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Development Of The Share Your Story Program: Understanding How Self-Stigma And Mental Health Storytelling Influence Mental Health Experiences On College Campuses

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DEVELOPMENT OF THE SHARE YOUR STORY PROGRAM: UNDERSTANDING HOW SELF-STIGMA AND MENTAL HEALTH STORYTELLING INFLUENCE MENTAL HEALTH EXPERIENCES ON COLLEGE CAMPUSES

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Kyle Elliott
July 2022

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This dissertation is dedicated to those living with mental health conditions, including myself. Our stories need and deserve to be told.

ABSTRACT

Mental health is a growing concern faced by college administrators. Self-stigma is a major barrier preventing mental health utilization and recovery on college campuses. The purpose of this research study is to understand how self-stigma influences the mental health experiences of college students.

The research study builds upon narrative inquiry—Honest, Open, Proud (HOP)—and the author's lived experiences with mental health conditions to answer the research question: "How does self-stigma influence students' mental health experiences on college campuses?"

Findings indicate that self-stigma and self-acceptance impacted if, how, and with whom research study participants shared their mental health conditions. Findings also show that research participants found solace in participating in both mental health therapy and mental health storytelling. Findings further indicate that personal identity—race, culture, and sexual orientation—regularly influenced the research participants' mental health experiences.

Keywords: mental illness; self-stigma; Honest, Open, Proud (HOP); storytelling; college; student experience

INTRODUCTION

The purpose of this research study is to understand how self-stigma influences the mental health experiences of college students. To achieve this goal, I identified a problem of practice using a combination of relevant research, practitioner-based literature, and my lived experience as a college student living with multiple mental health challenges. Then, I enacted a research approach to yield data that helped inform my understanding of the problem of practice. These steps led to my implementation of solution—a practitioner-based, hands-on tool that addresses the problem of practice.

In Artifact 1, I present an overview of my problem, share relevant research and practitioner-based literature, identify common approaches to address the problem, and link possible solutions to theoretical foundations. I begin by providing an overview of the current state of mental health, mental health treatment, and mental health recovery on college campuses. Next, I explain the relationship between self-stigma and mental health recovery on college campuses. After, I share the purpose of this study, my research study questions, and the significance of the topic and impact on the educational community. I then define the key concepts and terms I use throughout this problem of practice. I conclude by introducing my conceptual framework and approach for this Dissertation in Practice.

In Artifact 2, I offer a description of my research approach and the results of my inquiry. I start by presenting my research approach, including the types of participants I researched. I then share how I recruited participants and the approach to research consent. After, I highlight

the detailed profiles of my five research study participants. I conclude by building five participant profiles and highlighting common themes that arose through my investigation.

In Artifact 3, I share the implementation of my solution. After providing relevant background information, I set the stage for my program by describing the institutional context and target audience. I then expound on the conceptual framework for the program plan. Next, I describe my program design, including the educational goals, assessment plan, and program management and delivery. I conclude by providing the program evaluation plan.

ARTIFACT 1

PROBLEM OF PRACTICE ANALYSIS PAPER

Mental Health on College Campuses

Mental health is a growing concern on college campuses across the United States. A study of more than 155,000 college students across almost 200 campuses found that lifetime diagnoses of mental illness were at an all-time high of 36% in 2017, up from 22% in 2007. The same study found that both depression and suicidality increased during the same decade (Lipson, Lattie, & Eisenberg, 2019). The COVID-19 global pandemic has worsened student mental health. In September 2020, Active Minds (2020) surveyed more than 2,000 college students concerning the impact of the pandemic. Researchers found that almost 75% of respondents reported a decline in their mental health since the start of the pandemic (Active Minds, 2020). Additionally, 87% of respondents experienced stress or anxiety, 78% experienced disappointment or sadness, and 77% felt lonely or sad during the pandemic (Active Minds, 2020).

Student mental health is exacerbated by sleep deprivation, substance abuse, and a culture of perfectionism experienced by many college students (Rubley, 2017). Students living with mental health conditions often turn to campus resources and services for support and treatment for their mental health. Moreover, approximately two-thirds of students surveyed by Active Minds researchers reported receiving information from their university about mental health during the pandemic (Active Minds, 2020).

Anxiety, depression, and stress are the primary reasons students claim they seek out treatment on college campuses. Researchers in a 2019 survey of more than 550 university and college counseling centers found that 60.7% of students cited anxiety as a concern, 48.6% cited depression as a concern, and 47.0% cited stress as a concern for seeking treatment (LeViness, Gorman, Braun, Koening, & Bershad, 2020). Nearly a quarter of students seen at counseling centers are taking prescribed medication for their mental health (LeViness et al., 2020). College is a pivotal time for student mental health and recovery as students are both being diagnosed with mental health conditions as well as seeking out university-provided treatment for those same diagnoses.

