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Help Seeking Behavior for Mental Health Issues Among College Students at A Southern University

Amanda Brooke Espinoza
Walden University

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Walden University

College of Health Sciences and Public Policy

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Amanda Brooke Espinoza

has been found to be complete and satisfactory in all respects,
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the review committee have been made.

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Walden University
2023

Abstract

Help Seeking Behavior for Mental Health Issues Among College Students at
A Southern University

by

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MS, Texas A&M University, 2015

BA, Texas Woman's University 1999

Proposal Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Philosophy
Public Health

Walden University

August 2023

Abstract

The mental health of college students continues to decline, leading to increased suicide rates among young adults. College campuses provide mental health resources; however, many college students do not effectively utilize the resources. This quantitative research study allowed for a deeper understanding of why college students are not using mental health resources on their campus. A non-probability convenience sample was used. This sample of convenience was comprised of students who volunteered to complete the study survey sent via a university email. The survey was created for the purposes of this study using social cognitive theory constructs. The instrument contained four Likert style scales. Instrument validity was determined by three experts in the field, and instrument reliability was estimated through a pilot study. Responses to each scale on the survey were summed for scale scores. Descriptive statistics were used to characterize the sample and profile scale scores. Scale scores were derived through a sum of responses in each scale. Regression analysis identified a key finding in that a significant association between perceptions of environment and utilization of mental health resources existed ($R^2 = 0.073$, $F(1,76) = 5.965$, $p = 0.017$). In summary, perceptions of the mental health resource environment such as confidentiality, friendliness of staff, and the looks of the building play roles in their utilization behaviors. Mental health resource interventions could be designed and implemented based on the results of this study, influencing positive social change.

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Dedication

This PhD process would not have been possible without the constant love, support, and motivation from my family and friends. I would like to thank my parents, Susan and Virgil Ward; without you, I would not be here. Thank you for picking me up and reminding me constantly that I could do this. To my children, Jordan and Taylor Espinoza, you both are my sanity and my sunshine. I am beyond thankful to have you by my side every single day. You all believed in me even when I struggled to believe in myself. My dear friend, Amber Olsen, you were my guide in the dark; thank you for providing me light and guidance. Also, I would not be here if not for the family who is no longer with us, William and Beverley Carlson, Jewel Bradshaw, and Vaughn and Ruth Ward. You laid this foundation, thank you.

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Chapter 1: Introduction to the Study

Introduction

College students play a large role within a community (Association of Public & Land-Grant Universities, 2020). When individuals go to college, they receive benefits beyond just receiving a college degree. The experience is valuable to both the student and the surrounding communities. Typically, students are actively involved in community projects either through class assignments, internships, or requirements for graduate school; all of these are examples of work that typically benefit society (Mental Health, 2020). The actions and activities completed during college, combined with acquiring a college degree, contribute to an overall healthier community. Individuals who receive a college degree are more likely to gain employment and earn a higher income than those with a high school diploma (Mental Health, 2020). Additionally, college graduates are more likely to volunteer and donate to charities (Association of Public & Land-Grant Universities, 2020).

Mental illness can negatively affect a student's ability to do well in school and increase the cost of healthcare, which can lead to social and economic issues within the community (Jaisoorya, 2021). According to the CDC (2020), mental illness affects graduation rates, and lower educational attainment affects community economics in many ways. For example, among other aspects of college life, financing a college degree causes extreme stress for most students. Tuition and fees are expected, but costs also exist for books, supplies, and fees for memberships in organizations necessary for future employment. Stressors such as these cause anxiety, depression, and other mental health

issues, that in turn, increase the likelihood of dropping out of school (Jaisoorya, 2021).

The cycle continues as an individual who could not finish a degree enters the workforce with a lower salary (Jaisoorya, 2021). To reduce the negative effects of untreated mental illness, it is imperative mental health disorders are addressed.

It is important that college students gain and maintain mental health to live high quality lives, feel successful, and have confidence in their skills, traits, and behaviors. As defined by the American Psychological Association, “Mental health is a state of mind characterized by emotional well-being, good behavioral adjustment, relative freedom from anxiety and disabling symptoms, and a capacity to establish constructive relationships and cope with the ordinary demands and stresses of life” (2022, para. 1). Mentally healthy college students are more capable of handling the stresses of daily life, having healthier relationships, and demonstrating improved work abilities (Mental Health, 2020). Finally, college graduates who are mentally healthy are less likely to need government financial resources and other government funded services and are less likely to end up in the prison system (Association of Public & Land Grant Universities, 2020).

Unfortunately, a wide range of mental health needs exist in the college student population such as high prevalence of depression, increase mood or behavioral disturbances, high risk of suicide, and a high prevalence of substance abuse. Specifically, nearly 40% of undergraduate college students have depression, more than 30% of college students have anxiety, and suicide rates among 18-25-year-old young adults are increasing (MacPhee et al., 2021). Specifically, at the southern university under study, half of the students report moderate psychological distress (American College Health

Assessment [ACHA], 2022). One third of the students had a positive suicidal screening, nearly 40% suffer from anxiety, and nearly 30% suffer from depression (ACHA, 2022). More than 50% of college students report feeling hopeless and nearly 50% of students have had difficulty functioning because of the severity of their depression (MacPhee et al., 2021). These statistics are important because young adults who take their own lives cause communities to suffer human and financial costs, which makes suicidal behavior a public health issue.

For students to successfully finish college, play important roles in their university and local communities, and have the opportunities for full, meaningful futures, mental health must be addressed on college campuses. Although some college campuses lack adequate counseling services, there are many other mental health resources on college campuses. Universities often have their own counseling services, wellness centers, fitness centers, support groups, and mental health related websites and on-site activities. Lack of resources is not the predominant barrier to addressing mental illness issues on campus (Harris et al., 2022). The biggest problem is the fact that students are not effectively utilizing available services (Harris et al., 2022). As noted, not addressing the mental health needs of college students can result in suicidal intentions, leading to increased financial hardships and human loss in the community (MacPhee et al., 2021). Thus, this study will explore why college students do not utilize available mental health services.

The first chapter of this study includes a background of mental health research regarding the importance of mental health generally, mental health among college students, and using social cognitive theory. The problem statement and the purpose of the

study will highlight the need to understand why students are not using available mental health resources on their college campuses. The research questions and the foundation of the study are also outlined in this chapter. Albert Bandura's social cognitive theory, which will ground the study will be briefly described. The nature of the study, definitions, assumptions, scope and delimitations, limitations, significance of the study are also included in the first chapter.

Background

Research has identified the importance of mental health, which dictates how individuals respond to daily life and activities. Mental health is determined, in part, by emotions, psychological well-being, and social capital (Mental Health, 2020). Mental health issues arise from a variety of factors including genetics, history of mental illness in the family, and traumatic and/or abusive events (2020). Mental health traits are necessary components to living a high quality of life. When people are mentally healthy, it is easier to cope with the stress of life, relationships are healthier, work is more productive, and civic involvement is more likely (2020).

Further, research has identified why mental health is important among college students and what mental health concerns are prevalent among them. In fact, mental health issues are the leading health issue among college students (Sheldon et al., 2021). The mental health of college students not only affects the students but also their families, friends; support systems; the college/university system; and the surrounding community (MacPhee et al., 2021.).

One prevalent mental health disorder is anxiety (Wang et al., 2018). If left untreated, anxiety can lead to more severe mental health disorders, suicidal ideations, and suicide (2018). Students who suffer from anxiety and depression can experience a lack of sleep, drug and alcohol abuse, tobacco abuse, accidents and injuries, dealing with anxiety later in life, and suicide (The American Stress Institute, 2020). Students and university personnel may not recognize the magnitude of the effects anxiety can have on academic performances but most often, students do not seek help for anxiety or any other mental health concern (LeBlanc & Marques, 2018). Existing service models include cognitive therapy (counseling services), medical therapy (Student Health Services), and group therapy (support groups; Jaisoorya, 2021).

Previous studies about mental health outcome expectations, or what students hope to achieve in accessing mental health resources, have suggested relationships between outcome expectations and availability, type of, and utilization of mental health services (Bourdon et al., 2020). However, the evidence remains unclear on the mechanisms and factors influencing college students use of mental health services. Harris et al. (2022) found that in some colleges, there is a lack of counselors and counseling services on the campuses; however, other mental health resources may still be available to college students. Harris et al. (2022) also noted that a decade ago, students reported not using mental health services because of the stigma associated with seeking help; however, students report today they are not impacted by the perceptions of others regarding their mental health status. Students talk frequently about their mental health status and

acknowledge they are not using the available services; hence, there is a gap in understanding why they are not seeking help (Harris et al., 2022).

While stigma has been identified by researchers as a likely reason for college students to not utilize mental health resources in the past, students today are less concerned with the stigma associated with asking for help (American College Health Association, 2022). Thus, it is critical to determine the factors responsible for the underutilization of available on-campus mental health resources among college students (Bourdon et al., 2020). This study's results can inform mental health service development and delivery on college campuses. Without this information, the services will likely remain underutilized, and mental health needs of the student population may remain unmet, further exacerbating the suicide burden in that population.

This study is needed because research conducted for the purpose of understanding why students do not use mental health resources is dated (Harris et al. 2022). Current research on why students choose not to utilize mental health services is limited, and the information generally exists as commentary from researchers rather than through data collection. The magnitude of the consequences of students not using mental health service demands further exploration.

Problem Statement

The research problem that will be addressed through this study is the lack of understanding about the specific decision-making mechanisms students apply regarding using or not using mental health resources on campus. Addressing this problem will require identifying factors linked to the underutilization of available mental health services (Harris et al., 2022). Although a plethora of research has been conducted regarding the epidemiology and effects of mental illness among college students, studies regarding utilization of mental health services generally seek a dichotomous “yes” or “no.”

Very few studies have examined why students do not use mental health services (Harris et al. 2022). One previous study about mental health outcome expectations, or what students hope to achieve in accessing mental health resources, suggested relationships between outcome expectations and availability, type of, and utilization of mental health services (Bourdon et al., 2020). However, the evidence on the mechanisms and factors influencing college students use of mental health services remains unclear. Students talk frequently about their poor mental health status but acknowledge they are not using the available services. Hence, there is a gap in understanding why they are not seeking help (Harris et al., 2022).

Bandura’s social cognitive theory (SCT) provides a strong foundation for understanding the behavior of teens and young adults (Stein, 2006), specifically outcome expectations, self-efficacy perceptions and environmental perceptions (Bandura, 1982). “Social cognitive theory takes into account the mutual influences of the individual, the

physical and psychosocial environment and the task or behavior to be learned” (Stein, 2006 p. 245). No study has used all three of the major concepts of social cognitive theory (self-efficacy perceptions, outcome expectations and perceptions of the environment) to enhance understanding of the mechanisms behind college students choosing to use or not use mental health resources on campus. Although Chen et al. (2020) found that social cognitive theory has been an important foundation for helping college students deal with mental health issues, students must first access mental health services to get help. The consequences of mental illness and suicidal behavior, which are both leading causes of death in the student population and serious public health concerns with significant financial costs and human loss to communities and families, prompted me to conduct this study.

Purpose of the Study

The purpose of this quantitative study is to explore, through the lens of the social cognitive theory, why college students do not utilize available mental health services on their campuses. The behavior of interest is utilization of mental health services on campus and the independent variables will be resource outcome expectations, resource self-efficacy, and resource environment. The results of this study will provide a foundation for future mental health programs that will link students and mental health resources in a more effective and meaningful manner.

Research Questions and Hypotheses

The following research questions were formed for this study:

RQ1: Do outcome expectations of using campus mental health resources (outcome resource expectations), predict the use of mental health services on campus (resource utilization) by undergraduate college students at the southern university?

H01. There is no relationship between resource outcome expectations and resource utilization by undergraduate college students at a southern university during the spring of 2023.

H1. There is a relationship between resource outcome expectations and resource utilization by undergraduate college students at a southern university during the spring of 2023.

RQ2: Is there a relationship between the self-efficacy toward using mental health resources (resources self-efficacy) of undergraduate college students at a southern university and the use of mental health resources on campus (resource utilization) during the spring of 2023?

H01. There is no relationship between the resource self-efficacy of undergraduate college students at a southern university and resource utilization during the spring of 2023.

H1. There is a relationship between the resource self-efficacy of undergraduate college students at a southern university and resource utilization during the spring of 2023.

RQ3: Is there a relationship between the perceptions of available campus mental health services (resource environment) among undergraduate college students at a

southern university and the use of mental health services on campus (resource utilization) in the spring of 2023?

H01. There is no relationship between the perceptions of available campus mental health services among undergraduate college students at a southern university and the use of available mental health services on campus during the spring of 2023.

H1. There is a relationship between the perceptions of available campus mental health services among undergraduate college students at a southern university and the use of available mental health services on campus during the spring of 2023.

Theoretical Framework for the Study

The theory that grounds this study is Bandura's social cognitive theory (SCT) (Bandura, 2004). SCT posits that outcome expectations, self-efficacy and perceptions of the environment impact the likelihood a person will choose to behave in a certain way (Bandura, 1998). The behavior then changes the outcome expectation, self-efficacy, and perceptions of the environment (1998). The values a student places on an outcome (expectancies) and the environmental view (situation) also increases the likelihood of a behavior (1998). The three components of the SCT that will be used in this study are (1) outcome expectations of using campus mental health services; (2) self-efficacy toward using campus mental health services, and (3) the perceptions of available campus mental health services environments.

