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PERCEPTION OF MENTAL HEALTH AMONG STUDENTS
IN HIGHER EDUCATION

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

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

by
Leia Aguilar
Kasibah Baig
May 2025

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Approved by:

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ABSTRACT

Mental health in higher education environments is a topic that has the need for exploration and discussion. Students with poor mental health face additional stressors and challenges in their academic and personal areas of life. It is critical for colleges and universities to address the topic of mental health and understand how it can affect students, as well as to be able to provide the proper support and services. By having more conversations about mental health on campus and providing easily accessible and inclusive resources for students, it can create a comfortable environment on campus for students to be able to voice their needs. The purpose of this proposed study was to explore the perceptions of mental health among students in higher education and how they mold their experiences on campus. This proposed quantitative study incorporated the use of a quantitative design through the use of a Qualtrics survey instrument. Students attending California universities would be emailed a survey that using a random sampling method.

Keywords: students, higher education, mental health, support, prevention.

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CHAPTER ONE: PROBLEM FORMULATION

Description of the Problem

Numerous obstacles confront students as they pursue higher education, encompassing decisions about where to apply, financial considerations, and commuting challenges. However, a frequently overlooked stressor pertains to students' well-being and mental health. Recent studies demonstrate a significant surge in the demand for mental health support on college campuses, correlating with heightened instances of depression and diminished self-esteem among students (Thompson et al., 2022). Faculty members are increasingly recognizing the critical role of mental well-being in higher education. A problem that some students may face is not knowing how to correctly voice their feelings or stresses to their professors because they are not there for therapy but are there to teach, the communication gap between students' needs and faculty members' understanding, coupled with a perceived lack of empathy for staff, persists as a recurring theme (Ramluggum et al. 2022).

While some seem to believe that students struggle from more mental health issues in higher education, others seem to believe that poor mental health is inevitable at this stage. Reavley and Jorm (2010) revealed that the reason as to why mental health problems seem to be so prevalent in higher education is because those who are attending colleges and universities are typically at the age where individuals experience more mental health struggles. Stegenga (2021)

also found that students experienced many obstacles when trying to get the mental health support they needed on campus. Students were either not aware of any counseling centers on campus or didn't know where to look to make an appointment. So why is it that if all the indicators are there that students are struggling during this "stage" in their life, and what are the campuses that these students are paying thousands of dollars to attend doing to help them?

Policy and Practice Consequences

A significant policy that affects students' ability to receive proper mental health care is the lack of mental health knowledge being provided on university campuses. Under Proposition 63, the California Mental Health Services Authority (CalMHSA) received enough funding and began to implement early intervention initiatives across all public higher-education systems within the state in 2011. Although this started the movement on prioritizing mental health resources on campus, many students still feel like they are lacking proper support. In one study comparing student awareness of where to go on campus to receive mental health services, 54.9% of students reported they knew where to access support in 2013 and this number only rose a slight amount to 56.6% in 2014 (Sontag-Padilla et al., 2018). Students were more likely to report that they received their knowledge on student mental health resources from online resources such as social media and on-campus presentations, rather than from online trainings by their university (Sontag-Padilla et al., 2018). Many campuses still lack the proper amount of funding and staff to meet the needs of students and provide

awareness of resources and information about different mental health areas. This creates barriers for students in receiving adequate support when they have a low perception of needing help.

The lack of resources and accessible information creates limitations for social workers being able to provide their services, leading to macro level consequences. Research done across 26 campuses reported that only 36% of students with a mental health issue sought mental health services (Eisenberg et al., 2011). With many cases going unrecognized and unreported, social workers aren't receiving clients and are unable to fully assist their communities. This leads over to public mental health resources that go unutilized by their communities and eventually lose funding to stay running.

Relevant Theories

There were two theories that seemed to be very notable when discussing the topic of mental health in higher education, the first being Psychosocial theory. The Psychosocial theory commences in infancy and extends across the entire span of adulthood. It elucidates the ways in which individuals perceive themselves, engage with others, and establish connections within society at large. Erik Erikson formulated the Psychosocial theory during the 1950s with the aim of comprehending the sequential development of individuals' personalities through their engagements with the environment, peers, and society. While initially designed to commence during adolescence, Erikson acknowledged that the theory is perpetual, given the continuous transformations and evolution that

individuals undergo. This theory has since become a foundational principle in the field of social work. This conceptual framework proves valuable in comprehending mental health within the context of higher education. Frequently, individuals' mental health challenges originate from personal circumstances, subsequently influencing their academic or professional spheres. The increasing prevalence of mental health struggles among students in higher education might be attributed, in part, to stressors originating from their home environments or the absence of campus resources to alleviate their anxieties. This theoretical perspective holds relevance for addressing the research question, as it aids in identifying the factors contributing to mental health issues in higher education—whether stemming from the environment, peer interactions, societal influences, or a combination thereof.