Treatment and Recovery on College Campuses

When adequate resources are available, many students are willing to seek out and utilize campus resources to treat their mental health conditions (Active Minds, 2020; LeVinnes et al., 2020). LeVinnes et al. (2020) found that mental health utilization is on the rise among college students. Additionally, treatment rates on university campuses nearly doubled over the last decade—from 19% in 2007 to 34% in 2017 (Lipson et al., 2019). More than 70% of participants in a September 2020 Student Mental Health Survey indicated they knew where to seek professional mental health if they needed immediate help during the pandemic (Active Minds, 2020). While student utilization of mental health services is on the rise, and students know where to seek treatment, many universities are unable to keep up with increasing demand.

Many universities struggle to meet increased demand and support the mental health needs of their students. Almost 9 out of 10 university and college counseling center directors surveyed in 2019 described an increase in demand for counseling services over the last 12 months, with an average increase of 12.2% more clients (LeVinnes et al., 2020). Moreover, nearly one-third of

counseling centers resorted to reducing their outreach efforts to combat the increased demand (LeViness et al., 2020). In other words, universities are frequently unable to keep up with the increasing mental health needs of their students.

Stigma and Mental Health Recovery

Many students living with mental health conditions never receive the treatment they need and deserve (Corrigan, 2004; Corrigan, Watson, & Barr, 2006). Self-stigma is a significant barrier that prevents mental health treatment, mental health utilization, and recovery from mental health conditions (Corrigan et al., 2006; Lipson et al., 2019). Self-stigma is a multi-dimensional concept with various aspects that influence and impact help-seeking attitudes. Within the context of this problem of practice, self-stigma refers to "the negative attitudes, including internalized shame, that people with mental illness have about their own condition" (https://www.psychiatry.org/patients-families/stigma-and-discrimination, 2022, para. 4). Self-stigma is distinct from public stigma, which "involves the negative or discriminatory attitudes that others have about mental illness" (https://www.psychiatry.org/patients-families/stigma-and-discrimination, 2022, para. 4).

Generally speaking, many people do not seek out mental health treatment because of stigma (Corrigan, 2004; Golberstein, Eisenberg, & Gollust, 2008). Additionally, many people living with mental health conditions fear being labeled as "mentally ill" and, as a result, do not seek out mental health treatment to avoid any harm associated with a mental health diagnosis and the presumptive label. "Label avoidance" is possibly one of the greatest ways that stigma impedes treatment (Corrigan, 2004). But there is hope—based on a review of 10 years of data compiled by the Healthy Minds Study, stigma has significantly decreased among college students (Lipson et al., 2019). Addressing label avoidance may support more college students in

reducing stigma, receiving a mental health diagnosis, and utilizing the treatment they need to achieve recovery from their mental health conditions.

The role of self-stigma and mental health utilization varies based on the population. Notably, a study of undergraduate and graduate college students at a Midwestern public university found that the relationship between perceived public stigma and mental health utilization only existed among students aged 18-22, while there was no statistically significant relationship among older students. Researchers in the same study found that perceived stigma varied based on previous contacts students had with mental health providers as well as perceptions of the efficacy of mental health treatment. Additionally, perceived stigma was higher among those who did not have a family member or friends who had used mental health services (Golberstein, Eisenberg, & Gollust, 2008). Subsequently, more research is needed to understand the specific role college administrators can play in addressing self-stigma, mental health utilization, and recovery among college students living with mental health conditions.

Stigma is a multifaceted concern for those living with mental health conditions and extends beyond the individual. While wrestling with self-stigma, label avoidance, and the possibility of coming out, those living with mental health conditions must also navigate the public stigma and stereotypes associated with those deemed "mentally ill."

Stereotypes about those living with mental health conditions are rampant. Popular stereotypes include that those with mental health conditions are incompetent, dangerous, and responsible for their mental health conditions. These broader stereotypes can become self-actualized and impact one's beliefs once one experiences a mental health condition. For example, researchers in a study of 71 people living with serious mental health conditions found a relationship between mental health stigma and decreased self-esteem as well as decreased self-

efficacy (Corrigan et al., 2006; Watson, Corrigan, Larson, & Sells, 2007). Since self-stigma is a multilevel process that extends beyond the individual, the response taken by university personnel must also extend beyond the individual and incorporate the larger university community.

Purpose of Study

The purpose of this research study is to understand how self-stigma influences students' mental health experiences on college campuses. By studying the relationship between self-stigma and students' mental health experiences, the goal is to understand opportunities to reduce self-stigma among college students living with mental health conditions. I also examine the influence mental health storytelling has on self-stigma on college campuses. Additionally, I hope to uncover the effect mental health storytelling has on help-seeking attitudes among college students.