Outcome expectations or beliefs about the consequences resulting from a specific behavior will, in this study, be students' beliefs about what will happen if mental health services are accessed. For example, will the students believe a specific service will help

them deal with their mental health issues, or do they believe friends will make fun of them if they seek help? Outcome expectations drive students' motivation to seek mental health services when they experience a crisis (Bandura, 1989). Although outside the scope of this study, outcome expectations are important because students' perception of what will happen if they use the services play a role in shaping how students view the existing mental health strategies (e.g. learning new coping strategies). Students' levels of self-efficacy (belief about how well one can perform a task or action; Bandura, 1982), in this study, will be self-efficacy toward using the mental health services. The belief also plays an important role in students' decision to access mental health services. The perceptions students hold toward the physical aspects of the mental health services environment on campus, such as the look and feel of the buildings, may also impact their decision to access the resources.

Constructs from the social cognitive theory are generally measured through survey scales offering ranked choices. Although there have been general self-efficacy scales developed (Riopel, 2021), the SCT constructs involve perceptions regarding specific tasks. As a result, most researchers develop and validate surveys created for responding to their research aims such as food choices (Hall et al. 2015) and exercise behaviors (Sebastian et al., 2021). For this reason, a survey instrument with four scales will be developed and validated for this project. Each of the four scales will measure one of the four variables in the research questions, which are directly related to SCT. The social cognitive theory will be further elucidated in Chapter 2.

Nature of the Study

To address the research questions in this quantitative study, a cross-sectional survey design will be used to explore relationships between constructs of the social cognitive theory and student utilization of mental health services on campus. The purpose of using a survey at a single point in time is to learn information which answers questions about a large group of individuals (Ponto, 2015). In a report from a workshop regarding measuring attitudes and perceptions, Clifton and Carrasco (2018) suggest that a strong theoretical foundation should ground the instrument, and multiple items should be used to measure each concept/construct. Further, they suggest that multiple items will assist the participants in understanding the survey and properly responding (Clifton & Carrasco, 2018).

The survey will contain four Likert-style scales of 10 items each, as well as a demographic section. The first scale will measure outcome expectations of using mental health resources on campus, referred to as resource outcome expectations scale in this study, and the second scale will measure self-efficacy perceptions toward mental health services utilization, which is called resource self-efficacy scale in this study. The third scale will measure perceptions of the mental health services environments, called resources environment scale in this study. The fourth scale will be about the student's actual use of mental health services on campus, called resource utilization scale in this study. The instruments will be researcher developed and taken through a validation process. Experts in the field of health behavior research will evaluate the survey content

and construct validity using theoretical foundations. Split-halves reliability and internal consistency will be estimated during a pilot study.

The community in which the study will take place is at a southern university. The university has an enrollment of about 15,000 students (American College Health Association, 2022). Undergraduate students at the southern university were recruited to participate in the study during the spring of 2023 through successive email messages, in person at events, and in classes on campus. Students who choose to participate can opt in and sign consent via the Qualtrics platform. Participants will be asked to complete an online survey via a link in an email message.

Descriptive statistics such as means and ranges will be used to characterize the sample and profile scale scores. Scale scores will be derived through a sum of responses in each scale. Simple linear regression, or Pearson Product Moment correlations, will be used to test each hypothesis as appropriate.

Definitions

The following terms have been defined for the purpose of this study and operational definitions will be presented in Chapter 3:

Mental Health Services: The online and face-to-face resources offered to students at the southern university through the Student Health Services Health Promotion Department, Counseling and Psychological Services, and individual courses on campus (TWU, 2021).

Resource Self-efficacy: “Judgements of how well one can execute courses of action required to deal with prospective situations” (Bandura, 1982, p. 122). The situation in this study will be using mental health related services on the university campus.

Resource Outcome Expectations: “...both positive and negative consequences an individual believes may occur by performing a specific behavior...” (Bandura, 1982, p. 123). The specific behavior of interest in this study will be using mental health related services on the university campus.

Resource Environment: Occasions in which a person “sizes up socio-structural opportunities and constraints” (Bandura in Volpe, 2004). In this study, socio-structural pertains to the perceptions of the physical aspects of the mental health related services on the university campus.

Resource Utilization: The number of times a student has used mental health resources on the university campus.

Assumptions

The study and its foundational theory, social cognitive theory, align with social constructivism. This philosophic perspective views reality as subjective, noting that human experience and relationships drive knowledge (Business Research Methodology, n.d.). As such, assumptions include that students have constructed perceptions regarding their use of mental health resources on campus and will be honest in their responses on the survey. Honesty will be assumed because all participants will remain anonymous, and individual responses on the survey will reported only in aggregate. Other assumptions include that the instrument will accurately measure the social cognitive theory constructs,

and that students will understand the questions. The instrument validation process estimates its reliability, and experts will provide subjective analyses of the construct and content validities. Thus, instrument accuracy is assumed. It is also assumed the students read their university emails because the university email system is the predominant means of communication with students. It is assumed that the sample will accurately represent the university's undergraduate population. Demographic data collected will be examined to identify issues in representation. Lastly, there is an assumption that the research will be conducted without bias.

Scope and Delimitations

The study is intended to understand undergraduate college student's decision-making mechanisms, specifically those grounded in social cognitive theory, for utilizing the mental health services on the university campus. The primary instrument to gather data will be created using SCT constructs within the context of mental health resources. The research consent document and survey will be presented online via campus email at the university distributed in the spring of 2023. The results of the study are intended to be used to develop strategies for more effectively linking college students to campus mental health resources. The study is delimited to students who receive the study survey via the university email database or selected classes.

Limitations

The sample for this study is a convenience sample, which makes the research subject to self-selection bias, a primary cause of poor external validity. Students who choose to participate may differ from the entire population in an important way. This

sampling technique may also limit the study by producing too few participants to compute the required statistical tests. The best way to address these two limitations is to recruit as many participants from the population as possible, with 80-100% most likely to be unbiased (Boston University, n.d.). The issue of too few participants and recruiting a representative sample of students will be addressed, first, by using several successive email messages to all students on campus during the spring of 2023, and second, by visiting large core courses to invite students to participate.

Poor internal validity results mainly from measurement errors (Organization for Economic Cooperation and Development, 2013). Measurement errors in survey research stem mainly from inadequate validation of the survey as well as self-reporting bias, recall bias, and social desirability bias. These forms of bias will be addressed through a rigorous instrument validation process in this research project. Self-reporting bias can be a significant problem in survey research. Self-reporting requires participants to report the results of a medical test performed previously; however, surveys are an important and accurate method for measuring peoples' perceptions, opinions, attitudes, and beliefs (Althubaiti, 2016). This survey will not require reporting previous medical results.

Recall bias involves participants reporting inaccurate information based on faulty memories. This type of bias is important in correlational research because faulty data can decrease the association between variables. Several factors play a role in recall bias, such as the length of the recall time and the complexity of characteristics that must be recalled (Althubaiti, 2016). Most responses on the survey in this research project require reporting current perceptions and beliefs. The section of the survey that requires recall is the

utilization scale. This bias will be addressed by asking participants to recall defined actions that have little complexity and keeping the recall time equal to their undergraduate registration at the university. Finally, social desirability bias occurs when a topic or item wording triggers a desire on the part of the participant to hide the truth or respond in a way perceived to be socially acceptable. This bias will be addressed, in part, through careful validation of the instrument (Althubaiti, 2016).

Significance

This study is significant in that the findings will allow public health professionals to gain necessary insight into understanding why college students do not use mental health resources on their college campuses. The results will provide public health professionals, campus administration, faculty, staff, and counseling practitioners to design effective messaging and interventions to promote the use of mental health resources on college campuses. The data will provide insight to students regarding student self-awareness as the survey is completed.

Additionally, the findings will equip professionals with the knowledge of how to improve students' use of mental health services on college campuses. The use of mental health resources could improve college students' mental health and well-being; this would also improve positive social change by helping them learn coping skills and use other necessary resources to address mental health issues, such as anxiety and depression because it is based in scientific evidence (Walden, 2015). Other potential gains are through provision of appropriate self-harm reduction programs and overall improved mental health. Reduced anxiety and depression can lead to improved grades, healthier

relationships with friends and families, and increase the likelihood of graduation (Suicide Prevention Resource Center, n.d.a.). If students utilized the mental health resources on campus, they may feel less stressed and anxious leading to more moments of joy, happiness, and feelings of success. If students had the mental health resources they needed, the rates of mental health issues among college students could begin to decrease instead of increasing, which is the current trend.

Summary

The mental health of college students is a growing topic of concern that has yet to be adequately addressed. While there are services and resources offered to college students, students continue to suffer from issues such as anxiety and depression, leading to increased rates in suicide (MacPhee et al., 2021). This research will add to the knowledge base regarding how to improve the mental health of college students. The data collected for the research can aid in developing and implementing an effective intervention that will more adequately link students to mental health resources.

Chapter 2 is comprised of a review of the literature and the strategies used to search the literature. Bandura's social cognitive theory will also be discussed in relation to the literature review and the key variables.

Chapter 2: Literature Review

Introduction

The literature review presented in Chapter 2 will provide insight as to why college students are not utilizing mental health resources on their college campuses, using the social cognitive theory as a framework for the study. Understanding the background of what mental health issues college students are suffering from, along with why they do not use available resources to improve their mental health status, is critical in decreasing suicide rates and improving students' mental health status.

Almost half of undergraduate college students have depression, and more than one-third of college students have anxiety (MacPhee et al., 2021). Depression leads to feelings of hopelessness and difficulty completing daily tasks. These high rates of mental health issues are leading to increased rates of suicide among 18-25-year olds (2021). Communities then have to deal with the consequences of young adults taking their lives, including economic repercussions. Even though college mental health counselors are not an effective resolution to improving mental health because of inadequate services, other options are available that students do not participate in (Harries et al., 2022). This results in college students not having enough support to improve their mental health, leaving their needs unmet.

Unfortunately, unmet mental health needs can lead students to have suicidal ideations and ultimately act on the intentions. Family and friends are not the only ones left to tend to the loss; instead, the entire community suffers (MacPhee et al., 2021). By understanding how outcome expectations of students guide their decisions to use mental

health resources on their college campus, the mental well-being of students can be improved. These outcome expectations dictate how students regard participating in available mental health resources such as learning new coping strategies, based on their perceptions of what will happen by using the services. These perceptions impact how motivated they are to seek help for mental health concerns. A student's belief in how successful they will be in dealing with reaching out and actively participating in mental health activities or programs has a direct impact on the outcome. This quantitative study will determine why college students do not participate in mental health resources on their college campus. The results of the study will inform mental health programs regarding design and implementation on college campuses. Ultimately, the improved mental health resources will be more effective in improving the mental health of college students.

Chapter 2 will include a description of the literature search strategies used to find relevant literature on which to base the study. The social cognitive theory will be discussed in more detail as the foundation for the study. A review of the literature will be described as well.

Literature Search Strategy

Regarding mental health issues among college students, the following keywords and databases were searched; *mental health, mental illness, mental disorder, psychiatric illness, academic success, help-seeking, counseling, college students, university students, undergraduate students, resources, support, programs, and services* were used as keywords in the APA PsychArticles, CINAHL, EBSCO, ERIC, and Thoreau databases. All articles used were peer-reviewed and primarily published after 2015.

Theoretical Foundation

The social cognitive theory (SCT) designed by Albert Bandura was used as the foundation for the study (Bandura, 2004). The SCT was chosen because it is an effective behavior change model. Human behavior is very complex; so, it is necessary to use a theory that views behavior change from a broad perspective.

In the 1960's, Albert Bandura developed the social learning theory (SLT), which later progressed into the SCT as we know it (Boston University School of Public Health, 2022). The SCT posits that individuals learn in settings where there is reciprocal communication with individuals, the environment, and behaviors (2022). This theory is useful in the study because the SCT emphasizes the role society has on influencing behavior. The concepts of internal and external reinforcements in the SCT are used to help understand how individuals learn and apply behaviors. Previous experiences are taken into consideration with the SCT, along with expectations and expectancies to determine if and why students engage or do not engage in the utilization of mental health services on their campus. Bandura (2004) explored the promotion of health within the context of the SCT, conveying that core concepts of SCT include knowledge, self-efficacy, outcome expectations, goals, and facilitators/impediments positively impact health behavior change.

It is not only important to initiate behavior change but also to maintain new and healthier behaviors (Boston University School of Public Health, 2022). The SCT can clarify why individuals make choices, as well as how they maintain new behaviors. There are six constructs of the SCT, the last construct, self-efficacy was added to the SLT as it

transformed to the SCT. The first construct is reciprocal determinism, which is the core of SCT. This construct refers to the reciprocal and active interactions between an individual with past experiences, the environment, and the behavior (2022). The second construct is behavioral capability. This concept relies on an individual's knowledge and skills to be able to perform a behavior (2022). Knowing what to do and how to achieve the behavior is necessary in order to be successful in new behaviors. Daily experiences provide individuals an opportunity to learn. Thus, individuals learn from the positive and negative consequences of their behavior (2022). The environment in which the individual lives is also affected by individual behavior.

The third construct is observational learning, in which helping behaviors can be increased by observation. Individuals recreate actions of others they have witnessed (2022). Modeling behavior increases the individual's capability to retain information and successfully reproduce the behavior. The fourth construct is reinforcements. Internal and external reactions to a behavior affects whether an individual will continue behaviors or make behavioral changes. Reinforcements can be positive or negative and come from the environment, social settings, or self-induced. This concept is tied to the construct of reciprocal determinism, as it relates to relational behavior change within the environment.