The second theory that was notable was Systems theory, this theory believes that the notion that diverse systems or components within a person's life shape their trajectory is evident. Altering one element can lead to a substantial shift in an individual's path. For instance, opting not to pursue higher education post high school graduation could result in a markedly different life course compared to choosing to further one's education. The concept of systems, particularly general systems theory, was introduced in the 1940s by biologist Ludwig von Bertalanffy. He developed this theory as a tool to address global issues that may pose challenges for the general populace to comprehend. Utilizing systems theory in this research area is beneficial, as individuals dealing

with mental health challenges may reflect on preventive measures for stress. However, social workers must initially grasp the difficulties encountered by higher education students to offer effective assistance. The application of systems theory involves comprehending how the systems surrounding students may impact their mental well-being, whether positively or negatively.

Contribution of Findings

The findings of our research will help contribute to social work practice by allowing us to better understand the impact of mental health in higher education environments and how we can promote academic success. By learning about the significant challenges that students in higher education face and exploring early intervention strategies, social workers will be able to identify possible mental health issues and provide proper support and preventative measures before situations escalate to involve suicide risk. Social workers are also better able to meet the unique needs of each student by using an individualized approach.

Another role that social workers play is being the voice of populations or communities that do not hold the power to change policies. By becoming informed on how students feel about mental health and how it affects their campus experiences, social workers can advocate for necessary resources to provide in schools such as counseling services and trainings. Social workers also contribute to promoting their targeted population's well-being, so addressing mental health issues on campus can relieve student stress and create an

environment that is more conducive to personal development and long-term well-being for students.

Research Question

How does the perception of mental health among students in higher education mold their experiences on campus?

CHAPTER TWO: LITERATURE REVIEW

Introduction

This chapter focuses on and explores the known research behind students in the higher education system and their perception of mental health, and how those shapes and affects their experiences on campus. Various factors can be discussed including the depth of understanding and awareness regarding mental health among students, faculty, mentors, and the broader campus community. This also highlights the accessibility and adequacy of resources and services tailored to address mental health needs on campus, a critical determinant of student well-being and academic success. In our study, we examine and apply several established social theories to support our research question.

Student Mental Health Experiences

Researchers have previously studied the mental health patterns of higher education students and found it common students reported experiencing poor mental health and well-being in the college setting. The adjustment from high school to college can be a significant change and stress factor for students. Academic factors such as the increased workload and stress from exams and deadlines have been found to affect student well-being (Thompson et al., 2022). Students also tend to compare themselves with their peers in terms of academic performance and other factors in their lives. In an environment where students are competing with other students to secure employment or further schooling

opportunities, as well as the significant use of social media platforms on campus where students view each other's personal lives daily, student comparison plays a toll on overall mental health (Brown, 2016).

One study investigated the mental health profile of college students and found that one third of students may suffer from an emotional disorder, including anxiety, depression, and mood disorders (Sarmiento, 2015). Researchers then looked at exam and project scores and compared them to the students' reported mental health symptoms. Their data represented that among students who reported experiencing depression and/or anxiety, over half reported seeing a negative impact on their academics which was measured by lower grades on an exam or project (Wyatt et al., 2017).

Students' Knowledge of Mental Health

Previous studies have indicated that a significant proportion of students in higher education, ranging from 20% to 30%, experience psychological distress, yet merely a third of this demographic actively seek professional intervention (Sontag-Padilla et al., 2018). One potential explanation for this underutilization of mental health services stems from a lack of adequate mental health literacy, which is defined as individuals' proficiency in identifying mental health symptoms and understanding the value of seeking assistance to mitigate, manage, and recover from such challenges (Farooq et al., 2021). Many higher education students have low mental health literacy and poor help-seeking behaviors due to lack of awareness on campus and in the students' everyday lives. Previous

research on this topic has shown that between 30% to 60% of students were unaware of the mental health services that are available to them on campus, and only 14% could locate their university's counseling center (Benedict et al., 1977). Students also reported mistaking their counseling center for career guidance counseling rather than mental health counseling (Yorgason et al., 2008). Students also expressed various other reasons for their underutilization of mental health services, including constraints on their time, insufficient knowledge about available services, feelings of embarrassment associated with seeking help, and skepticism towards the services (Yorgason et al., 2008).