Research Questions

The primary research question posed in this Dissertation in Practice is: ***How does self-stigma influence students' mental health experiences on college campuses?***

- Sub-Question 1: What specific aspects of self-stigma influence students' mental health experiences?
- Sub-Question 2: How does mental health storytelling influence self-stigma on college campuses?
- Sub-Question 3: What is the effect of mental health storytelling on help-seeking attitudes among college students?

While these are worded as causality questions, this Dissertation in Practice aims to understand the individual perspectives and experiences of the research study participants. Subsequently, causal relationships cannot be inferred from this qualitative study.

Significance of Topic

College student mental health is an increasing concern for university administrators and student affairs as a whole. Researchers in a recent survey of university personnel revealed that mental health was the top concern among university administrators, earning 66% of responses in a 2017 survey (Rubley, 2017). More and more universities recognize the impact of mental health on their students' academics and their lives. In the words of Kevin Kruger, president of the National Association of Student Personnel Administrators (NASPA), "While colleges do not have a legal obligation to provide mental health services, they do have an "ethical responsibility'" (as cited in Rubley, 2017, p. 8). That said, the precise role that college administrators can and will play in supporting students experiencing self-stigma and living with mental health conditions remains unclear.

Beyond the "ethical responsibility" universities hold for addressing mental health on their campuses, there are also academic motives. A study of 1,145 students attending large public universities found that students diagnosed with depression were twice as likely to disenroll as students not living with depression, even after gender, high school GPA, and additional background characteristics were controlled for. Identifying and partnering with students who may be at increased risk of dropping out provides an opportunity for university personnel to prevent discontinuous enrollment, improve academic success, increase retention rates, and drive graduation rates (Arria et al., 2013). Both universities and students benefit when mental health care is addressed and weaved into the student experience.

Key Concepts and Terms

The following section provides an overview of key terms that are used throughout the research. Significantly, these terms are defined using hope as a framework. Notably, "the central

tenet in recovery is hope – it is the catalyst for change, and the enabler of the other factors involved in recovery to take charge" (Acharya & Agius, 2017, p. 619). Additionally, "recovery [from a mental health condition] depends on the notion that a patient desires to get better" (Acharya & Agius, 2017, p. 619).

Coming out, for the purpose of this paper, refers to the process of publicly disclosing living with a mental health condition (Corrigan, Watson, & Barr, 2006).

Label avoidance refers to the process by which one does not "come out" to avoid the stigma and potential harm associated with their group status, such as being labeled as someone living with a mental health condition (Corrigan, 2004)

Mental health refers to a state of well-being where an individual can realize their abilities, work productively, and contribute to their community (World Health Organization, 2018).

Mental health conditions refer to health challenges that involve changes to an individual's emotions, thinking, behavior, or a combination of the three (American Psychiatric Association, 2020). Notably, a diagnosis is not required to experience a mental health condition. Examples of mental health conditions include but are not limited to addiction and substance use disorders, anxiety disorders, depression disorders, eating disorders, obsessive-compulsive disorder, personality disorders, post-traumatic stress disorder, and schizophrenia (American Psychiatric Association, 2020).

Mental health storytelling refers to the process of sharing a personal story with the goal to make a positive difference (Capecci & Cage, 2015).

Mental health utilization refers to the number and percentage of people receiving any mental health service during the year being measured.

Mental health services may include inpatient treatment, emergency department use, partial hospitalization, intensive outpatient treatment, outpatient treatment, or telehealth (National Committee for Quality Assurance, 2020).

Public stigma refers to "the negative or discriminatory attitudes that others have about mental illness" (https://www.psychiatry.org/patients-families/stigma-and-discrimination, 2022, para. 4). Importantly, *public stigma* is distinct from *self-stigma*, which is defined later in this section.

Recovery refers to the "process of change through which people improve their health and wellness, live self-directed lives, and strive to reach their full potential… The process of recovery is highly personal and occurs via many pathways" (Substance Abuse and Mental Health Services Administration, 2020, para. 1). Notably, recovery is not the absence of symptoms.

Self-stigma refers to "the negative attitudes, including internalized shame, that people with mental illness have about their own condition" (https://www.psychiatry.org/patients-families/stigma-and-discrimination, 2022, para. 4).

Notably, *stigma* varies from *discrimination* and prejudice in that *stigma* is the negative stereotype, while *discrimination* is the unfair treatment or behavior of an individual or group of individuals based on a negative stereotype (Canadian Mental Health Association, 2020).