The fifth construct is expectations. Expectations are the consequences an individual expects to have after engaging in a behavior (2022). These outcome expectations may or may not be related to an individual's health. Anticipated consequences can impact an individual's ability to successfully complete a new behavior. Outcome expectations mainly come from past experiences. If a person believes a positive

outcome is achieved by a specific behavior, the likelihood of performing the behavior is increased. The value that an individual places on the outcome is subjective.

The last construct is self-efficacy, which is the amount of confidence an individual has in successfully achieving a behavior (2022). Self-efficacy was first introduced as part of the SCT; however, several other theories now include this construct (2022). Self-efficacy is not used as an umbrella term in the way that self-esteem is used. Self-efficacy is situation specific; although, improving self-efficacy for one situation may also increase self-efficacy for unlike situations.

The SCT is a behavior change model that includes values, beliefs, expectations, motivation, and physical reactions as significant variables in behavior change (Bandura, 1977). This theory was not designed specifically to change health behaviors; rather, research shows constructs of the SCT are applicable to changing health behaviors. Outcome expectations and perceived self-efficacy determine an individual's behavior, according to the SCT (Bandura, 1977). These are complicated concepts coming from a variety of sources, such as past experiences, observational learning, reciprocal determinism, societal pressures, and physiological responses (Bandura, 1977). An individual's personal experience with a behavior affects their perceived self-efficacy through an understanding of their actions, the environment in which it took place, and how it made them feel. If an individual has high self-efficacy toward a specific behavior, they are more likely to bounce back after mistakes than those with low self-efficacy.

Literature Review Related to Key Variables

The primary health issues affecting college students at this southern university are psychological distress, with 50% of the students reporting moderate distress and nearly 25% of the student population indicating they suffered from serious psychological distress (American College Health Assessment [ACHA], 2022). Nearly 30% of students surveyed had a positive suicidal screening, and 3% attempted suicide (ACHA, 2022). In addition to mental health issues such as anxiety (36.5%) and depression (28.8%), students face other health issues. Over 25% of the student population is overweight, and nearly 30% are obese (ACHA, 2022). Students suffer from bronchitis (5.9%), sexually transmitted infections (9.5%), respiratory illnesses such as the cold/flu (29.4%), orthopedic injuries (10.2%), stomach issues (10%), and urinary tract infections (12.2%) (ACHA, 2022). Ten percent of the student population suffers from insomnia and PTSD (ACHA, 2022). Over 30% of the students suffer from allergies, and 15.5% have migraine headaches. Diabetes is also a health issue at the university, 10.8% have Type I Diabetes, 16.2% have Type II, and more than 70% are pre-diabetic or insulin resistant (ACHA, 2022).

The majority of the students are from low socio-economic families and first-generation students, and they are primarily students of color (ACHA, 2022). There are males and females attending the university; however, females make up a majority of the student population. More than half of the student population describes themselves as other than White, and the average age of students is 26 (ACHA, 2022). The predominant minority populations are Hispanic and African-American students (ACHA, 2022) Half of

the student population is from lower socio-economic communities and are first generation college students (Whitford, 2021).

Many individuals do not have mental health services insurance coverage, which is problematic for organizations offering programs because many individuals cannot personally afford to pay service costs (Bogusz, 2020). Some services are only partially covered and will not allow an individual to seek long term care (Bogusz, 2020). Insurance may only cover a few days of inpatient treatment, which is an issue for treatment centers because patients cannot afford the full extent of services needed (Bogusz, 2020).

Resource Outcome Expectations

In relation to college students utilizing mental health services on their campuses, outcome expectations may impact not only their initial help seeking behaviors but also their recovery after treatment. For example, if college students believe that friends will make fun of or bully them if they seek help for depression or anxiety (outcome expectation), the likelihood of seeking help decreases. The decrease in behavior is especially true if students have been bullied previously for help seeking behavior and developed fear about being teased (expectancy) from the experience (Mendez-Baldwin, 2011).

The experiences of other individuals who are important to the students can impact their outcome expectations of using mental health services positively or negatively (Morrison et al., 2021). Negative attitudes of families of students towards seeking help for mental health issues can hinder a student's likelihood of utilizing mental health

services on campus (Park et al., 2023). Also, if a student believes that his or her illness cannot be successfully treated, the likelihood of seeking help is decreased. Students may develop this expectation as a result of frequent recurrence in mental health related illnesses and because outcome expectations and their expectancies about treatment are not well addressed by health professionals (Reesor et al., 2017). An outcome expectation of a waiting list for mental health services may be a barrier for students when determining whether they should seek help (Priestley et al., 2022). The expected effectiveness of services could be a barrier to seeking campus mental health services (Samuel & Kamenetsky, 2022). Conversely, if students feel supported in the decision to get help and/or feels that his or her illness can be treated, help seeking behavior is much more likely.

The outcome expectations and expectancies regarding the effectiveness of the services considerably predicts the outcome of the utilization of mental health services (Irakunda & Heatherington, 2017). If students find the process of accessing services help for mental health issues confusing, they may not receive the help they need (Platell et al., 2020), so it is necessary to understand the expectations of students when they seek help. In addition, students who perceive services to lack qualified mental health staff will underutilize mental health services on their campus (Kukoyi et al., 2022).

Identifying the outcome expectations and expectancies of college students toward utilizing mental health services on campus will assist universities in delivering those services (Irakunda & Heatherington, 2017). It is important to know the outcome expectations regarding utilization of mental health resources because those perceptions

impact a student's willingness to engage in the mental health services (Morrison et al., 2021). Health education programs should be delivered to students informing them about the benefits and positive outcomes of utilizing mental health services (Vidourek et al., 2014). Understanding the benefits of using campus mental health services can reduce barriers for students and increase the likelihood of utilizing services. However, even when students have positive outcome expectations regarding mental health services, some still do not utilize the available campus resources (Kukoyi et al., 2022). Outcome expectations and self-efficacy are the most important variables to consider when designing and implementing interventions to link mental health resources to college students (Masoumeh & Elahe, 2020). Therefore, gaining an understanding of both variables will be beneficial for this study.

Resource Self-Efficacy

Outcome expectations have a relationship to self-efficacy in that an individual perception of what might happen if an action is taken (outcome expectation) relates to his or her perception of the personal ability to do it (self-efficacy), however they are separate constructs (Resnick et al., 2000). In relation to college student use of mental health-related services on campus, students who do not believe they know how to find help may be less likely to seek it even if they have a positive outcome expectation. The level of self-efficacy among students may predict whether the students will utilize mental health resources (Horn et al., 2022). Receiving help for mental health-related issues on college campuses generally requires knowledge of seeking information on the university website, ability to use technology to set an appointment, and a willingness to share sensitive

personal information. Each of these tasks requires students to believe they have the capabilities to perform them. This is self-efficacy toward help seeking behavior for mental health issues on college campus. It may seem logical that college students know how to find and use information on a website but according to Tate (2017), college students frequently have little knowledge of the plethora of information on their campus website or how to find specific facts. To add to this, Grøtan, et al (2019) determined that academic self-efficacy was lower for students who indicated they were experiencing major mental distress. If students who are suffering from poor mental health are struggling academically, they may also struggle to utilize campus resources designed to improve mental health. Therefore, it is important to understand why students are currently not using mental health resources on campus. Higher self-efficacy leads to higher positive attitudes (Han et al., 2022). Stigma regarding utilizing mental health resources and barriers to seeking help negatively impact self-efficacy (Han et al., 2022). Understanding these perspectives is necessary to determine why students are not utilizing mental health resources.

Mental health literacy is an important aspect to consider when designing interventions to link college students to effective resources. To create effective programs for assisting students access mental health resources, it is important to understand their self-efficacy perceptions toward doing so. Exposing college students to online wellness interventions improves self-efficacy, making it more likely the student will utilize self-help resources, and providing a greater chance of using campus resources (Ray et al., 2021). Students who participated in the intervention were also more likely to recommend

using campus resources to their peers (Ray et al., 2021). Mental health literacy self-efficacy can be improved with mental health awareness programs (Aller et al., 2022). Improved mental health literacy might change the way students perceive stress and self-efficacy towards utilizing mental health resources on campus (Gilham et al., 2021).

Research documents the importance of self-efficacy in mental health related issues. Kabasakal & Emiroğlu (2021) determined students who participated in rational-emotive education program had a substantial increase in self-efficacy of accepting of friends with disabilities. Mental health programs that are evidence-based have been shown to increase self-efficacy in dealing with mental health issues (Costello et al., 2021). Music therapy has been shown to improve coping self-efficacy among individuals residing in mental health treatment programs (Silverman, 2019). It is possible that designing and implementing mental health resource awareness programs could increase the self-efficacy of students accepting help from university resources. Increased self-efficacy can improve the quality of life of students (Wu et al., 2021). Family support has been shown to indirectly increase self-efficacy (Chang & Chen, 2022), so including a support network may be necessary when designing an effective intervention to link mental health resources to students. High creative self-efficacy has been shown to positively influence recovery of mental health conditions (Nitzan & Orkibi, 2020), which emphasizes the importance of high self-efficacy when using college mental health resources. The support does not need to be in person, participating in a digital peer support intervention has been associated with increases in self-efficacy (Fortuna et al., 2022).

Resource Environment

Perceptions of the mental health-related services, themselves is the social cognitive theory concept of environment. The judgement or value placed on those perceptions is the situation. In relation to college student utilizing health services, the ‘vibe’ students get from the services will impact whether they use the services. For example, if mental health counselors are housed in an old part of campus that has the appearance of being run down, students may attach the same to the actual services (University of Michigan, 2016). These perceptions may seem less critical to students utilizing services, but it is valuable to remember that humans need both physical and psychological safety and security (2016). The structural environment directly impacts the safety needs and the ambience within structures such as color, temperature, and lighting may be seen to reflect the psychological security the professionals within the service will provide. Perception of the mental health services offered on their campus can facilitate or serve as barriers to help seeking behaviors among students. Universities must identify the perceptions students on each unique campus perceive services if those services will be used effectively.

Little research has been done to explore how previous experiences of utilizing mental health resources impact an individual’s decision to seek help (Holt et al., 2023). Previous experiences may shape the perceptions of campus mental health services being offered. If there were negative experiences on a previous campus a student may associate those experiences with their current environment. Some students may not feel comfortable in a brick and mortar environment, so online services could promote students

to seek help for mental health distress (Villalobos et al., 2023). Mental health treatment in environments that are familiar to older individuals are beneficial (Fuchs et al., 2022). A new college campus will not be familiar to students; however, creating environments that feel familiar to students may increase help-seeking behavior. Making the environment less clinical and more homelike could be beneficial.

Students desire a space that reflects their home life and would prefer more green indoor spaces (Lambdin-Pattavina et al., 2021). Students need an environment on campus that they perceive as supportive and engaging (Lambdin-Pattavina et al., 2021). Environments that feel friendly are more likely to help develop trusting relationships which would be helpful in addressing mental health issues among students (Platell et al., 2020). The hours of operation for available services may not meet the needs of students (Priestley et al., 2021); therefore, the environment would not be effective for treating the mental health needs of students. It is necessary to offer services in a friendly environment at times that would be most useful to students. The location of the environment should also be inviting and not hidden, as to provide a practical area to treat students (Priestley et al., 2021). The environment should also be staffed by individuals who are not perceived as scary and judgmental by students (Priestley et al., 2021). Also, it is necessary to keep in mind that the environment should not be located in an area where everyone can walk by and see students waiting in line for services (Priestley et al., 2021). Providing multiple locations could remove this barrier to utilizing services.

Social Cognitive Theory in Mental Health Research

While the Social Cognitive Theory (SCT) wasn't created for health behavior change, the theory has been used to view health promotion and the prevention of disease (Bandura, 1998). Societal and personal determinants are addressed in this approach (Bandura, 1998). Bandura (1998) states that individuals need awareness about how their daily life activities impact their overall health in order to want to endure discomfort in order to change negative health behaviors. Individuals need knowledge to make changes; however, high self-efficacy is needed to overcome barriers of creating healthier lifestyle choices. If an individual does not believe they can engage in healthy behavior choices, they are not likely to attempt the new behavior. The level of self-efficacy also impacts how motivated an individual is to set and achieve goals (Bandura, 1998). A lack of confidence can outweigh skills and knowledge.

Having an opportunity to successfully complete new healthier behaviors is the most effective way to gain a high level of efficacy. Unsuccessful attempts to change behavior, especially if there is a low-level of efficacy, can be problematic. Vicarious learning can improve levels of efficacy. Positive feedback from peers can help individuals who suffer from low self-efficacy overcome barriers and increase the likelihood of attempting new behaviors.

This information is useful when applying it to the understanding why college students do not utilize mental health resources. Determining what barriers students face in engaging in positive mental health behaviors, could help provide answers as to why students do not utilize mental health resources on their campus. This theory allows for the

awareness that a variety of factors influence students' decisions to utilize mental health resources.

Mental Health Research

Moeini et al. (2019) conducted a study founded on the Social Cognitive Theory to determine the effectiveness of an on-line tool designed to improved depression among young females. The study was a randomized controlled trial lasting six months and implemented in schools attended by females in Iran. The students either received the intervention or were in the control group. The authors used surveys to evaluate the constructs of the Social Cognitive Theory. The intervention did not affect outcome expectations or self-efficacy and there were no statistically signification associations between the constructs of Social Cognitive Theory and reduced rates of depression (Moeini et al., 2019).