Ways these issues can be addressed include providing mental health awareness and informational sessions for students which discuss commonly experienced symptoms and their explanations or possible diagnosis, as well as discussing misconceptions about mental health and providing guidance for treatment options (Farooq et al., 2021). Moreover, universities can enhance outreach efforts by promoting counseling services effectively and ensuring transparent education regarding available resources.

Access to Mental Health Services

The occurrence of mental health issues among college students has garnered global attention (Darmawati et al., 2023). It comes to no surprise that stigma surrounding mental health is a substantial barrier when it comes to helping university students seek professional help. These obstacles extensively demonstrate the detrimental impact of compromised mental health on academic

achievement and the exacerbation of distress. Numerous students exhibit reticence in acknowledging their mental health difficulties openly, driven by diverse concerns such as potential damage to familial reputation, the prospect of social ostracism, and apprehensions of encountering discrimination and judgment (Al Omari et al., 2022). Societal influences significantly contribute to the perpetuation of stigmatization toward individuals navigating mental health challenges, partly attributable to the mainstream media's portrayal that characterizes such individuals as unpredictable, unsafe, or vulnerable.

Which is why having equitable and reliable access to counseling services on school campuses is so important when combating against poor mental health. Although most universities provide these services on campus, (Darmawati et al., 2023) suggest that long waiting times for appointments and limited counselors are preventing many from acquiring the support they need. So what good are having these services on campus if they are nearly impossible for the students to receive. An alternative to this can be seeking help through our own individual insurance, but again that can be very costly for students, especially if they are no longer covered by their parents or on a family plan. MediCal could be an option for those who need something budget friendly, but services may be very limited and on the other hand higher quality insurances might charge you an arm and a leg just to get a consultation. Lack of confidentiality can potentially be another factor as to why some individuals will choose not to get help. People are less likely to seek help if they are under someone else's insurance from the fear of

family members finding out. Yet if they knew they would be able to receive help without having to get consent or permission, they would most likely feel more comfortable admitting they need extra assistance. In some family systems poor mental health can be a sign of weakness or can be disregarded.

Applied Theories

Despite the existence of numerous theories and methodologies utilized in the exploration of mental health, this investigation has been surrounded within the framework of the Stigmatization and Psychosocial theory. Stigmatization was coined by sociologist Erving Goffman, he described stigma as an occurrence in which an individual possessing a characteristic that is heavily condemned by their societal norms faces rejection due to that particular attribute (Frost, 2011). This theory has become normalized that we are able to see systemic disparities within stigmatization everywhere especially when it comes to mental health.

It was not until recently that mental health was becoming more normalized, people were afraid to seek help because of fear of judgment from others in society. One of the disparities is social exclusion. Social exclusion, also referred to as rejection, happens when stigmatized individuals may be socially marginalized and excluded from mainstream society, which can lead to feelings of isolation and diminished social support systems (Frost, 2011). Subsequently we see students in higher education internalize their sufferings rather than seeking assistance from peers or professionals, but it makes us wonder why they feel as if this is their only option?

Similarly to social exclusion, access to resources has been one of the other disparities we found in our research. Stigmatized individuals may face barriers in accessing essential resources such as healthcare due to discrimination based on their stigmatized identity (Frost, 2011). In society those who continue their education are seen as successful, hardworking, and determined so some might find it hard to believe that they themselves also struggle with mental health and it is an issue within their community, which can in turn make it harder to receive those services. Individuals in higher education are also very busy people, trying to balance school, work, and a personal life, can be easier said than done. So, seeking services might not be a number one priority for someone who has a midterm the following day. We all have ideas of why some might choose not to seek treatment, but this theory allows us to truly understand the struggles and obstacles students fighting with mental health face on a day-to-day basis.

Psychosocial theory is also very prominent with our research. This theory is believed to start at infancy and continues throughout adulthood and it describes how individuals might perceive themselves, how they interact with others and how we relate to society as a whole. The Psychosocial theory was developed by Erik Erikson in the 1950s. Its purpose was to understand how people develop their personality in stages through their interactions with the environment, peers and society (Newman et al., 2020). Although Erikson meant for this theory to start at adolescence and eventually end in early adulthood, he

quickly realized that this theory never has an ending point because we are constantly changing and evolving.

