature review included many studies that address the role of stigma in help-seeking behaviors, and the researcher was surprised to find that the results of the survey did not indicate a strong presence of stigma on campus. The literature review included the examination of how Rickwood, Deane, and Wilson (2007) found that suicidal thoughts are common in adolescents and that these thoughts have a significant adverse effect on help seeking.  In fact, this study examined how as suicidal ideation increases, help-seeking behaviors decrease and the adolescent is less likely to seek help from anyone, much less an individual from a formal network, such as a trained mental health counselor.  This finding is concerning for many reasons,

but indicates the necessity of greater outreach for students who may be struggling with their mental health.

Within this study, the only slight indication of the presence of stigma found among this sample was that students who reported feeling differently about a student who has used the health center also were less likely to report use the counseling center. The researcher investigated this trace of stigma by completing an Independent Samples Test, and the test found that there were no significant difference in the scores for students thinking differently about a student using the counseling center and the scores for students being less likely to report using the counseling center (t(98) = 2.284, p = .024). These results were statistically significant at the .05 level. This finding could indicate how stigma against formal mental health services is present, or it could simply reflect how some students do not favor using the counseling center for a variety of reasons, outside of stigma against mental health counseling.

Overall, the researcher found some correlations among different items in the survey, but these correlations were not very strong. The strongest correlation was between reporting visiting the counseling center and reporting feelings of depression (r =.561, p < .005). This is a moderately strong positive correlation that shows how students who report feelings of depression also report using the counseling center. This correlation is significant because it shows the importance of the counseling center for students who are experiencing feelings of depression. As stated in the literature review, research points to the fact that most students who have committed suicide while at college were not seen by a mental health professional before they died. Czyz, Horwitz, Eisenberg, Kramer, and King (2013) found that only 15-20% of students who died by suicide sought help at the school's counseling center, meaning 80-85% of students were never seen by a trained professional before they took their own lives. This lack of professional

intervention before a student commits suicide is shocking and evidences the need for much

greater prevention efforts that address the underlying risk factors for suicide. Interventions

should make an effort to encourage students to use the mental health resources that are readily

available to them.

　　　Another indicator of the current state of mental health on this college campus would be

the items relating to feelings of depression and being overwhelmed.  The researcher found that

the mean responses to items relating to students feeling overwhelmed or depressed were some of

the highest means in the study. For the item "I know of college students who have felt

overwhelmed," the mean response was 6.588, and the mean response to the item "I know of

college students who have felt depressed" was found to be 5.909, with both answers on the 7

point Likert Scale.  These high reports of feelings of being overwhelmed or depressed

correspond to the literature regarding the negative mental health climate that many students feel

on campus. In a collection of surveys conducted by the American College Health Association

(2013), a few troubling trends arose: annually, 46.5% of college students experienced

hopelessness, 31.8% experienced symptoms of depression that made it difficult for them to

function, 8% considered suicide, and 1.6% reported attempting suicide. These statistics

demonstrate how students are experiencing mental health crises, and there needs to be greater

efforts dedicated to helping these students who are struggling.

　　　Within this study, although the researcher did not include questions relating directly to

suicide, the questions regarding the negative emotions that students feel on campus are alarming.

The results show that there is a large amount of students who report that many college students

feel overwhelmed and depressed, which can evidence how clinical mental health resources are

necessary.  There are high levels of depression, anxiety, and emotional distress on college

campuses (Downs & Eisenberg, 2012; Drum, Brownson, Denmark, & Smith, 2009) and the mental health resources necessary to address these problems must be in place for the students who choose to take advantage of them.  Early intervention is crucial when discussing the rising rates of mental health concerns and suicide on college campuses, as addressing mental health concerns before it is too late is paramount.  Furthermore, this intervention should be directed especially to training peers to respond in a time of crisis, as this study and other research has found peers to be the ones to whom students turn in times of distress.