In regards to mental health, Haj-Yahia, et al. (2021) conducted a study to understand how young adults who were exposed to family violence related to their development of Post-Traumatic Stress Symptoms (PTSS). The authors used the Social Cognitive Theory as the foundation for the study. The researchers studied how self-efficacy impacted young adults who had PTSS after exposure to violence in the family (Haj-Yahia et al., 2021). Exposure to family violence can lead to mental health problems, such as anxiety and depression (Haj-Yahia et al., 2021). Experiencing violence in the home decreases the ability to have high self-efficacy. Low self-efficacy leads young adults to struggle in stressful and traumatic situations. A student may have low-self

efficacy from experiencing violence in the home or other traumatic events which could impact their decisions to seek help for mental health issues on their college campus. deLara (2019) conducted a qualitative research study to understand the experience young adults had with long-term bullying. The authors determined that childhood bullying leads to mental health issues, issues with body image and weight, and issues with relationships, specifically trust issues. These are other potential barriers students may have to mental health help-seeking behaviors. Grotan, Sund, and Bjerkeset, (2019) studied the relationships between academic stress (moderate mental health symptoms), academic distress (severe mental health symptoms), academic self-efficacy, academic progress, and help seeking behaviors among college students. The researchers found that individuals with severe mental distress were four times more likely to have low academic self-efficacy and those with low academic self-efficacy were two times more likely to experience delayed academic progress. The conclusions of the study confirm that college students' poor mental health symptoms negatively impact academic self-efficacy and academic progress.

Summary and Conclusions

Mental health issues among college students are increasing leading to more suicides which negatively impact not only family and friends but the surrounding community. The context of this issue is viewed through the constructs of the Social Cognitive Theory and described in the review of literature. Other studies have confirmed the impact self-efficacy plays in engaging in healthy behaviors.

Chapter 3: Research Method

Introduction and Research Design

The intent of this quantitative research study was to gain a deeper understanding of why college students do not utilize mental health services on their college campuses. There are many mental health issues that college students are facing including anxiety, depression, and suicide (MacPhee et al., 2021). The devastating effects of poorly addressed mental health issues are not confined to the university; they are also felt throughout the community (Blood et al., 2017). Suicidal behavior is a public health issue that must be addressed, as rates of mental health issues are rising on college campuses (MacPhee et al., 2021).

Chapter 3 includes a description of the study participant population, the data collection methods, and discuss the instrument created for the study. The chapter also notes the measures taken for the instrument to become reliable and valid. Finally, this chapter will detail how the quantitative data will be analyzed.

Methodology

Population

The population for the study was undergraduate students at a southern university. At the beginning of the 2022/23 academic year, this diverse university had about 10,000 undergraduate students. Minority students made up 60.1% (N=9,734) of the population, with 18.5% Black (N=2,952), 29.8% Hispanic (N=4,755), and 11.8% other/not disclosed (N=1,883) (American College Health Association, 2022). The same year, 17.5% of

undergraduates were freshmen (N=2,793), 8.6% sophomores (N=1,372), 15% juniors (N=2,393), and 19.7% seniors (N=3,144) (Texas Woman's University, 2022).

Sample

The sample for the study was undergraduate students at a southern university who volunteered to complete the online. The non-probability sampling approach, convenience sampling, will be used. This convenience sampling method will depend on students who wish to participate to complete the online survey via the link. Based on a pilot study conducted in May 2023, the necessary sample size for this study was estimated at 85 using G*Power analysis version 3.1.9.7 (Faul et al., 2007). The final sample size was 86. Some researchers believe 100 participants is an adequate sample size for survey research (Tools4dev, 2022). The Bonferroni adjustment will be used initially to control for type I errors to account for testing three hypotheses (Wiens & Dmitrienko, 2005).

Participant Recruitment

With IRB approval from both Walden and the southern university, all undergraduate students were sent an email invitation to complete the survey. Students who wished to participate were able to click on the survey link, complete the survey, and submit it electronically.

Demographic data were collected to determine eligibility to participate and describe the sample. The specific data included age, current registration status, classification (freshman, sophomore, junior, or senior), gender, and race/ethnicity. Inclusion criteria consisted of being a registered undergraduate student at a southern university and above 18 years of age. Students who were graduate students, not currently

registered, or younger than 18 years were excluded from the study. There was not an age cutoff for inclusion, but the students must be over 18 and registered as an undergraduate student.

Data Collection Methods

Data were collected through an online survey (generated by Qualtrics). The invitation (Appendix A) and informed consent for the survey were sent via email to the students, along with the survey.

Instrument Development and Validation

A draft instrument with a demographic section and four scales were created based on the constructs of the social cognitive theory (Bandura, 1998) and using other social cognitive theory surveys as guidance (Dewar et al., 2012; Garrey et al., 2022; Hall et al., 2015). The demographic section collected age as a continuous variable, “What is your age?” Academic level was measured as a forced choice categorical variable (freshman = 1, sophomore = 2, junior =3, and senior = 4). Finally, race/ethnicity was captured as another categorical variable, “What is your ethnic background? White / Caucasian, Asian – Eastern, Asian – Indian, Hispanic, Black/African-American, Native-American, Mixed race, Other _____, and I prefer not to say” (Toor, 2020). The scales measure self-efficacy toward utilizing mental health resources available on campus (Resource Self-Efficacy Scale), outcome expectations of using mental health resources (Resource Outcome Expectation Scale), perceptions of the mental health resources on campus (Resource Environment Scale), and past utilization of mental health resources (Resource Utilization Scale).

The Resource Self-Efficacy Scale is a 10-item subscale in the instrument (See Appendix B, Section 1). Each participant's item scores were summed for the participant's Resource Self-Efficacy Score. The range of potential scores was from 0 to 50, with 0 to 10 indicating very low confidence in personal ability to utilize mental health resources available on campus, 11 to 20 indicates moderately-low confidence, 21 to 30 indicating moderate confidence, 31 to 40 indicates moderately-high confidence, and 41 to 50 indicates very high confidence.

The Resource Outcome Expectation Scale is a 10-item scale in the instrument (See Appendix B, Section 2). Responses to items one and three will be recoded to the reverse before statistical analyses (1=extremely likely, 5= small likelihood); then, each participant's item scores was summed for the participant's Resource Outcome Expectation Score. The range of potential scores ranged from 0 to 50, with 0 indicating neither negative or positive perceptions of the potential outcomes of using mental health resources on campus listed in the survey, 1 to 10 indicating very negative perceptions of the outcomes, 11 to 20 indicating moderately low perceptions, 21 to 30 indicating moderate perceptions, 31 to 40 indicating moderately-positive perceptions, and 41 to 50 indicating very positive perceptions of potential outcomes of using mental health resources.

The Resource Environment Scale is a 10-item scale in the instrument (See Appendix B, Section 3). Each participant's item scores was summed for the participant's Resource Environment Score. The potential scores ranged from 0 to 50, with 0 to 10 indicating perceptions that the environments surrounding mental health resources have

very low importance, 11 to 20 indicating moderately-low importance, 21 to 30 indicating moderate importance, 31 to 40 indicating that the environments of mental health have moderately-high importance, and 41 to 50 indicating very high importance.

The Resource Utilization Scale is a 9-item scale in the instrument (See Appendix B, Section 4). One item was removed as a result of the validation process. Each participant's item scores was summed for the participant's Resource Utilization Score. Scores range from 0 to 50, with 0 to 9 indicating very low use of resources, 10 to 18 indicating moderately-low use, 19 to 27 indicating moderate use, 28 to 36 indicating moderately-high use, and 37 to 45 indicating very high use of resources.

Copies of the draft instrument were sent to experts in the evaluation of content and construct validity (Hall et al., 2015). These individuals included Dr. Denise Bates, Dr. Susan Ward, and Dr. Kristin Wiginton. See Appendix C for a summary of their credentials. The experts received a cover letter with an overview and purpose of the study, instructions, the draft instrument, and an evaluation form. Experts were asked to independently rate each survey using the process suggested by Hall et al. (2015).

Each item was rated on a 1 to 4 scale based on two validity factors: relevance and clarity. Relevance referred to the item's ability to represent the [concepts and constructs of the social cognitive theory as described by Bandura (1 = the survey item is not representative; 2 = major revisions are needed to be representative; 3 = minor revisions are needed to be representative; and 4 = the survey item is representative). Clarity represented how clearly the item was worded (1 = the item is not clear; 2 = major revisions are needed to be clear; 3 = minor revisions are needed to be clear; and 4 = item

is clear). An average rating of relevance and clarity for each item was calculated. Items scoring less than 3.0 in the relevance or clarity category were removed from the instrument. Items scoring between 3.0-4.0 were either removed or edited based on handwritten comments from the experts (Hall et al., 2015, para 11). After the expert validity reports were completed, revisions of the instrument were made based on their suggestions.

Instrument reliability was estimated through split-halves. This validation process was conducted through a pilot study of 17 friends and family who were young adults. Participants in the pilot test completed the survey in May 2023, after which, the split-halves was performed. Person Product Moment correlations were computed to determine how reliably each half of the subscale correlated with the other (Statology, 2021). The goal reliability correlation was greater than or equal to .70. A score of .7 is acceptable, .8 good, and .9 and above is excellent (Statology, 2021). Cronbach's alpha was computed on the pilot study data to determine internal consistencies of the scales within the instrument. Internal consistency describes how closely the items in each subscale are related to one another (University of California Los Angeles [UCLA] Advanced Research Computing, 2021). An alpha of .7 or better will be the goal. An alpha of .7 is acceptable, .8 good, and .9 and above is excellent (Statology, 2021).

Data Analysis

Those data completed online were downloaded in raw format from Qualtrics. To answer the study research questions, data was combined after making certain all variable

labels match exactly and then analyzed using the Statistical Package for the Social Sciences (IBM, n.d.a).

Research Questions and Hypotheses

The following research questions were examined in this study:

RQ1: Do outcome expectations of using campus mental health services, predict the use of mental health services on campus by undergraduate college students at a southern university?

H01. There is no relationship between outcome expectations of using campus mental health services and the utilization of available mental health services by undergraduate college students at a southern university during the spring of 2023.

H1. There is a relationship between outcome expectations of using campus mental health services and the utilization of available mental health services by undergraduate college students at a southern university during the spring of 2023.

RQ2: Is there a relationship between the self-efficacy of undergraduate college students at a southern university and the use of available mental health services on campus during the spring of 2023?

H01. There is no relationship between the self-efficacy of undergraduate college students at a southern university and the use of available mental health services on campus during the spring of 2023.

H1. There is a relationship between the self-efficacy of undergraduate college students at a southern university and the use of available mental health services on campus during the spring of 2023.

RQ3: Is there a relationship between the perceptions of available campus mental health services among undergraduate college students at a southern university and the use of mental health services on campus in the spring of 2023?

H01. There is no relationship between the perceptions of available campus mental health services among undergraduate college students at a southern university and the use of available mental health services on campus during the spring of 2023.

H1. There is a relationship between the perceptions of available campus mental health services among undergraduate college students at a southern university and the use of available mental health services on campus during the spring of 2023.

Data Analysis Plan

Descriptive statistics including means, medians, modes, and ranges were computed for each of the demographic variables, as well as the independent and dependent variables. Linear regression, a model that evaluates the relationship between a dependent variable and an independent variable, was used to test each of the three hypotheses (Statology, 2022). The analysis plan to detect if the assumptions for linear regression have been met follows.

First, there must be a linear relationship between the independent and dependent variables. A scatter plot of x vs. y was created, which allowed a visual determination of if a linear relationship between the variables existed. Adding another independent variable to the model can potentially solve this problem, if it exists (Statology, 2022). Second, the residual values follow the normal distribution. A Quartile-Quartile plot was created, which would show points roughly forming a straight diagonal line, if the assumption is

met. Removing outliers that are having a large impact could help this issue or again, using the log of the dependent variable could also solve this problem if it occurs (Statology, 2022).

The parameters of interest included the regression coefficient (r^2) or estimated effect (Statistics Berkley, n.d.). They also included the standard error, which illustrated the variation around the regression coefficient estimates, and the t-value (Bevans, 2022). Also, if the null hypothesis is true, the p value would show the likelihood of the t value occurring by chance (Statistics Berkley, n.d.).

The major threats to internal validity in survey research involve instrumentation and social interaction (Torre, 2016). The instrument validation process was approached with rigor so there is confidence in the ability of the instrument to measure the study variables accurately. Students were directed to answer the survey items independently to help prevent responses that do not represent the participant. The major threats to external validity included low response error (King et al., 2005) and non-representative sample. Demographics of survey participants were examined to identify if the sample was skewed toward one or more demographic characteristic. Should the sample be skewed, the recruiting strategies would be repeated to increase the number of participants. Adding participants would assist with both types of external validity threats by increasing the number of responses, as well as increasing the potential for diversity among participants.

As stated in Chapter 1, the sampling procedure could result in self-selection bias. Again, recruiting as many participants from the population as possible by using several

successive email messages to all undergraduate students on campus during May 2023 were used to address this potential bias (Boston, n.d.).

Measurement errors in survey research stem mainly from inadequate validation of the survey as well as self-reporting bias, recall bias, and social desirability bias. These forms of bias were addressed through a rigorous instrument validation process in this research project. Although self-reporting bias can be a problem in medical-based surveys, Likert style surveys have been shown to be accurate in measuring peoples' perceptions, attitudes, and opinions (Althubaiti, 2016). Recall bias or inaccurate reporting of information due to faulty memory, were not a problem in this survey due to a short recall period and simple direct requests for recall (Althubaiti, 2016). Careful validation of the study instrument helped prevent the use of topics or question wording that could trigger the desire to respond untruthfully or in a way perceived to be socially acceptable (Althubaiti, 2016).