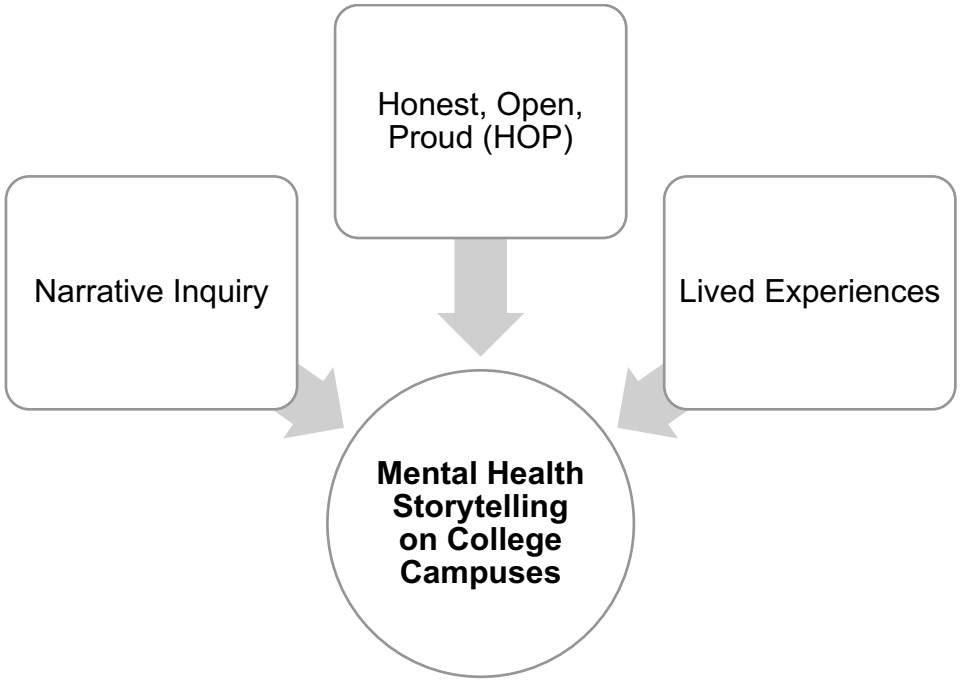
Conceptual Framework and Approach

A storyteller at heart, my conceptual framework—mental health storytelling on college campuses—pulls from narrative inquiry: Honest, Open, Proud (HOP) (formerly Coming Out Proud (COP)), and my lived experiences with mental health conditions (Figure 1). This conceptual framework helped me answer the question, "How does self-stigma influence students' mental health experiences on college campuses?"

I begin with an overview of narrative inquiry and the use of storytelling in this research study. Next, I highlight HOP and its relationship to mental health storytelling. After, I provide an introduction to my conceptual framework. Finally, I touch upon my own mental health conditions and the role they play in this conceptual framework.

Figure 1.

Conceptual Framework and Approach.



Narrative Inquiry

Narrative inquiry supplies an overarching framework and approach to uncovering, learning, and appropriately sharing human stories (Huber, Caine, Huber, & Steeves, 2018). Narrative inquiry is a powerful tool for this research study, in particular, because those living with mental health conditions belong to a vulnerable population that faces both self-stigma and public stigma (Corrigan, 2002). This approach provides an opportunity for those living with mental health conditions to unearth and tell their stories on their terms, while also interacting

with and building relationships with others living with mental health conditions who may hold similar lived experiences and truths as themselves.

Storytelling has proven effective in addressing stigma among people living with other major health diagnoses. For example, a storytelling campaign was conducted among individuals living with Hepatitis B as well as people related to someone living with Hepatitis B (Alber et al., 2020). The study examined the impact of storytelling and found the storytellers themselves experienced increased openness about sharing their diagnoses as a result of the campaign. One participant in Alber et al.'s (2020) study shared,

> Once you hear someone talk about their experience, it kind of strengthens you and builds your confidence in the process, for you to share knowing that whatever you share, your story, whatever you share with them is with them. It is not going to go anywhere, nobody's going to judge you and it's a safe place where you can talk. If you want to cry, you can cry. If you want to whatever your emotion is, you can let it out and these people are there to support you. (p. 4)

Another participant shared, "I think after that, it really just, it kind of empowered me or strengthened me in a way not to be afraid about sharing my story. So it kind of became a confidence booster for me" (Alber et al., 2020, p. 4). The stories of those experiencing the campaign process first-hand demonstrate the power of storytelling. There is an untapped opportunity to explore the influence of mental health storytelling on self-stigma among college students.

The impact of storytelling on health-related experiences, attitudes, and behaviors extends beyond Hepatitis B (Lipsey et al., 2020). Researchers who studied African American women who survived breast cancer found first-person stories from survivors of breast cancer to have a

positive impact on pro-mammography attitudes, family discussions about mammography, and mammography rates among those who held less than a high school education or reported higher mistrust of medical professionals (Kreuter et al., 2010).