**Limitations**

A significant limitation of this study is the diversity of the sample. Although there were 100 students who participated in this study, the students were chosen through convenience sampling, and this method of convenience sampling may have actually skewed the results of the study. The researcher distributed the surveys to seven different social work classes, and this high preponderance of students studying social work or interested in the field due to their presence in the class may have skewed the results to reflect a higher consciousness of mental health issues. These students may naturally possess less stigmatizing opinions about suicide and mental health concerns due to their interest in this field of helping others. There were students from other majors or disciplines, but with 19% of the sample reporting "social work" as their primary major, it is reasonable to argue that this group of students may have different and more accepting perceptions of mental health than students in other majors.

Additionally, the majority of participants in the study were female students (80%), which may create some bias in the results.  It is entirely plausible that woman may be more likely to discuss mental health concerns with others more often than men.  Because women made up the majority of the sample, this tendency to discuss mental health may have impacted the results.

Additionally, the researcher did not choose to include demographics on ethnicity or race in this survey.  The institution at which the study was conducted is a predominantly white institution, and the researcher felt that the demographics on class year, age, gender, and major would have a more significant impact on the responses than race or ethnicity.  A future study that investigates a more diverse sample in terms of gender, race, ethnicity, age, and major would be beneficial to conduct, as the results would be more representative of a larger population.

Another limitation of the study was that there might have been a tendency for students to not respond entirely honestly to all of the questions, despite the survey being anonymous, which could indicate a social desirability bias.  Distributing a survey about mental health perceptions, stigma on campus, and suicide is inherently challenging due to the difficult subject matter. Students may be uncomfortable with these difficult topics, and if they feel that the survey could in any way be linked back to them, they may be less likely to answer truthfully. Students may also not want to consciously acknowledge their true feelings about a certain topic if they are uncomfortable discussing it. Although there may not be a presence of stigma that is reflected in the results of the survey, the researcher would not assert that stigma is not present on this college campus. Students may not be entirely open to offering their opinions about mental health and suicide, even through a survey that is anonymous. This general discomfort with discussing mental health concerns is another reason for the necessity of this study, as providing students with an opportunity to explore their own perceptions about mental health is undeniably important.

**Implications**

**Practice.** Because students are more likely to talk with friends, family, or significant others when they are distressed, an implication for this study for practice is that suicide

prevention efforts should focus on training peers to recognize signs of distress in others. This peer training would help with suicide prevention efforts because they are the individuals to whom students turn when they are struggling and searching for someone to help them. Building strong peer networks of individuals who are able to recognize the signs of emotional distress in others will provide for more successful efforts of protecting students who are struggling, or even contemplating suicide. On the other hand, however, an implication for practice is that students should feel safe and encouraged to seek formal mental health services if they need them. Peers and friends cannot always provide the necessary resources, and in a time of crisis, a formal mental health counselor, therapist, or social worker should be involved. Peers should be able to refer their friend, peer, or classmate to someone who can provide them with the mental health counseling that they need and deserve.  An implication for practice is to encourage students in distress to seek out formal mental health counseling and to not always simply rely on friends, family members, and peers.

　　　　**Policy.** Another implication for policy relates to the importance of peer networks as well. Schools, and specifically colleges, should incorporate peer training into their current suicide prevention programs. Schools must take a comprehensive approach to suicide prevention, and these efforts must include peer Gatekeeper training that includes training peers how to respond when they come across a friend, peer, classmate, teammate, or anyone else who is in distress. These students are often the first person to whom a person struggling comes when experiencing feelings of anxiety, distress, and hopelessness. It is crucial for students to have the skills and knowledge necessary to respond to a student and direct him or her to the appropriate resources. Suicide prevention programs in schools and colleges must account for this preference for peer

networks and respond accordingly by incorporating peer training into the current suicide

prevention efforts.

        **Research.** Finally, this study also raises implications for research. Although the

researcher hoped to gain a better understanding of how stigma may play a role in help-seeking

behaviors of college students, the results were not conclusive.  More research should be

dedicated to the ever-changing role of stigma in mental health concerns, as well as delving into

what barriers students face when they are seeking help.  Additionally, this study concluded that

peers and family members are the most frequently used support networks, but more research

should be done in regards to why students are more likely to turn to these informal networks,

rather than formal help networks, such as the counseling center. It would be helpful to

understand why students are not as likely to use formal counseling networks even when they are

feeling intense emotional distress. Finally, although many studies have found that there is an

emphasis on peer networks, the results of this study are too narrow to apply to the entire

population, so a larger study would be important to generate findings that can be further

generalized beyond the study. As previously stated, further research would look at a larger body

of students with more diversity in the race, majors, and gender of the sample. This study was of

predominantly social work students who were female, so future research would be necessary to

see if these same results surrounding peer networks and the barriers to help seeking would be

found in a more diverse population.