When correlations are used to test the hypotheses, it is very important to recognize and acknowledge that the presence of a relationship between two variables does not mean that one causes the other (Chen, 2021). Relationships can exist between two variables due to other variables or in some cases by chance (Chen, 2021). Therefore, the results for this type of study must be carefully and thoughtfully reported.

Ethical Considerations

Institutional Review Board (IRB) approval was sought from both Walden University and the southern university. The study introduction, informed consent, information regarding anonymity of participants, and data storage procedures was

evaluated through the IRB approval process. Although undergraduate students were invited to participate in the study via their university emails, these emails will not be available to the researcher nor to anyone else through the researcher. The study introduction, informed consent, information regarding anonymity of participants, and data storage procedures was provided through an email database maintained and kept confidential by the southern university (Appendix B).

Summary

A quantitative design was used in this study to understand why college students do not utilize mental health resources on their college campuses. Online surveys were distributed as the primary data collection method. Reliability and validity measures were taken to strengthen the survey. All research was conducted with IRB approval from the partner organization and Walden University. Following the approval, recruitment began. The results of the pilot study, data collection methods, and results of the study will be discussed in Chapter 4.

Chapter 4: Results

Introduction

The purpose of this quantitative survey study was to understand why college students at a southern university do not effectively use mental health resources that are available on their campus. The following research questions were developed for the study:

RQ1: Do outcome expectations of using campus mental health resources (outcome resource expectations), predict the use of mental health services on campus (resource utilization) by undergraduate college students at the southern university?

H01. There is no relationship between resource outcome expectations and resource utilization by undergraduate college students at a southern university during the spring of 2023.

H1. There is a relationship between resource outcome expectations and resource utilization by undergraduate college students at a southern university during the spring of 2023.

RQ2: Is there a relationship between the self-efficacy toward using mental health resources (resources self-efficacy) of undergraduate college students at a southern university and the use of mental health resources on campus (resource utilization) during the spring of 2023?

H01. There is no relationship between the resource self-efficacy of undergraduate college students at a southern university and resource utilization during the spring of 2023.

H1. There is a relationship between the resource self-efficacy of undergraduate college students at a southern university and resource utilization during the spring of 2023.

RQ3: Is there a relationship between the perceptions of available campus mental health services (resource environment) among undergraduate college students at a southern university and the use of mental health services on campus (resource utilization) in the spring of 2023?

H01. There is no relationship between the perceptions of available campus mental health services among undergraduate college students at a southern university and the use of available mental health services on campus during the spring of 2023.

H1. There is a relationship between the perceptions of available campus mental health services among undergraduate college students at a southern university and the use of available mental health services on campus during the spring of 2023.

Chapter 4 will including a discussion of the pilot study that was conducted to ensure reliability of the survey. I will also discuss the data collection process in this chapter. Finally, I will report the results of the study.

Pilot Study

An instrument was developed for this study to determine content and construct validity by three experts in public health research. No items were removed from the survey, but some minor wording was changed based on the experts' advice. A pilot study was used to estimate reliability. After receiving IRB approval, I recruited 17 friends and family to complete the pilot study. Internal consistency was tested through Cronbach's

alpha on each scale in the survey. Each of the four scales resulted in alpha's indicating high internal consistency. See Table 1 for more.

Split-halves were also used to estimate instrument reliability. Three scales resulted in correlations that indicated high reliability. One item was removed from the Resource Utilization Scale to improve its reliability, which increased the correlation to an acceptable level. The split-halves were .616 on the Resource Utilization Scale, which may have been due to behaviors rather than perceptions being measured (Doyle et al., 2013). However, a second split-halves correlation was run on the Resource Utilization Scale using the study sample to clarify results. This coefficient of .58 was very close to the first. According to the Psychology Department at Emory University, a correlation coefficient of .5 or larger is considered strong (Psychology Department of Emory University, n.d.). See Table 1 for the correlations. The validation process, including the pilot study, resulted in a valid instrument for the final study.

Table 1

Cronbach's Alpha on Instrument Scales

Scales	Cronbach's Alpha	Split-halves Correlation
Resource Self-Efficacy	.817	.956
Resource Outcome Expectations	.893	.800
Resource Environment	.828	.986
Resource Utilization	.952	.616

Data Collection

The university at which I collected data required only Walden University's IRB approval. Once I received Walden's IRB approval, the time-frame for the data collection was from May 3, 2023 to May 28, 2023. The necessary sample size for this study was

estimated using medium power (based on pilot study results) at 85 using G*Power analysis. The final sample size was 86. The initial recruitment plan was followed with no discrepancies. The Vice President of Student Life and the Associate Director of Student Health Services/Health Promotion sent out the initial survey invitation to registered undergraduate students. One week later, the Director of Internships and Experiential Learning sent out the invitation to registered undergraduate students. After week 1, 53 surveys had been received, and then 32 more surveys were received the following week. The undergraduate population includes about 10,000 students. The response rate was .86%.

Demographics

The large majority of participants reported being female (76.2%) and 18-22 years of age (62.5%). The university at which the study was conducted was historically a woman's university and remains a women's focused university. As a result, the findings are relevant to this university alone. The study was conducted to assist this specific population without the goal of generalization. According to the university, around a third of undergraduate students are non-traditional are 22 years and older (Texas Woman's University, 2022). This compares with the study sample in which 33.6% reported being older than 22 years of age. The mean age of the entire sample was 22.2 years of age and the range was 18-47 years. See Table 2 for gender and age statistics.

The final sample represented well the university undergraduate population at the time of the study. Approximately 52% of the participants in the study reported being of an ethnic minority. This percent compares well with the number of ethnic minority

students reported by the university (57.9%). In this study, the largest ethnic minority group represented was Hispanic/Latina (20.2%), as compared with the university report of 16.7%. Six percent of participants reported being Asian, compared to the 3.6% reported by the university, and 10.7% of participants reported being Black/African American, compared to 9.39% reported by the university. See Table 2 for the exact breakdown for participant ethnicity.

The majority of participants reported living off campus (65.5%), and the academic year classification with the highest number of participants was Junior (39.3%). Almost 40% of participants reported working full-time. See Table 2 for residence, academic year, and employment status breakdowns.

Table 2*Demographics*

Category	Indicator	Frequency	Percent
Gender	Male	0	0
	Female	64	76.2
	Non-binary/3 rd gender	11	13.2
	Prefer not to say	11	13.2
	Total	86	100
Age	18	6	7.1
	19	14	16.7
	20	17	20.2
	21	8	9.5
	22	8	9.5
	>22	28	33.6
	Missing	5	6.0
	Total	86	100
Ethnicity	African American	9	10.7
	Asian	5	6.0
	Caucasian/White	32	38.1
	Hispanic	17	20.2
	Mixed Race	7	8.3
	Native American	0	0
	Other	16	19.2
	I prefer not to say	0	0
Total	86	100	
Residence	On Campus	21	25
	Off Campus	65	78
Academic Year	Freshman	13	15.6
	Sophomore	25	30
	Junior	36	43.2
	Senior	12	14.4
	Total	86	100
Employment Status	Full-Time	16	19
	Part-Time	35	42
	Do Not Work	30	36
	Other	5	6
	Total	86	100

Results

The sample has a slight majority of ethnic minorities and students aged 22 years and younger. Most are women and live off campus. Eighty-six participants completed the study survey, which had four scales: Resource Self-Efficacy, Resource Outcome Expectations, Resource Environment, and Resource Utilization. Each scale had 9-10 Likert-style questions. The mean scale scores ranged from 16.952 to 37.370. The highest mean scale score was the Environment Scale with a mean of 37.370, indicating

perceptions of the mental health resource environment being *very important*. The lowest scale score was the Utilization Scale with a mean of 16.952 indicating *moderately-low* use of mental health resources on campus. The Self -Efficacy Scales (30.321) and the Outcome Expectations (34.848) both indicated *moderately-high* levels of perception. See Table 3 for medians, modes, and ranges. See Figure 2 for differences in scale means. Individual item means were computed for the purpose of interpretation and will be discussed in Chapter 5. See Table 4.

Table 3

Scale Statistics

Variable	Mean	Standard Deviation	Variance
Resource Outcomes	29.918	6.233	38.851
Resource Self-Efficacy	32.951	5.854	61.692
Resource Environment	41.553	5.283	27.909
Resource Utilization	17.665	2.558	6.545

Figure 1

Differences in Scale Means

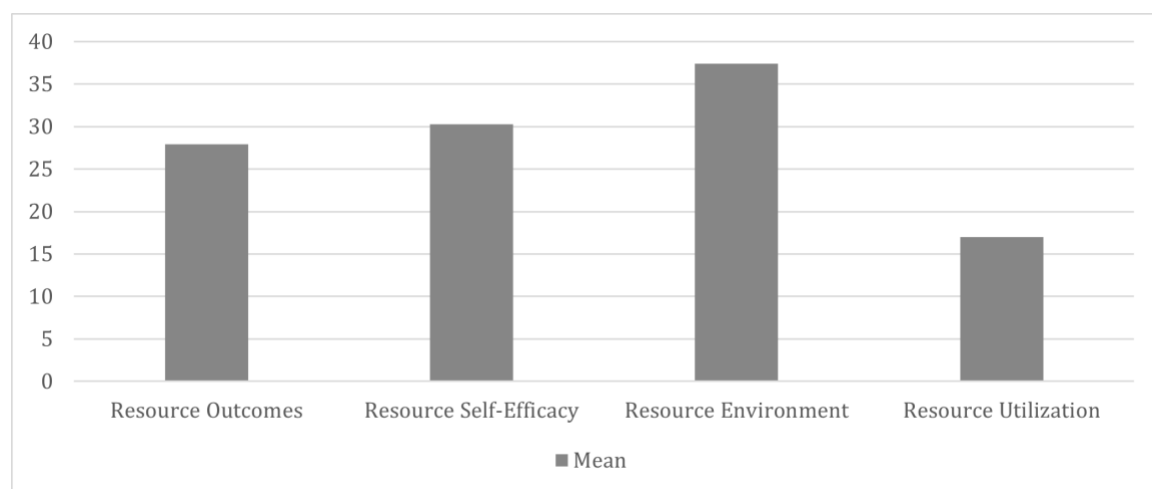


Table 4*Individual Question Means*

Scale	Q 1	Q 2	Q 3	Q 4	Q 5	Q 6	Q 7	Q 8	Q 9	Q 10
Outcome Expectations	4.05	3.283	1.483	3.711	3.207	3.667	3.326	3.296	3.245	3.463
Self-Efficacy	3.013	2.887	3.015	3.387	3.365	3.064	3.196	3.232	4.653	2.887
Environmental Perceptions	4.479	4.583	4.063	4.687	4.270	4.826	4.229	4.040	3.489	3.531
Resource Utilization	1.778	2.731	2.515	*	2.272	2.361	1.818	1.517	1.333	1.843

*This item was removed during instrument validation process to improve the reliability of the Resource Utilization Scale.

This research study tested three hypotheses using linear regression. Assumptions for linear regression were met using the following methods. A scatterplot of x vs. y was created for each independent variable with the dependent variable. Near linear relationships were illustrated by the scatterplots. See Figures 3, 4, and 5. Quartile-Quartile plots resulted in a straight diagonal line, which indicated that the residual values followed a normal distribution. See Figures 6, 7, 8, and 9. Outliers identified by SPSS box plots were removed from the data. Missing data were replaced by series means because the distribution of each variable was near normal.

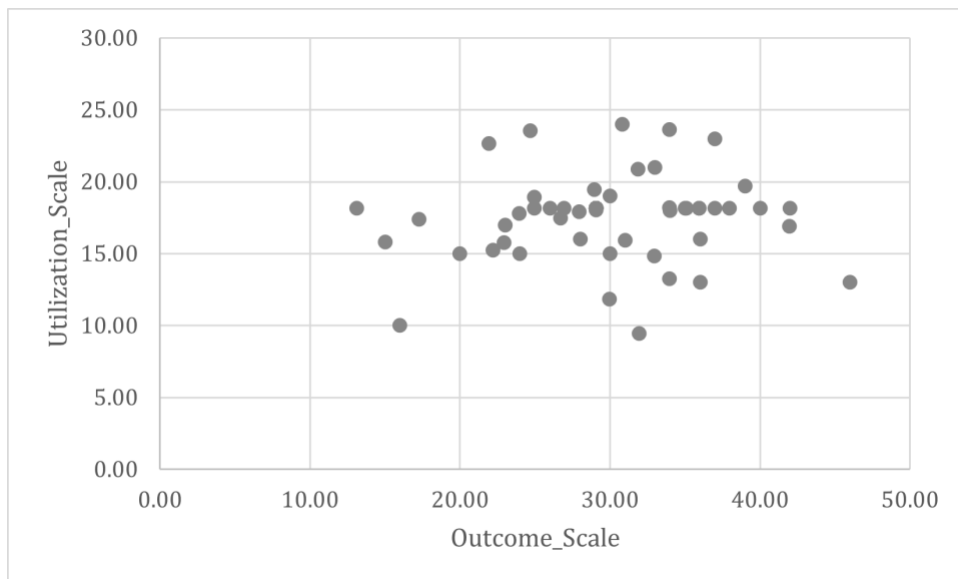
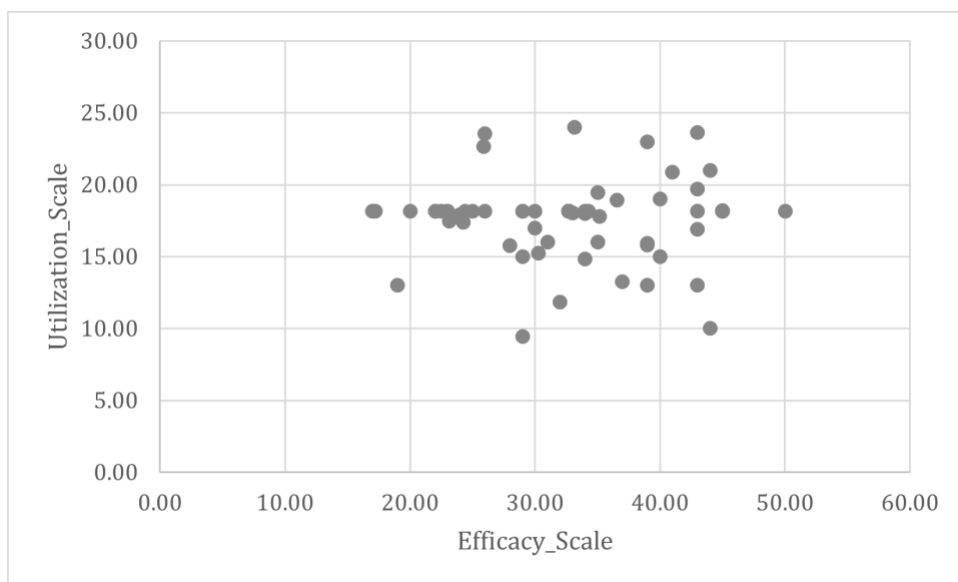
Figure 2*Scatter Plot of Utilization Scale by Outcome Scale***Figure 3***Scatter Plot of Utilization Scale by Efficacy Scale*