Honest, Open, Proud (HOP)

HOP is an opportunity for those living with mental health conditions to navigate the complicated process of coming out. The three-week, peer-led program helps individuals weigh the benefits and costs of disclosing their mental health conditions, explore various strategies for self-disclosure, and receive support from peers throughout the process (Rüsch et al., 2014). The focus of the program is on addressing self-stigma and promoting empowerment and recovery (Corrigan, Kosyluk, & Rüsch, 2013). Researchers who conducted a 2014 randomized controlled trial revealed that HOP had positive effects in the immediate term on stress related to disclosure and stigma (Rüsch et al., 2014). While HOP provides a comprehensive framework and supportive community for those who wish to explore the process of coming out, limited research exists on the impact of HOP on college campuses.

The Living Proof Approach is a similar, audience-centered approach to storytelling dedicated to creating change (Capecci & Cage, 2015). The approach is unique, in part, because the advocacy stories are focused on the positive. Additionally, the stories are framed for a particular context to inspire action. The goal of this approach is to move audiences from awareness and understanding to a place of empathy and action. Within the mental health space, this approach can be used to empower and encourage people living with mental health conditions to share their stories (Capecci & Cage, 2015). While Living Proof Advocacy is backed by research and grounded in best practices, the process has yet to be studied within the college environment (Capecci & Cage, 2015).

Mental Health Storytelling on College Campuses

From climate and science communications to healthcare education and library marketing, storytelling transcends many disciplines (Anderson, 2020; Bloomfield & Manktelow, 2021; Haigh & Hardy, 2011; Matei & Hunter, 2021). Additionally, the definition of storytelling is boundless. For the purposes of this investigation, storytelling refers to the process of sharing a personal story with the goal to make a difference (Capecci & Cage, 2015).

In the 2019 Association for University and College Counseling Center Directors Annual Survey (http://www.AUCCCD.org, 2019), a majority of students self-reported that counseling services improved both academic performance and drove retention. However, in the same survey, it was found many students also never sought out and received treatment for their mental health conditions due to perceived self-stigma (LeViness et al., 2020).

Limited research exists on the long-term impacts of storytelling on college student mental health. In other words, mental health storytelling is a novel approach to understanding the self-stigma experienced by college students living with mental health conditions. Mental health storytelling is an opportunity for university personnel to potentially support students in combatting self-stigma, accessing mental health treatment, and achieving recovery, while at the same time realizing the academic goals of the university.

Lived Experiences

My lived experiences with mental health conditions cannot be detached from this problem of practice. I live with generalized anxiety disorder (GAD) and obsessive-compulsive disorder (OCD), both of which were diagnosed during my undergraduate students while enrolled at San Francisco State University. I also live with post-traumatic stress disorder (PTSD), which was diagnosed during my graduate studies following a sexual assault while enrolled at the

University of Washington (Elliott, 2017). I carry my own experiences of disclosing my mental health conditions, wrestling with stereotypes and prejudice, experiencing self-stigma and public stigma, feeling shame and empowerment as I disclosed—and continue to disclose—my mental health conditions, and seeking out and receiving treatment on college campuses, and achieving recovery (Rodriguez, 2019). My story and experiences are both unique and common at the same time. It would be a disservice to this research study and to myself to discount my lived experiences (Huber, 2018).

Summary

Mental health is a rising concern on college campuses in the United States. Rates of depression and suicidality are increasing while lifetime diagnoses of mental illness are currently at an all-time high. University students' experiences with mental health are unique, in part, because of sleep deprivation, substance abuse, and a culture of perfectionism that are regularly present during college years. Those students living with mental health conditions will often turn to campus resources and services for support and treatment.

Although many students living with mental health conditions leverage resources available to them, some universities are unable to keep up with the demand for services, particularly with the rising demand for counseling services (Lipson et al., 2019). Further, many college students never seek out treatment because of self-stigma. Subsequently, I explore throughout this research how self-stigma influences students' mental health experiences on college campuses. The conceptual framework builds upon narrative inquiry, HOP, and my lived experiences with mental health conditions.

ARTIFACT 2

RESEARCH APPROACH NARRATIVE

In this research study I examine the influences of self-stigma on the mental health experiences of five college students at a mid-sized public research institution in the Midwestern United States. I researched the specific aspects of self-stigma that influence students' mental health experiences, how mental health storytelling influences self-stigma on college campuses, and the effect of mental health storytelling on help-seeking attitudes among college students. I recruited participants to self-select into the research study via email and flyer distribution on campus. I harnessed the power of my lived experiences with mental health conditions, coupled with narrative inquiry best practices, to build rapport with students and uncover their unique stories. The following section provides an overview of the research approach and protocol.