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Appendix A

Informed Consent

**Principal Investigator:** Katie Comber

**Study Title**: Examining Peer Networks and the Barriers to Help-Seeking

Introduction:
You are invited to participate in a research study on how students respond to emotional distress and the importance of peer networks.
You must be 18 or older to participate in the study.

You are being asked to participate in this study as you are part of the student population enrolled at Providence College. As such, you likely have experiences transitioning to college life, as well as you may have experienced emotional distress throughout the course of college.

Why is this study being done?
The purpose of this study is to gather information on the barriers to help-seeking behaviors and what students do when they are feeling anxious, overwhelmed, or depressed. This study may inform the current suicide prevention program that is in development at the college by shedding light on the most common ways that students manage stressful situations.

What are the study procedures? What will I be asked to do?
If you agree to take part in this study you will be asked to complete a 14-question survey that includes questions about mental health perceptions, stigma, and peer networks.
The survey is expected to take no more than ten to fifteen minutes to complete.

What are the risks or inconveniences of the study?
There are no foreseen risks associated with this research study aside from the possibility of being unsure of how to answer or feeling uncomfortable with some questions. Suicide is a difficult topic, and this survey includes some questions that may evoke negative or painful emotions. If any issue should arise, you are invited to decline from answering any question(s) that you wish and/or withdraw from the study. If you need support at any time during the completion of the survey, please contact the personal counseling center at 401-865-2343, the health center at 401-865-2422, or the National Suicide Prevention Lifeline at 1-800-273-8255.

What are the benefits of the study?
You may not directly benefit from this research; however, it is hoped that your participation in the study may positively impact the understanding of emotional distress on campus and how students respond when they need help. It will also underscore the importance of peers in times of distress.

Will I receive payment for participation? Are there costs to participate?
Individuals will not receive payment for their participation, but participation is greatly appreciated.

How will my personal information be protected?
The information gathered from this study is collected by the researcher. Identifying information will not be included in the final outcomes of this research study.
The individual surveys will be stored in a locked file cabinet in the faculty researcher's (Dr. Kranz's) campus office and destroyed within three months of the date that you completed it.

Can I stop being in the study and what are my rights?
You do not have to be in this study if you do not wish to. There are no penalties or consequences of any kind if you decide that you do not want to participate. If you agree to be in the study, but later change your mind, you may drop out at any time.

Who do I contact if I have questions about the study?
If you have further questions about this study or if have a research-related problem, you may contact Dr. Kranz at 401-865-1581 or Katie Comber at 617-803-0506.

By signing the line below, you are agreeing to participate in this research study. Through providing your consent, you are agreeing to allow the research team to use your responses for outcomes in this study.

_____                    _____
          Participant Printed Name                                              Date


_____                    _____
          Participant Signature                                                  Date

Appendix B

*I. Please answer the following questions to the best of your ability.*

Gender:              Male              Female          Transgender          Prefer not to say

Graduation Year:     2018              2019             2020               2021

Age: _____
Major: _____

*II. Please read each statement carefully and place an **X** anywhere on the line that best indicates how you feel about the statement.*

1.  I know of college students who have felt overwhelmed.

    |----------------|----------------|----------------|---------------|---------------|---------------|
    Strongly          Disagree         Somewhat         Neutral          Somewhat          Agree          Strongly
    Disagree                           Disagree                          Agree                            Agree

2.  I know of college students who have felt depressed.

    |----------------|----------------|----------------|---------------|---------------|---------------|
    Strongly          Disagree         Somewhat         Neutral          Somewhat          Agree          Strongly
    Disagree                           Disagree                          Agree                            Agree

3.  Most college students feel able to manage their own mental health.

    |----------------|----------------|----------------|---------------|---------------|---------------|
    Strongly          Disagree         Somewhat         Neutral          Somewhat          Agree          Strongly
    Disagree                           Disagree                          Agree                            Agree