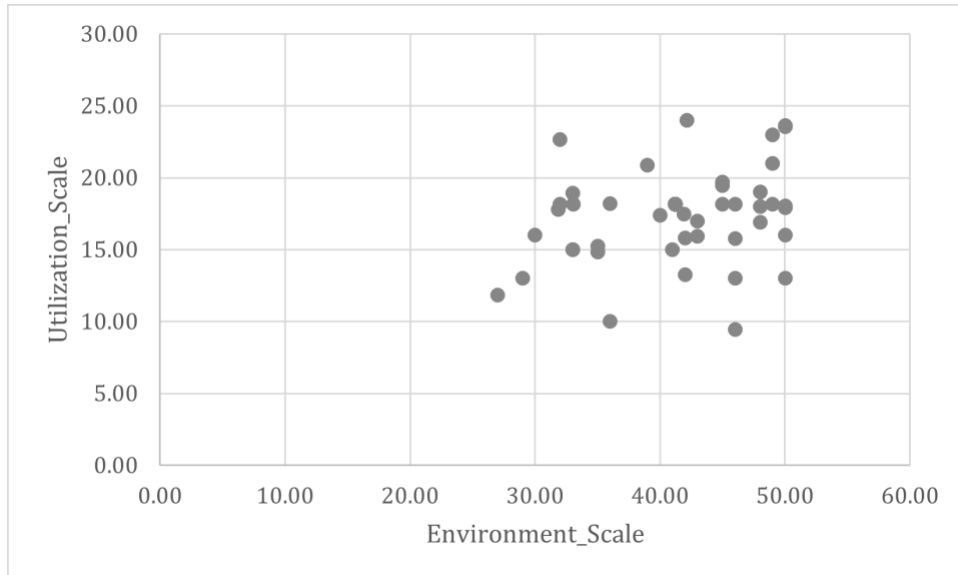
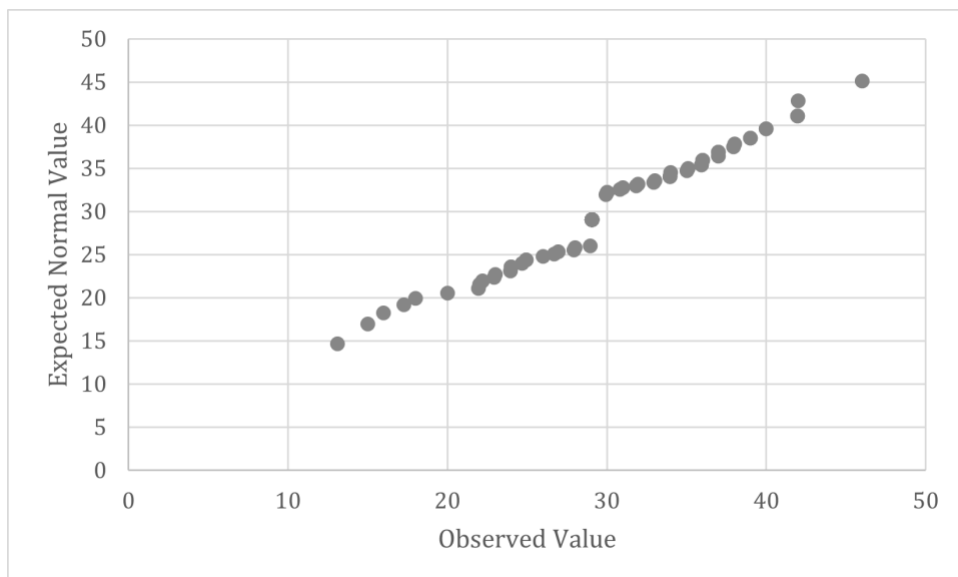
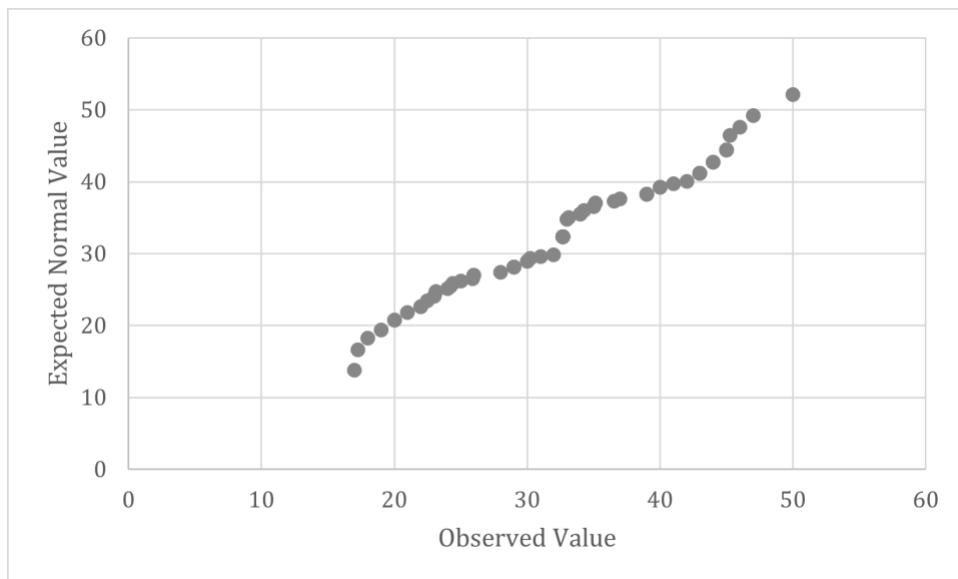
Figure 4*Scatter Plot of Utilization Scale by Environment Scale***Figure 5***Normal Quartile-Quartile Plot of Outcome Scale*

Figure 6

Normal Quartile-Quartile Plot of Efficacy Scale

**Figure 7**

Normal Quartile-Quartile Plot of Environment Scale

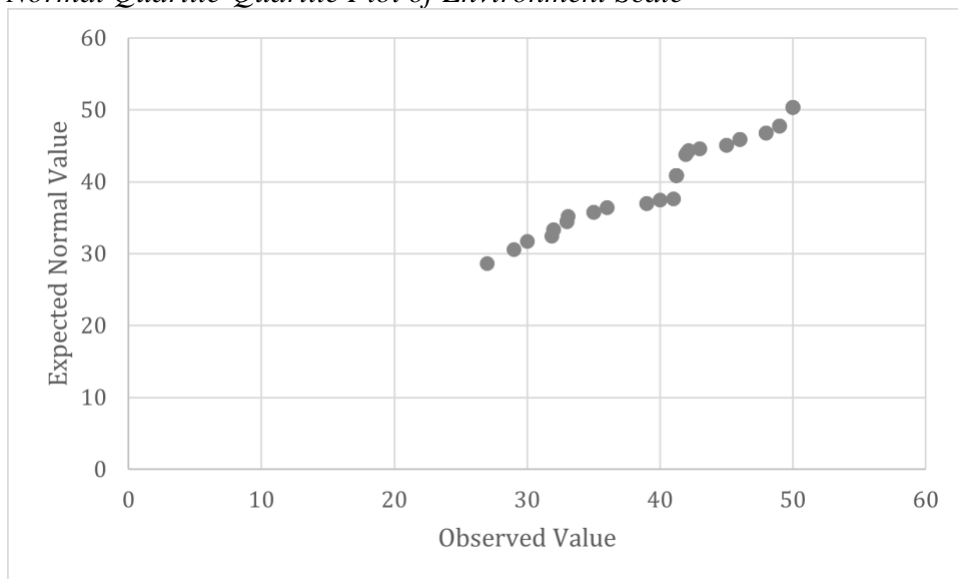
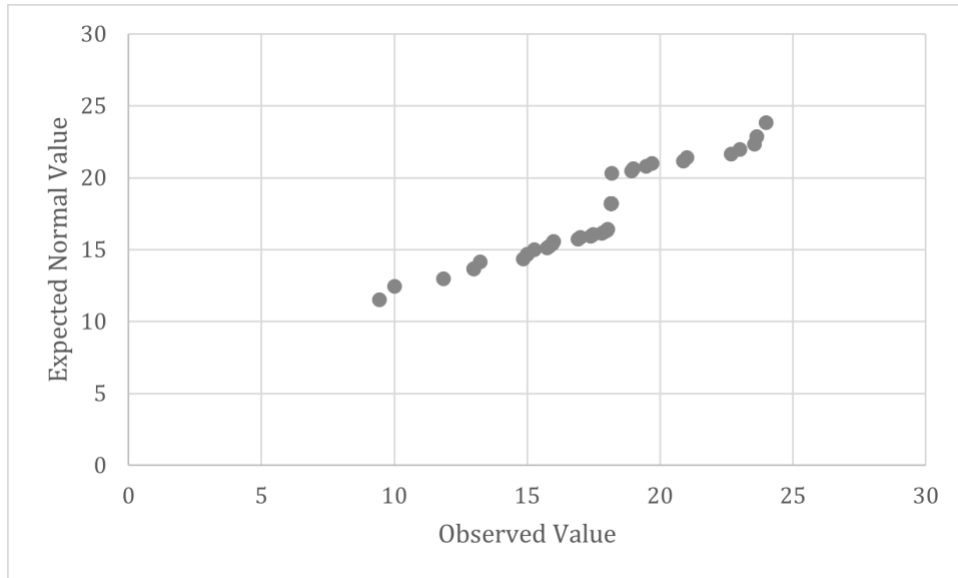


Figure 8

Normal Quartile-Quartile Plot of Utilization Scale



Operationalization of Variables

The definitions regarding the measurement of each variable are listed below.

Resource Outcome Expectation: This variable was measured with a ten-item scale within the study instrument. Responses to items in the scale were summed for each participants Resource Outcome Expectation score. The Resource Outcome Expectation score served as an independent variable in the study.

Resource Self-Efficacy: This variable was measured with a ten-item scale within the study instrument. Responses to items in the scale were summed for each participants Resource Self-Efficacy score. The Resource Self-Efficacy score served as an independent variable in the study.

Resource Environment: This variable was measured with a ten-item scale within the study instrument. Responses to items in the scale were summed for each participants Resource Environment score. The Resource Environment score served as an independent variable in the study.

Resource Utilization: This variable was measured with a nine-item scale within the study instrument. Responses to items in the scale were summed for each participants Resource Utilization score. The Resource Utilization score served as the dependent variable in the study.

Statistical Analyses of Study Hypotheses

H01. There is no relationship between resource outcome expectations and resource utilization by undergraduate college students at a southern university during the spring of 2023.

Simple linear regression was used to test if outcome expectations toward seeking mental health resources significantly predicted utilization of mental health resources. Due to the fact that the independent variables were measures of perceptions and expected to be highly correlated, simple linear regression was deemed to be appropriate for each variable. The linear regression analysis revealed that outcome expectations was not a significant predictor of the utilization of mental health resources on campus ($R^2 = .008$, $F(1,83) = .653$, $p = > 0.05$). See Table 5. This hypothesis was not rejected because the result of the statistical analysis was not significant and the effect size was extremely small.

H01. There is no relationship between the resource self-efficacy of undergraduate college students at a southern university and resource utilization during the spring of 2023.

A linear regression was used to test if self-efficacy toward seeking mental health resources on campus significantly predicted the use of mental health resources. It was found that resource self-efficacy did not significantly predict resource utilization. ($R^2 = 0.026$, $F(1,83) = 2.184$, $p = > 0.05$). See Table 5. This hypothesis was not rejected because the result of the statistical analysis was not significant and the effect size was small.

H01. There is no relationship between the perceptions of available campus mental health services among undergraduate college students at a southern university and the use of available mental health services on campus during the spring of 2023.

A linear regression was used to test if the perceptions of the environment was a significant predictor of the utilization of mental health resources on campus. Results of the analysis indicated there was a significant enough association between resource environment and resource utilization to reject the null hypothesis ($R^2 = 0.073$, $F(1,76) = 5.965$, $p = 0.017$). See Table 5. According to Cohen's d , this effect size is low making the practical significance smaller. The direction of the relationship is positive.