Research Approach

Mental health storytelling is a novel approach to understanding the self-stigma experienced by college students living with mental health conditions. Furthermore, mental health storytelling is an opportunity for university personnel to support students in combatting self-stigma, accessing mental health treatment, and achieving recovery, while at the same time realizing the academic goals of the university. In a 2019 Association for University and College Counseling Center Directors Annual Survey (http://www.AUCCCD.org, 2019), a majority of students self-reported that counseling services improved both academic performance and drive retention (LeViness et al., 2020). However, in the same survey, many students never sought out or received treatment for their mental health conditions due to perceived self-stigma (LeViness et

al., 2020). This research approach aims to answer the question: ***How does self-stigma influence students' mental health experiences on college campuses?***

Research Participants

This research study focused on understanding the stories and experiences of individuals as well as the relationship of individuals in a social context (Clandinin & Connelly, 2000). I focused my recruitment of participants on students at a mid-sized public research institution in the Midwestern United States who were adult-aged (>18 years old) and self-identified as living with one or more mental health conditions. Exclusionary criteria included non-students, children (<18 years old), and people who did not self-describe as someone living with a mental health condition. Importantly, the research study participants did not need a formal mental health diagnosis to participate in the research study. All participation was voluntary and opt-in. The target number of participants was six. The research study was approved by the university's Institutional Review Board.

Participant Recruitment

I approached the recruitment of research participants in two waves. First, I sent an email to staff and administrators of the university counseling center, housing office, wellness center, and student diversity office, requesting that they distribute email information about the research study. This first wave of recruitment did not yield any research participants.

In the second wave of recruitment, I broadened my reach to include university faculty and staff. I emailed 40 faculty and staff from a variety of disciplines in education, medicine, and health sciences. This outreach resulted in approximately 10 students volunteering to participate in the research study. Recruitment ended once six students opted into the survey. One of the six original students opted not to participate after originally signing up, disclosing via email that

they were no longer able to participate because of personal reasons and scheduling conflicts. Students were provided with $25 Amazon gift cards for their participation in the research study.

Consent

Participant consent in this research study was ongoing as well as revocable at any time. I obtained consent from an Institutional Review Board Study Information Sheet. To minimize coercion or undue influence, participants were reminded verbally and in writing that participation in the research study was voluntary, whether they participated was up to them, and that the most important risk or discomfort that they may expect from taking part in the research included an internal emotional response to the interview questions being asked. Additionally, research study participants were provided the opportunity to skip any and all interview questions, and to stop the interview at any time.

Interview Approach

I used narrative interviewing to elicit the stories of the research study participants. The student participants took part in a single interview via an encrypted, password-protected Zoom video conference. Sessions lasted no more than 60 minutes. Below are examples of the questions that were asked during my conversation with the student participants:

- What is your major? How did you choose it?
- What do you do for fun?
- What is college like for you?
- Can you tell me about your mental health?
- What has been most helpful for your mental health?
- What has been the biggest barrier to your mental health?
- What is it like sharing about your mental health?

While I originally anticipated conducting two to three interview sessions with each participant, I ultimately decided to conduct a single interview with the research participants. Because I am professionally trained in motivational interviewing and I am a Certified Health Education Specialist (CHES) through the National Commission for Health Education Credentialing, Inc., I was able to ask all follow-up questions during the single interviews with each participant.

The interviews were not recorded; I recorded detailed session notes. I assigned pseudonyms to each of the research study participants to protect their confidentiality.

Interview Findings

The students who participated in this research study were diverse in their backgrounds, identities, and lived experiences. Subsequently, this section includes five participant profiles I build by looking at the students' cultural backgrounds and lived experiences, mental health experiences and relations to self-stigma, and the role of mental health storytelling as they navigated help-seeking behaviors once they arrived at college. After, I highlight common themes that arose as a result of harnessing the power of narrative inquiry to learn about the research study participants' experiences with self-stigma, mental health storytelling, and help-seeking attitudes. The following participant profiles and results are in response to the primary research question and sub-questions:

- ***How does self-stigma influence students' mental health experiences on college campuses?***
    - What specific aspects of self-stigma influence students' mental health experiences?

- How does mental health storytelling influence self-stigma on college campuses?
- What is the effect of mental health storytelling on help-seeking attitudes among college students?

Participant Profiles

All five of the student participants currently attended the same mid-sized public research institution in the Midwestern United States, were over the age of 18, and were identified as living with one or more mental health conditions. The research study participants varied in race, educational levels, majors, and specific mental health conditions (see Table 1). Following are their individual profiles.

Table 1.

Summary of Participant Profiles.

Pseudonym	Sex	Race	Academic Level	Mental Health Conditions
Amy	Female	Undisclosed	Undergraduate	Anxiety, Seasonal Depression
Esther	Female	Native American	Graduate	Anxiety, Depression
Jane	Female	Undisclosed	Graduate	Anorexia, Bipolar II
Megyn	Female	White	Graduate	Anxiety, Depression
Sara	Female	Hispanic	Graduate	Anxiety, Stress-Related Trauma, Depression

Amy

Amy is a female undergraduate student who shared she was diagnosed with an anxiety disorder during high school. During this same time, she experienced instances of seasonal depression. Importantly, Amy grew up in a very small, Christian town where she struggled in

high school because of classmates who were “mean” to her and “purposefully tried to piss [her] off or tried to make [her] anxious… or anything to irritate [her].”