Which is why this theory is important to this research; most mental health concerns derive from subjects in our personal lives that get translated to our academic or professional life. We believe this to be a part of the reason why we are seeing more students struggle with mental health in higher education. Stressors that begin at home are inevitable but the lack of resources on campus can be a contributing factor as to why students' emotional needs are not being met. In our research we will be using this theory to better understand what factors or contributors are causing more and more students are battling with mental health related issues in higher education. Could it be their environment, peers, society or can it be a combination of them all?

Limitations

Some limitations faced by this research topic would include the lack of research which includes subpopulations within the college student population and how other factors may contribute to their mental health experiences and awareness. Many studies we assessed had a significantly dominant female participant population in their research, which can account for the high levels of depression and anxiety symptoms reported by students. Few studies mentioned cultural barriers within the student population, and how some ethnic groups face more challenges in finding mental health resources as well as in academic

performance. This may be attributed to the lack of addressing differences in financial burdens, access to food, and cultural beliefs regarding mental health.

Conclusion

This study will explore how significant factors may contribute to poor mental health in higher education. Shining light on the gaps and lack of resources will help implement better supports ultimately creating a better environment and college experience for students. As well as evaluating which interventions would be most beneficial for students. Research has shown that having a supportive campus environment can significantly contribute to students' well-being and academic success (Darmawati et al., 2023). This study will also help support our claim that our mental well-being is important in higher education no matter our race, ethnicity, gender, sexual orientation or major.

CHAPTER THREE:

METHODS

Introduction

This chapter presents the methodology that will be performed with the data that will be collected on the perception of mental health among college students at California State Universities. In this section we will discuss the sampling, data collection, study design, instruments, procedures, protection of human subjects and data analysis from our research.

Study Design

This study aims to explore the level of mental health perception among the higher education student population, and how these perceptions have an effect on their school experience. This research design is explanatory due to assessing the common level of mental health literacy seen in the college student population, as well as aiming to explain the relationship between low mental health literacy and poor educational experience and performance. A quantitative design was used in this study through the use of a survey instrument.

This quantitative study's strengths include providing expanded insight on why students in the higher education system may face challenges on campus as it relates to their mental health. It also brings awareness of this problem to mental health professionals on campus as well as professors and staff, and highlights where more efforts should be made in providing services and knowledge of mental health to students to ensure their safety and success. The quantitative

survey also allows for anonymity, which allows for students to be more honest and open about their mental health experiences as no one can connect their identities to the personal information they disclose.

Limitations of this study include the lack of knowing what efforts were previously made on campus to address mental health literacy. We cannot determine if the school staff made prior efforts that were disregarded by students. The quantitative survey also does not guarantee students will answer all portions since it includes a mix of both fill in the blank and multiple-choice questions. Without all the data asked for in this study design, we cannot generalize all students to have similar experiences with their mental health. This study also does not address the mental health literacy of professors and college staff, and how that may affect mental health education on campus.

This study addresses the following questions: (1) What is the general level of mental health literacy of higher education students, (2) What are student's common experiences and challenges with mental health, and (3) How do their personal experiences and perception of mental health affect their educational and campus-related experience?

Sampling

This study uses simple random sampling among all students attending a California State University. This is because the study focuses primarily on higher education students. There are no further inclusion criteria for this study aside from being enrolled in or have previously attended a California State University.

Other campus staff including professors and mental health professionals have not been included in this survey. Qualtrics survey was shared online to CSU websites and information boards. Among all students who participated in the survey, 150 student responses were randomly selected.

Data Collection and Instruments

This study has collected quantitative data through the use of an online survey tool, Qualtrics. The survey was broken up into 4 segments. The initial part of the questionnaire involved evaluating the demographic information of the participants, asking which one of the California State Universities they attend/attended, grade level, gender, ethnicity and age. The second part of the questionnaire involved evaluating the participants own perception of mental health and personal experiences. Through some multiple choice as well as fill in the blank questions asking the participants if they have ever experienced poor mental health, where they have experienced the most challenges, how might've impacted their routines and if they have ever sought out help for it. This helped researchers get a better understanding if students at specific universities needed additional support. The third part of the questionnaire wanted to identify whether or not the wellness center on campus was being utilized asking if the participants knew where the wellness center was located and if they knew any of the resources that were available. Lastly, the questionnaire asks the participants' opinion on how they feel they can make their campus more aware of the importance of mental health. As well as what they can do to make students have

a better experience, by asking if the students have ever utilized the resources found at their campus wellness center, if they found them helpful and what they think could impact future students. The independent variable in this study was the different types of mental health support that students receive on various CSU campuses while the dependent variable was effectiveness, utilization and awareness of the on-campus wellness centers themselves. These questionnaires have measured the independent and dependent variables through open ended questions as well as multiple choice questions.