Table 5

Simple Linear Regression Analysis

Variable	Beta		SE	95% CL		P
	Unstandardized	Standardized		LL	UL	
Outcome Expectations	0.103	0.160	0.070	-0.036	0.242	0.421
Self-Efficacy	0.077	0.088	0.095	-0.112	0.265	0.143

Environmental Perceptions	0.133	0.270	0.055	0.025	0.242	0.017
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Summary

The purpose of this study was to understand why college students at a southern university did not effectively use mental health resources available on their campus. The study sample consisted of undergraduate students who were mainly women and of diverse ethnicities. I set out to determine if there were any statistically significant relationships between utilization of mental health services on campus and the Social Cognitive Theory constructs of outcome expectations, self-efficacy, and perceptions of environment. The results of the regression analysis indicated that one predictor (environmental perceptions) explained 7.3% of the variance in utilization of mental health resources. The results of the statistical analyses determined that student use of mental health resources at the university studied was not predicted by the outcome expectations or self-efficacy components of the Social Cognitive Theory. I will discuss the interpretation of findings, limitations of the study, recommendations for future research, positive social change implications, and the final conclusion.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this quantitative survey study was to gain a deeper understanding of why college students at a southern university do not utilize mental health services on their campus. A comprehensive literature review was conducted to identify reasons college students do not generally use mental health services on their campus. Previous studies have suggested there are relationships between what students hope to gain in accessing mental health resources on campus, self-efficacy of using resources, perceptions of the environment, and the use of mental health services (Bourdon et al., 2020). This study was conducted because the evidence was not clear on the factors influencing a college student's decision to use mental health services (Harris et al., 2022). Little research has been conducted to examine why students do not use available campus mental health services (Harris et al., 2022).

The gap in understanding why students do not seek available campus resources to address mental health issues was partially addressed in this study. This gap is important because untreated mental health issues are leading to anxiety, depression, and suicide among college age students (MacPhee et al., 2021). Half of the students attending the university at which the study was conducted reported feeling moderate distress, and 25% suffer from serious psychological distress (American College Health Assessment [ACHA], 2022). Almost 30% of the students had a positive suicidal screening, and 3% of the students attempted suicide (ACHA, 2022). Nearly 40% of students have anxiety, and almost 30% have depression (ACHA, 2022).

The social cognitive theory was used as the foundation for this research study because the theory posits that the individual, the physical and psychosocial environments, and the behavior are mutually influenced (Stein, 2006). There have not been any studies that used the three major constructs of the social cognitive theory (self-efficacy, outcome expectations, and perceptions of the environment). Wu et al. (2021) determined that social cognitive theory has been an integral component in helping college students handle their mental health issues; however, the students need to access mental health resources to feel relief. I was prompted to propose this study because of the serious consequences mental illness and suicidal behavior have among college age students. These consequences are serious public health concerns.

Interpretation of Findings in the Context of the Theoretical Framework

The study results indicated that the social cognitive theory construct of environmental perceptions predicts utilization of mental health resources. It is important to note this result should be viewed with caution because according to Cohen's d , this prediction level is low indicating the practical significance of the study is also low ($R^2 = 0.073$, $F(1,76) = 5.965$, $p = 0.017$). This R^2 value of .07 indicates that 7% of the variation in mental health resource utilization is accounted for by perceptions of the environment. The direction of the relationship was positive. While it is important to know this, it would not be efficient to create an intervention based solely on perceptions of the environment toward mental health. This prediction level may be low because the utilization of mental health resources was low in general among the participants. When making predictions, the only way to predict the best possible resource utilization is to have participants that

are fully utilizing the resources. When there are no participants who utilize resources fully, associations can be found but it doesn't show the complete picture. Also, the evidence collected in my study does not support that the outcome expectations ($R^2 = .008$, $F(1,83) = .653$, $p > 0.05$) and self-efficacy ($R^2 = 0.026$, $F(1,83) = 2.184$, $p > 0.05$) components of the social cognitive theory predict utilization of mental health resources on campus. According to Cohen's d , this prediction is low.

The outcome expectations result contradicts Morrison et al (2021), who found the opposite is true. Morrison et al. (2021) conducted a qualitative research study to understand college students' outcome expectancy determinants regarding receiving treatment for mental health issues. Personal, contextual, and cultural determinants were the primary focus during the interviews because understanding what students believe will happen during the course can impact how to address the students' readiness and ability to receive benefits from engaging in a psychotherapy course. The study revealed that the experiences of important individuals, coursework, and media were both positive and negative, largely depending on how the participants viewed them during discussions and presentation. Stigma and incorrect information were negative expectancy determinants. Horn et al. (2022) found that self-efficacy perceptions of people with mental health issues positively impacted their return to work.

Even so, data from the survey provide meaningful information (Aller et al., 2022; Han et al., 2020; Irankunda & Heatherington 2017; Park et al., 2023). The survey questions and scales operationalize the social cognitive theory including outcome

expectations, self-efficacy, perceptions of the environment, and utilization of mental health resources.

The Resource Outcome Expectation Scale, which measured the likeliness of varying outcome expectations occurring, had an overall *moderately-high* mean. Means of individual questions, however, provided important information regarding participant perceptions. According to Park et al. (2023), students who perceive support for seeking mental health resources from family and friends are more likely to do so. Park et al. (2023) conducted a study to understand how Asian Americans accept their mental illnesses and factors associated with the utilization of mental health services. Participants were interviewed to determine perceived experiences surrounding receiving treatment for their mental illnesses. In their findings, the researchers discovered that family is an important piece in mental health resource utilization, and family could play a positive role as a support system or a negative role as a barrier (Park et al., 2023). Negative attitudes in the Asian community also contributed to the lack of mental health service utilization (2023).

Students who believe they can be helped through mental health resources are more likely to seek them (Samuel & Kamenetsky, 2022). Samuel and Kamenetsky (2022) conducted a study to determine preferences for seeking help for mental health issues among freshman college students, factors influencing students' attitude toward utilizing mental health services, and barriers to receiving services. The authors found that social support encouraged students to seek mental health services. Family and friends were more heavily relied on than formal mental health support provided by the university. For

those students who chose to utilize campus services, perceived barriers such as cost, availability, and effectiveness of services existed. The authors suggest creating more informal support opportunities on campus as well as better access to available mental health campus services (Samuel & Kamenetsky, 2022). Participants in my study reported a *very strong* belief that friends would encourage them to seek help for mental health issues. These *very strong* beliefs were held, regardless of whether the help came from University Counseling and Psychological Services, the Health Promotion/Wellness Center, the University Fitness Center, or the university website. Theoretically, students with positive outcome expectations perceptions towards seeking services for mental health should be more likely to do so. Again, accurate predictions cannot be made in this study because the utilization of mental health services was low.

The overall Self-Efficacy Scale, which measured confidence in personal ability to seek mental health resources, mean indicated *moderately-high* self-efficacy perceptions toward seeking mental health resources on campus. Platell et al. (2020) sought to understand why youth do not use mental health services, finding that if students perceived accessing mental health resources as confusing, they were less likely to seek help. Barriers to receiving services included the intake process and entrance criteria, experiences that don't validate their beliefs and attitudes, the method of service delivery, and service location. Identifying these themes allows for mental health service modifications.

In my study, individual scale question means indicated the participants were *extremely* confident about locating the campus fitness center; however, the question with

the lowest mean indicated participants were *not at all* confident in keeping up a fitness program beyond three weeks. Theoretically, students who have high self-efficacy towards seeking help for mental health should have a higher use of mental health resources; however, as indicated in participant responses, positive self-efficacy perceptions involve a number of aspects. For example, considering the social cognitive theory, students must believe they can locate the fitness, as well as keep up a fitness program if their use of the fitness center will be effective. It is important to note, in my study, the participants reported only *moderate* confidence in finding information about stress, anxiety, and depression on their university website, and making an appointment at the university's counseling and psychological services. Participants reported *moderately-low* confidence in finding a faculty member or advisor to discuss academic related stress, anxiety, and depression.

Faculty members play an important role in student mental health when they refer students for appropriate assistance (Kalkbrenner & Carlisleb, 2021). Kalkbrenner and Carlisleb (2021) studied the importance of the REDFLAGS Model, (warning signs for mental health issues among college students) as a tool for faculty when encouraging student referrals to university counseling. Kalkbrenner and Carlisleb (2021) found that this model is effective for faculty members in supporting the mental health of college students. Theoretically, faculty members play an important role in enhancing the self-efficacy component of the social cognitive theory toward seeking mental health resources.

The Environment scale had a mean indicating participants rated their overall perceptions of environmental aspects of mental health resources as ‘very important.’ This scale had the highest overall mean of the four scales. Individual question means illustrated that participants rated confidentiality by the University Counseling and Psychological services as ‘very important.’ In fact, Priestley et al (2021) found that students perceived that a counseling facility entrance within the view of other students was a lack of confidentiality. Priestley et al (2021) also discovered barriers to current interventions and opportunities to improve access, programming, and delivery for student mental health and well-being support services during six student panels. The students created recommendations to developing effective and efficient mental health and wellness services. The students saw this effort as a ‘whole university approach’ which would create cultural and structural changes to the university which would improve students’ mental health and well-being while also reducing the need for services. In my study, an additional three questions received ‘extremely important’ ratings, although not as high as the confidentiality question discussed above. Those rating included, friendliness of staff at the University Counseling and Psychological Services, the Health Promotion/Wellness Center and The Fitness Center, and whether the facilities at which the services were offered looked inviting. According to Villalobos et al (2023) and Lambdin-Pattabina et al (2021) previous experience with mental health resources, which might include staff behavior, can influence help seeking behaviors. Villalobos et al (2023) surveyed participants to identify common barriers for in person mental health treatment. They found that caregiver schedules, which impact their attitude toward the

patient, influences whether individuals continue to seek mental health treatment.

Lambdin-Pattavina et al (2021) conducted a study among students attending healthcare academic programs to understand the perceptions and fulfillment of the university environment and mental health and wellness services. Stigma was a barrier for most healthcare programs. Participants reported wanting the services to retain a homelike feel, more positive messaging towards mental health treatments and more indoor green spaces. The authors found that faculty investment in their students' mental health needs to be improved. It is interesting to note that participants rated having a positive vibe about the University Counseling and Psychological Services and the Fitness Center as 'very important.' All questions in this scale were rated as 'moderately-important' or 'very important.' Theoretically, and as shown in my study, perceptions of the mental health services environment component of the Social Cognitive Theory predict the use mental health services.

In my study, the Resource Utilization scale had a mean indicating participants reported a 'moderately-low' overall use of mental health services. This result aligns with the American College Health Association Assessment III results. In the spring of 2022, 81% of students responding to the American College Health Association Assessment III (2022), reported being aware of the mental health services on their campus. Of the students reporting 'fair' or 'poor,' mental health only 20% of students sought mental health resources. In my study, the mean use of each mental health resource listed in the survey was reported as 'moderately-low.' Reading a brochure, poster, table tent, or other material had the highest reported use, averaging 2.7 times as a student. The next highest

use reported was the University Fitness Center, averaging 2.5 times. Participants reported an average 1.3 times of checking out a book regarding stress, anxiety, depression, or similar issues. Theoretically, the mental health resource seeking behavior should be positively influenced by the Social Cognitive Theory constructs of outcome expectations, self-efficacy perceptions, and perceptions of the environment. In my study, the perceptions of the environment was the only predictive variable for mental health resource utilization; however, using Cohen's d this effect size was low.

Limitations of the Study

The practical significance of this study is low, as indicated by low effect sizes. Limitations of the study that impacted this result were sample size and sampling procedures. Another limiting factor was the lack of research regarding student utilization of mental health services on their campuses, making study design and instrument development more difficult.

I acknowledge the sample size in my study was small. A small sample size may have impacted how closely the sample represents the total population. The sample size was small, although it met the G*Power analysis standard. A larger sample size would have provided a more robust range of responses on each scale. A more robust range of responses could have increased measurement effectiveness and power. Although the results for the outcome expectations and self-efficacy variables were not statistically significant, this could have occurred for several reasons. First, the survey was distributed at the end of the semester when students are preparing for finals and wrapping up the

semester, which might have resulted in non-response or a lack of attention to the specific questions. In the future, a probability sampling method could be used.

The results of my study cannot be generalized because the sample was one of convenience. The sample accurately represented the university population; however, it is not representative of other university populations. Although Althubaiti (2016) reports that surveys are an accurate method of measuring perceptions, my survey required self-report which may be less accurate due to response bias or social desirability bias. In the future, other data collection strategies could be considered to reduce this limitation.

Recommendations

Research examining interventions for mental health resource utilization based on environmental perceptions should be conducted. Other researchers have found that Social Cognitive Theory constructs are important factors in mental health resource utilization, including outcome expectations (Morrison et al., 2021; Park et al., 2023; & Samuel & Kamenetsky, 2022); self-efficacy (Platell et al., 2020; Horn et al., 2022; & Kalkbrenner & Carlisle, 2021); and environmental perceptions (Priestley et al., 2021; Villalobos et al., 2023; Lambdin-Pattabina, 2021). Therefore, further research in this population using a larger sample size is needed to gain full ranges of scale values. The point in time at which the survey is distributed should be considered carefully; however, responses to my survey were immediate even though it was the end of the semester. Future research could include additional statistical analysis techniques, such as, mediation or moderation analysis to gain a deeper understanding of the relationship

among the variables. In addition, a mixed-method approach could be utilized to add a more comprehensive understanding of the research topic.