Amy shared she was generally “happy-go-lucky” until she started her period and her father moved in. At this point, Amy was diagnosed with anxiety and began taking a selective serotonin reuptake inhibitor (SSRI), followed by medical marijuana, as she could “never just be happy, everything would freak [her] out, the smallest things would make [her] upset, [she] could never get out of [her] own head.” Amy further shared that medical marijuana has had the most significant impact on her mental health as it allows her brain to “slow down” and prevents her from “overreacting.”

While Amy struggled to get along with her father throughout her teen years, her relationship with her mother was the opposite. Amy further explained she had always been rather close to her mother, who is a school counselor. Notably, her mother suggested she consider bringing up her mental health with her doctor. Yet, Amy shared she is “trying to get off meds” and “would prefer something more natural and not have to depend on something lab-made.” That being said, Amy is not a proponent of mental health therapy and does not foresee it personally helping her.

At the time of the interview, Amy shared she had never participated in mental health therapy. She also shared, “I don’t think therapy is going to help me.” When probed further about not being in mental health therapy, Amy said,

> [I’m] not very good at talking about feelings. I don’t listen to people anyway. They can tell me all of the nice things but I would say I don’t care and this is a me problem and I need to overcome it on my own.

Amy additionally shared that college has been helpful for her mental health and explained, "I can finally be myself." While Amy has chosen not to speak to her advisor or work-study supervisor, both of whom she is really close to, she said she would trust them if she did choose to disclose her mental health conditions to them. More broadly speaking, Amy shared, "There is a lot of trust and people I trust at [my] campus." Subsequently, Amy regularly speaks about her mental health conditions with her friends. Through these conversations, Amy has learned that a lot of her friends also experience similar mental health conditions in addition to taking mental health medications for those mental conditions. Finally, Amy shared she has not encountered anyone who has not been supportive of her mental health since entering college.

Currently, Amy is in a long-term relationship with a boyfriend who is supportive of her mental health. Conversely, in past relationships, Amy described how she faced stigma from her boyfriends. Moreover, she found it difficult—and continues to find it difficult—"to talk about [her] feelings or mental health." Amy believes this is, in part, because she comes from a town and upbringing where not everyone understands mental health. As a result, Amy does not want to be seen as showing "weakness" for crying or "talking about feelings." Amy believes this is an area she needs to overcome on her own.

When not studying or hanging out with her boyfriend, Amy spends her time working, enjoying podcasts, particularly the paranormal and true crime podcast *Lights Out*, going outside for walks, and watching Netflix.

Esther

Esther is a female graduate student who self-identifies as Native American. While completing her undergraduate studies, she discovered her interest in studying personalities. As a

result of the global COVID-19 pandemic, Esther chose to seek out a career in counseling or social work, which she plans to pursue upon graduation.

At the time of the interview, Esther was currently attending mental health therapy at her institution for anxiety and depression. Notably, Esther highlighted that she was "glad that there is a free resource for therapy" at her institution as she does not know "what [she] would be doing or where [she] would be without therapy." She further explained that she had only been in mental health therapy a few months at the time of her interview, yet her time in therapy had helped her significantly organize her thoughts.

Esther also shared that while she has never received a formal diagnosis for her mental health conditions, she does believe she experiences symptoms of both anxiety and depression. Additionally, Esther shared that she believes mental health therapy, which she began in graduate school, has made the most significant impact on her mental health. Beyond mental health therapy, Esther also found solace in speaking with her mother, aunt, and grandmother at least daily.

Importantly, Esther explained that there is a significant stigma in the Native American community and culture when it comes to mental health therapy. Esther further explained that when someone brings up mental health therapy, the first question someone will ask is, "What is wrong with you?" As a result of this stigma, Esther had only directly discussed her mental health with the therapist she was seeing through her institution as well as with one professor in a class assignment. That being said, Esther did explain that she had posted on social media that she was going through sudden changes in "how [she] is feeling and what is going on… [and] beat around the bush" in the post. Esther shared she is challenging herself to share more about her mental health on social media.

Significantly, at the time of the interview, Esther was currently living on her own for the first time. In addition, all her classes were shifted from in-person to entirely online and asynchronous, which was "a big adjustment" and "tough" for Esther as she was used to living with other people and attending classes in-person. Further, Esther held a full-time job, which also moved from in-person to remote during the global COVID-19 pandemic.