When analyzing the different possible instruments that were used to measure the perception of mental health on campus, some existing ones including SAMHSA helped. SAMHSA's database is for public viewing, along with their data they gave viewers access to their data analysis tool, although this provided great information researchers decided to create a survey geared towards college students who were attending California State Universities (see Appendix B). The advantage of creating an instrument that was specifically designed for college students in the state of California gave us the opportunity to address the needs of this population. There could have been possible limitations if other instrumental surveys were used, students may have not been given the opportunity to discuss in detail about their own personal experiences and bias.

Procedures

An email has been sent out to all students enrolled at state universities from students' designated school counselors. A brief summary will be provided,

including the purpose of the survey, the importance of mental health, and the importance of students' participation. This portion of the introduction will go over risks and benefits of participating, informed consent and reminding the students that their responses are completely anonymous. After the brief introduction there will be a link to Qualtrics ready for students to fill out. The survey will not have time limitation, but it is anticipated that students will not take more than 15 minutes to complete the survey. In addition, the survey link will also be posted on CSU campus' homepages and QR codes will be shared on social media pages, newspapers and bulletin boards enticing the students to support and complete the survey.

Following the completion of informed consent the students will be directed to fill out the demographic portion of the questionnaire such as the university they attend, their grade level, gender, race/ethnicity and age. During this survey students are able to voice their opinions of mental health as well as provide feedback of what they would like to see more of. Although this survey is only students at qualifying universities will be able to participate in this study, we anticipate that more universities will perform similar studies to get a better understanding of what their students are in need of on their campus.

Protection of Human Subjects

All of the students that participated in this study will be recorded anonymously through the use of an online survey tool, Qualtrics. Students will have to read through the informed consent portion of the questionnaire before

beginning, reminding the students of the purpose of this study, their rights, confidentiality, who the results will get sent to and when the result will be statistically posted. The participants have freely chosen to take part, understanding they can exit out of the survey at any point without facing consequences.

The data that is being collected through Qualtrics will be recorded anonymously, beside the participants enrollment. Confidentiality is our number one priority, therefore all of the information that will be gathered will be kept on a computer with password protection. All of the data that will be collected will be analyzed using California State University of San Bernardino internet and will only be accessible while on campus. The only individuals that will be allowed access to the data will include researchers Leia Aguilar and Kasibah Baig as well as the research supervisor Dr. McAllister. After the study is complete, the survey will be erased from Qualtrics along with the data collected.

Data Analysis

The data gathered from the survey was analyzed using the Statistical Package for the Social Sciences software (SPSS). Demographic information was analyzed first in order to provide an understanding of the demographic characteristics of the sample, including which CSU they currently attend or have attended, current or completed grade level, gender, ethnicity and age. Next, researchers will analyze other descriptive factors on major variables of the study such as mental health literacy. Bivariate analyses were conducted to assess the

relationship between the independent variable (types of mental health support that students receive on CSU campuses) and the dependent variable (the awareness, use, and effectiveness of the on-campus mental health and wellness services).

Summary

This study explored the perception of mental health of CSU students and their level of use of on-campus services and support, and how these impacted their higher education experience and overall well-being. This assists higher education campuses in being able to see where more awareness of mental health and accessibility of services may be needed. A quantitative study based survey facilitated this research since it provided the opportunity for students to describe their experiences with mental health and knowledge on the topic honestly due to the data being anonymous. The findings of this study will serve as a tool for college campuses and staff to recognize any weaknesses in their campus support systems and services.

APPENDIX A:
INFORMED CONSENT

INFORMED CONSENT

The study in which you are asked to participate is designed to assess the perception of mental health among CSU students and their experiences of accessing mental health services on campus. The study is being conducted by Kasibah Baig and Leia Aguilar, graduate students under the supervision of Dr. Carolyn McAllister, Professor in the School of Social Work at California State University, San Bernardino (CSUSB). The study has been approved by the Institutional Review Board at CSUSB

PURPOSE: The purpose of this study is to assess the level of mental health literacy among CSU students and their experiences of accessing mental health services on campus.