The same research should be conducted at other universities because the sample studied had a unique composition. No other researchers have created Social Cognitive Theory scales related specifically to mental health resource utilization; therefore, further analysis of the instrument should be made to identify if additional questions should be added. The constructs from other behavioral theories should be explored in combination with Social Cognitive Theory to expand the potential impact. A longitudinal study design could be employed to establish causality and better understand the dynamics of the relationships. This would allow for the examination of changes in variables over time and improve the ability to draw conclusions about the directionality of the relationships.

Implications

My study provides a guide for social change regarding utilization of mental health resources. While the prediction value of the Social Cognitive Theory constructs was low, even when statistically significant due to small effect sizes, positive social change impacts are provided in the context of the study instrument, through the participants responses. The social change impacts of mental health resource utilization reported by participants in my study will be discussed.

Resource Outcome Expectations

According to Morrison et al (2021), outcome expectations impact students help-seeking behavior for mental health issues. In my study, participants indicated through individual question means that stigma and negative peer pressure regarding mental health

are not issues for them. In the recent past, some universities held the ideology that stigma toward receiving help for mental health issues prevented help-seeking behaviors. Based on participant responses, this direction is not necessary for my study population. Students in my study reported it would be difficult to find a faculty member to discuss academic-related stress, anxiety, and depression. A strategy this university could use to promote social change is to remind faculty and staff to act by listening and referring when signs of anxiety, stress, and depression occur may also be helpful. This in not to say that faculty members are counselors but are often the first line of defense against on-going mental health issues.

Resource Self-Efficacy

Han and associates (2020) found that students with positive attitudes about mental health issues were more likely to seek help. Participants in this study know where the fitness center is located; however, they are not confident they can continue the fitness program over the long term. According to Smith & Merwin (2021) and Mikkelsen et al (2017) exercise lowers stress, anxiety, and depression. Strategies that encourage involvement in fitness activities and commitment to semester long programs at the university fitness center could be beneficial for participants mental health. Making tips regarding coping with stress, anxiety, and depression very easy to find, perhaps on the home page of the university website, could increase utilization of mental health resources. According to Kalkbrenner & Carlisle (2021) faculty members can play an important role in helping students with academic stress and anxiety. A strategy that this university could use to promote social change is to help faculty members and advisors

understand the effect their communication has on students could improve participants' overall mental health.

Resource Environment

The analysis of this scale documents the relevance of social change regarding environmental perceptions. Student responses to individual questions document that confidentiality should be a focus in all mental health related resources. University staff involved in mental health related resources must understand that their behavior is recognized by students. Participants in my study specifically noted that the friendliness of staff and the vibe of the whole unit are very important to them. Even the overall look of the building in which the resource is housed is highly important. This university could acknowledge and address any issues with perceptions of the environment to promote social change. These particular perceptions partially predict student's use of mental health related resources.

Resource Utilization

In order to make a social change impact, the university should acknowledge that students have very poor use of mental health related resources. These resources include a wide range of services, such as the University Counseling & Psychological Services, Health Promotion Center/Student Health Services, the University Fitness Center, university web-pages, and other written materials. While participants indicated in the Outcome Expectation Scale that they believe these resources could be helpful, they are not using them. In general, although the participants know how to access the resources and have the confidence to do so, they still are not utilizing mental health resources. In

order to promote social change at the university, university personnel should develop interventions linking students to mental health resources. It is important to keep in mind that further research regarding the relationship between Social Cognitive Theory constructs and mental health resource utilization should be conducted for the most effective interventions to be designed.

Conclusion

In this study, I found that perceptions of the environment have a small role in predicting utilization of mental health resources on the university campus. Although the practical significance of the findings is low, the responses provided by the study instrument offers important insight in the relationships between student perceptions and mental health help-seeking behavior. University students report high levels of stress, anxiety, and depression (American College Health Assessment [ACHA], 2022). Suicide related behavior among university students is also high (ACHA, 2022). Participants in my study indicated poor use of mental health resources on their campus. The following findings document potential barriers to students seeking mental health resources. I found that participant perceptions of the mental health resource environment play a role in predicting resource utilization. Participants reported that several aspects of the environment are important in building their perceptions, such as confidentiality, friendliness of staff, the vibe of the area, and the look of the building in which the resource is offered. On individual questions, participants indicated that they will read brochures and table tents. It is important to place these resources in high traffic areas. Participants indicate that they know how to access resources and they have confidence to

do so; however, the responses on the survey indicate no follow-through with utilization behavior. Very little research has been conducted regarding utilization of mental health resources among college students. This study extends the knowledge of mental health help seeking behavior of undergraduate college students; however, more research, including barriers to mental health help-seeking behavior, needs to be conducted in order to design effective interventions linking students to mental health resources on their campus. Effective interventions linking students to mental health resources on campus are needed. These intervention programs could create positive social change by reducing stress, anxiety, and depression among college students at the university. By engaging students in these interventions while in college, long term positive social change could occur by providing tools for young adults to deal with stress, anxiety, and depression after graduation.

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Email invitation

Subject line:

Survey regarding using mental health resources on campus.

Email message:

There is a new study about the experiences of using mental health resources on your campus. For this study, you are invited to provide information by completing a survey regarding your experiences utilizing mental health resources on your campus.

About the study:

- One approximately 10-minute online survey
- To protect your privacy, the survey and all responses will be anonymous.

Volunteers must meet these requirements:

- 18 years old or older
- Registered undergraduate student

This survey is part of the doctoral study for Amanda Espinoza, a Ph.D. student at Walden University. Surveys will take place during May 2023.

Please click on the link below to complete the survey.

[Student Survey](#)

Appendix B: The Social Cognitive Theory and Mental Health Resource Utilization

Survey

Section 1: Demographic Questions

Select one response for each question. If you select a response with a blank line, feel free to provide additional information.

1. How would you describe your gender?

Male
 Female
 Other _____
 Prefer not to answer

2. What is your age? _____

3. What is your ethnic background?

African-American
 Asian - Eastern
 Asian - Indian
 Caucasian/ White
 Hispanic
 Native-American
 Mixed race
 Other _____
 I prefer not to say

4. Where do you live?

On campus
 Off campus

5. What class are you in this semester?

Freshman
 Sophomore
 Junior
 Senior

6. What is your employment status?

Full-time

_____ Part-time

_____ Do not work

_____ Other _____

Section 1: Resource Self-Efficacy Scale

Instructions: Please rate your confidence in taking the action mentioned in each item. Select 0 for not at all confident and 5 for extremely confident.

1. How confident are you that you can find a university website with tips on coping with stress, anxiety, depression, or any similar issue?
0 1 2 3 4 5
2. How confident are you that you can find a faculty member or advisor to discuss academic-related stress, anxiety, depression, or other similar issues?
0 1 2 3 4 5
3. How confident are you that you can find a way to make an appointment with a faculty member or advisor to discuss academic-related stress, anxiety, depression, or other similar issues?
0 1 2 3 4 5
4. *How confident are you that you can find a way to contact or locate the Health Promotion/Wellness Center on campus?
0 1 2 3 4 5
5. How confident are you that you can find a way to contact university counseling and psychological services?
0 1 2 3 4 5
6. How confident are you that you can get an appointment with your university psychological counseling services to help with anxiety, stress, depression, or other similar issues?
0 1 2 3 4 5
7. How confident are you that you can find the physical location of the university counseling and psychological services?
0 1 2 3 4 5
8. How confident are you that you can make yourself go to an appointment at the university's counseling and psychological services to discuss stress, anxiety, depression, or other similar issues?
0 1 2 3 4 5

9. How confident are you that you can locate the campus Fitness Center?
0 1 2 3 4 5
10. If you commit to participating in exercising at the fitness center, how confident are you that you will continue beyond 3 weeks.
0 1 2 3 4 5

Section 3: Resource Outcome Expectations Scale

Instructions: Please rate the likelihood that the description in each item will happen.

Select 0 for not at all likely and 5 for extremely likely or if it has already happened.

1. How likely is it that your college friends would make fun of you for using the university website for tips on handling stress, anxiety, depression, or other similar issues?
0 1 2 3 4 5
2. How likely is it that college friends would encourage you to use the university website for tips on handling stress, anxiety, depression, or other similar issues?
0 1 2 3 4 5
3. How likely are your college friends to make fun of you for using the university counseling and psychological services to discuss stress, anxiety, depression, or other similar issues?
0 1 2 3 4 5
4. How likely are your friends to encourage you to use the university counseling and psychological services to discuss stress, anxiety, depression, or other similar issues?
0 1 2 3 4 5
5. How likely is it that a university website with tips on coping with stress, anxiety, depression, or other similar issues would be helpful?
0 1 2 3 4 5
6. How likely is it that a campus counseling and psychological services staff member could help you address stress, anxiety, depression, or other similar issues?
0 1 2 3 4 5
7. How likely is it that a university Health Promotion/Wellness Center activity could help you address stress, anxiety, depression, or other similar issues?
0 1 2 3 4 5

8. How likely is it that a university fitness center could help you address stress, anxiety, depression, or other similar issues?
0 1 2 3 4 5
9. How likely is it that a university faculty member or advisor could help you address academic-related stress, anxiety, depression, or other similar issues?
0 1 2 3 4 5
10. How likely is it that any university resource could help you address stress, anxiety, depression, or other similar issues?
0 1 2 3 4 5

Section 4: Resource Environment Scale

Instructions: Please rate the importance of the characteristic listed in each item. Select 0 for not at all strong and 5 for extremely strong.

1. How important is or would the friendliness of staff at the university counseling and psychological services be in your decision to use the services?
0 1 2 3 4 5
2. How important is or would the friendliness of staff at the university health promotion/wellness center be in your decision to participate in center activities?
0 1 2 3 4 5
3. How important is or would the friendliness of staff at the university fitness center be in your decision to participate in center activities?
0 1 2 3 4 5
4. How important is or would confidentiality by university counseling and psychological services be in your decision to use the services?
0 1 2 3 4 5
5. How important is or would confidentiality by the university health promotion/wellness center be in your decision to participate in center activities?
0 1 2 3 4 5
6. How important is or would confidentiality by the university fitness center be in your decision to participate in center activities?
0 1 2 3 4 5

7. How important is a positive vibe/feeling at the university counseling and psychological services in your decision to use the service?

0 1 2 3 4 5

8. How important is a positive vibe/feeling at the university fitness center in your decision to use the service?

0 1 2 3 4 5

9. How important, in your decision to use the services, is or would it be that the university counseling and psychological services facility (building) looks inviting.

0 1 2 3 4 5

10. How important, in your decision to use the services, is or would it be that the university fitness center facility (building) looks inviting?

0 1 2 3 4 5

Section 5: Resource Utilization Scale

Instructions: Please identify the number of times you have used the resource or service listed in each item. Select 0 if you have never used the resource, 1 if you have used resource 1 time, and so on. Select 5 if you have used the resource or service 5 or more times.

1. How often have you used a university website that has tips about dealing with stress, anxiety, depression, or other similar issues?

0 1 2 3 4 5

2. How often have you read a brochure, poster, table tent, or other written material found on campus regarding stress, anxiety, depression, or other similar issues?

0 1 2 3 4 5

3. How often have you used the university fitness center as a way of dealing with stress, anxiety, depression, or other similar issues?

0 1 2 3 4 5

*4. How often have you attended a university health promotion/wellness center activity regarding stress, anxiety, depression, or other similar issues?

0 1 2 3 4 5

5. How often have you used the university counseling and psychological services regarding stress, anxiety, depression, or other similar issues?
0 1 2 3 4 5
6. How often have you taken a class that has a unit about stress, anxiety, depression, or other similar issues?
7. How often have you talked to a faculty member at your university about academic-related stress, anxiety, depression, or other similar issues?
0 1 2 3 4 5
8. How often have you talked to an advisor at your university about academic-related stress, anxiety, depression, or other similar issues?
0 1 2 3 4 5
9. How often have you checked out a book regarded stress, anxiety, depression, or similar issues from the university library?
0 1 2 3 4 5
10. How often have you used the university Health Promotion Center/Student Health Services regarding stress, anxiety, depression, or similar issues?
0 1 2 3 4 5

*This item was removed after the validation process.

Appendix C: Expert Validation Committee Credentials

Denise Bates-Fredi, PhD. Dr. Bates-Fredi is an Associate Professor and Assistant Program Director for the Masters in Public Health Program at LSUS/LSUHSC-S where she teaches and collaborates with colleagues on domestic and international public health issues. Her work over the last 20 years has been with refugees and immigrants, studying integration to post-migratory culture and both the related and resulting health risks experienced by these groups of people. During these years, she has also published work around women's health and other health disparities experienced by under-served populations. She currently assists in departmental research specific to COVID-19 and mental health.

Susan Ward, PhD. Dr. Susan Ward is the former Chair of the Health Division and Associate Head of the Department of Health and Kinesiology at Texas A&M University. Her areas of expertise include program evaluation and instrument development. She served as an evaluator in many capacities including evaluating the Texas Food Stamp Nutrition Education Program for the State of Texas, the Health Promotion programs at the University of Utah, and faculty promotions at Texas A&M. Dr. Ward taught university students at all levels and served as the research chair for over one hundred doctoral students. The courses she taught most frequently were Health Behavior Theories, Research and Evaluation, and Grant Writing.

Kristin Wiginton, PhD. College of Health Sciences and Public Policy. Degree Program Ph.D. Health Services. Dr. Kristin Wiginton serves as the Academic Research Coordinator for the College of Health Professions (Doctor of Healthcare Administration

and PhD in Health Services) and the College of Nursing (PhD in Nursing). Her responsibilities include assigning committee members for dissertation and capstone students and providing quality control of the student research process.