4.  I know of students in college who have made plans to hurt or harm themselves.

    |----------------|----------------|----------------|---------------|---------------|---------------|
    Strongly          Disagree         Somewhat         Neutral          Somewhat          Agree          Strongly
    Disagree                           Disagree                          Agree                            Agree

5.  There are many mental health resources on campus.

    |----------------|----------------|----------------|---------------|---------------|---------------|
    Strongly          Disagree         Somewhat         Neutral          Somewhat          Agree          Strongly
    Disagree                           Disagree                          Agree                            Agree

6.  College is a place where students can feel comfortable talking about their mental health.

|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
Strongly        Disagree       Somewhat        Neutral       Somewhat       Agree       Strongly
Disagree                        Disagree                       Agree                      Agree

7.  College students think differently of someone who has gone to the counseling center.

|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
Strongly        Disagree       Somewhat        Neutral       Somewhat       Agree       Strongly
Disagree                        Disagree                       Agree                      Agree

8.  Suicide is preventable.

|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
Strongly        Disagree       Somewhat        Neutral       Somewhat       Agree       Strongly
Disagree                        Disagree                       Agree                      Agree

Comments (optional):

_____

_____

9.  I know of college students who have visited the counseling center to seek mental health
    services.

|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
Strongly        Disagree       Somewhat        Neutral       Somewhat       Agree       Strongly
Disagree                        Disagree                       Agree                      Agree

10. Most college students engage in activities that allow them to feel happy and fulfilled.

|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
Strongly        Disagree       Somewhat        Neutral       Somewhat       Agree       Strongly
Disagree                        Disagree                       Agree                      Agree

11. What is helpful for others (or yourself) when struggling or in times of distress? Check all that
    apply:

☐  Talking to family members

☐  Talking to a family/ primary care doctor

☐  Talking to a therapist, counselor, or psychiatrist

☐  Calling a crisis clinic

☐  Going to the Emergency Room

☐  Talking to friends

☐  Talking to a significant other

☐  Talking to peers or classmates

☐  Talking to a professor or faculty member

☐  Attending a support group

☐  Using online peer support

☐  Talking to clergy or spiritual advisor

☐  Other (list below):

_____

_____


12. Of these options, what do you think students (or yourself) find to be most helpful
    when dealing with difficult situations?




13.  When I am feeling overwhelmed or stressed out, I like to do the following:

☐ Engage in positive self-talk or affirmations

☐ Pray

☐  Eat

☐  Sleep

☐ Meditate or engage in spiritual practice

☐ Drink alcohol

☐ Use drugs

☐ Exercise

☐  Do an outdoor activity

☐ Do fun things with other people

☐ Watch movies, TV, or other entertainment

☐ Cook or bake something

☐  Other:

_____

_____

Appendix C

Debriefing Form:  Examining Peer Networks and Barriers to Help-Seeking

Thank you for agreeing to participate in this study!  The general purpose of this research is to examine how students respond to experiences of distress and to examine the peer networks that students use.

Freshmen or sophomores enrolled in social work courses were invited to participate in this study.  The researcher does not know whether you have any personal connection to mental health challenges or suicide. In this study, you were asked to complete a 14-question survey that examines barriers to help seeking as well as the importance of peer networks. The results from this study will provide information about help-seeking behaviors, stigma, and perceptions of mental health.

If you feel overwhelmed or uncomfortable at any point, please reach out to the Providence College Personal Counseling Center or the Health Center.  Additionally, you could also phone the National Suicide Prevention Lifeline or text the Crisis Text Line. The numbers are listed below:

- Providence College Personal Counseling Center: 401-865-2343
- Providence College Health Center: 401-865-2422.
- National Suicide Prevention Lifeline: 1-800-273-8255
- Crisis Text Line: Text HELLO to 741-741

Thank you for your participation in this study.  If you have further questions about the study, please contact Katie Comber at kcomber@friars.providence.edu or 617-803-0506. In addition, if you have any concerns about any aspect of the study, you may contact Katherine Kranz, Ph.D., Chair of the Social Work Department, at kkranz@providence.edu or 401-865-1581.