DESCRIPTION: Participants will be asked to complete an online survey. Participants will be asked of a few questions on their understanding of mental health, their knowledge of mental health services on campus, their experience using such services, and some demographics.

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

ANONYMITY: Your responses will remain anonymous and data will be reported in group form only.

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

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

BENEFITS: There will not be any direct benefits to the participants.

CONTACT: If you have any questions about this study, please feel free to contact Dr. McAllister at cmcallis@csusb.edu.

RESULTS: Results of the study can be obtained from the Pfau Library ScholarWorks database (<http://scholarworks.lib.csusb.edu/>) at California State University, San Bernardino after July 2025.

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

Place an X mark here

Date

APPENDIX B:
QUALTRICS SURVEY

Section 1: Demographics

1. Which California State University do you attend?

Humboldt	San Francisco	Fresno	Los Angeles	San Diego
Chico	East Bay	San Luis Obispo	Dominguez Hills	San Bernardino
Sonoma	San Jose	Bakersfield	Long Beach	Fullerton
Sacramento	Monterey Bay	Channel Islands	Pomona	
Maritime	Stanislaus	Northridge	San Marcos	

2. What grade are you in?
- Freshman
 - Sophomore
 - Junior
 - Senior
 - Graduate (Credential, Masters, Doctorate, PHD)
3. What gender do you identify with?
- Female
 - Male
 - Transgender
 - Non-Binary
 - Agender/ I don't identify with any gender
 - Gender not listed. My gender is _____
 - I prefer not to say
4. What ethnicity do you identify with?
- American Indian or Alaska Native
 - Hispanic or Latino
 - Asian
 - Black or African American
 - Native Hawaiian or Other Pacific Islander
 - White
 - Other: _____
5. How old are you?
- Younger than 18
 - 18-25
 - 26-33
 - 34-41
 - 42+

Section 2: Participants Perception of Mental Health

1. Have you ever experienced Poor Mental Health (ex: stress, anxiety, depression, ADHD, bipolar, OCD and any other mental disorder)?
 - a. Yes
 - b. Yes, moderately
 - c. Yes, severely
 - d. No, not typically
 - e. Never
 - f. I prefer not to say

2. Which part of your daily systems would you say cause you the most trouble with your mental health?
 - a. Education
 - b. Home
 - c. Personal
 - d. Work
 - e. I prefer not to say
 - f. Other: _____

3. Do you feel like your mental health impacts your performance at school?
 - a. Yes, explain: _____
 - b. No, explain: _____
 - c. I prefer not to say

4. Have you ever sought help for your mental help?
 - a. Yes, explain: _____
 - b. No, explain: _____
 - c. I prefer not to say

Section 3: Mental Health Resources

1. Do you know where your wellness center on campus is located?
 - a. Yes
 - b. No

2. Do you know what resources are offered by the wellness center?
 - a. Yes
 - b. No

Section 4: Improvement

1. Have you ever utilized any of the services offered by the campus wellness center?
 - a. Yes, if so what: _____
 - b. No
 - c. I prefer not to say
2. If you have utilized the wellness center's services, did you find them helpful?
 - a. Yes, why? _____
 - b. No, why? _____
 - c. I have not utilized any resources
 - d. I prefer not to say
3. What do you think would increase awareness of mental health resources available on campus?
 - a. Poster, pamphlets, brochures, flyers, and PowerPoint presentations
 - b. In-person recruiters, wellness coaches, a therapist
 - c. Social media accounts
 - d. Interactive activities during passing period/gaps
4. Do you have any additional recommendations for improvements to mental health services offered on your campus? Please enter in the box below.

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ASSIGNED RESPONSIBILITIES

Authors Leia and Kasibah worked collaboratively on this proposed project for the School of Social Work, ensuring an equal distribution of sections completed in this paper. We jointly outlined the paper's structure, after which we divided key sections based on our areas of expertise and interest. Kasibah focused on completing half of each chapter and Leia focused on the second half. We collaboratively created the quantitative survey instrument and questions. We also scheduled meetings to review each other's work, provide feedback, and make adjustments to maintain quality. This approach allowed us to share the workload effectively, incorporating diverse perspectives in our research.