Esther shared that several recent changes—living on her own for the first time, working and studying remotely, holding a job that requires her to be responsible for the health of vulnerable community members, and having to quarantine after being exposed to COVID-19 from a colleague at work—"skyrocketed [her] anxiety and depression."

Esther said she enjoys playing the ukulele, painting, reading books, listening to podcasts, and viewing videos on TikTok that make her laugh. Esther also shared that she enjoys watching Netflix when not working full-time or studying.

Jane

Jane is a female graduate student who self-identifies as queer. Jane disclosed that she lives with Bipolar II Disorder and is "pretty much recovered" from "severe anorexia" that she had during her undergraduate studies. At the time of the interview, Jane was receiving both mental health therapy and psychiatric medication support off-campus.

Jane shared that her undergraduate studies at a large public university in the Midwest United States were "okay." Jane shared that she regularly experienced discrimination because of her sexual orientation and recounted an instance when a group of individuals "threatened to throw [her] off a bridge." Jane also shared that she was frequently involved on campus, "mostly through queer organizations." However, because of being "actively sick" throughout her time at the institution, she graduated early.

Jane described that she now faces discrimination based on her sexual orientation at her current institution. However, this discrimination is "more subtle, like people calling [her] a faggot." Conversely, Jane shared she is incredibly close with the members of her graduate cohort. Jane has chosen to self-disclose her mental health conditions with some of her cohort peers and shared that "the ones who know about [her mental health conditions] are supportive." Jane further said that she is mindful when it comes to self-disclosure online. For instance, she chooses not to disclose her mental health conditions on any social platforms as she does not want her clients to "see [her] social media and say, 'Oh!'"

Additionally, Jane explained that her graduate program director did "a pretty good job" responding to her requests for mental health accommodations, including calling in sick when she was feeling mentally unwell and the potential of taking a leave of absence if her mental health declined. At the time of the interview, Jane was waiting to hear back from her university's disability services program regarding her request for disability accommodations for the upcoming academic year. Notably, Jane expounded that "the amount of documentation they [disability services] need is a little overwhelming and difficult to coordinate care between [her] psychiatrist and [her] therapist."

Jane enjoys watching and rating movies. She also likes to make TikTok videos with her emotional support animal, and writing fiction in her free time.

Megyn

Megyn is a female graduate student who self-identifies as White. She graduated from a small liberal arts college in the Midwestern United States. While Megyn initially sought to pursue a career in medicine, she transitioned to the health field after a staff member from a university's health program identified a passion for health in Megyn.

Megyn disclosed that she lives with anxiety and depression. At the time of the interview, Megyn was receiving mental health therapy off-campus and had been in therapy for approximately 10 years. While Megyn shared she typically sees her mental health therapist biweekly, she recently increased the frequency to weekly as the result of a Coronavirus-associated death in her immediate family.

Megyn explained that although her depression started in high school, she believes she "probably had it [her] whole life, maybe." Megyn further shared that her anxiety symptoms were exacerbated during her undergraduate studies because she struggled to fit in within her university. Additionally, she believed that her undergraduate institution was "very advanced" and "difficult," which was particularly challenging for her mental health as she was without the support system she had at her private religious high school. Although Megyn's initial years of undergraduate studies were challenging, she finally found support and relief in a new advisor and professor who "recognized when someone was overwhelmed" and "created that support system" that she was missing. Beyond her advisor, Megyn also speaks openly about her mental health with her current supervisor, who is "really understanding." Megyn described that while "having someone to talk to and knows what you are going through" is helpful for her mental health, she also finds relief through exercise.

Despite the support system Megyn has created at her university, Megyn shared that she struggled with stigma among family members, which was "discouraging." Since coming to college, Megyn has found it "liberating" to share about her mental health both online and in person "when it comes up naturally in conversation." Megyn additionally explained that she "think[s] it's really cool" that "mental health awareness is becoming more normalized."

Megyn spends her free time reading. She also spends time learning about "non-school topics" such as the threat of White Christian Nationalism, the impacts of racism on health, indigenous health, and the LGBTQ+ community, and unique health problems facing these communities.

Sara

Sara is a female graduate student who self-identifies as Hispanic. After originally wishing to be a physician, Sara decided to pursue a career as a mental health therapist given her desire to "help people with psychology," encourage others to "talk more about mental health stigma," and normalize conversations about mental health, particularly among "minorities… and other oppressed groups."

Sara disclosed that she lives with anxiety, stress-related trauma, and "a little bit of depression." At the time of the interview, Sara was receiving mental health therapy through her institution. She described the relationship with her institution's therapist as the "most important thing." She explained that she was "lucky" to find a therapist who was such a good fit, truly cares about her, and does not display judgment when she shares how she is feeling. Sara further explained that mental health therapy has enabled her to "get a more accurate direction for [her] life."

Sara also shared she engages in a variety of self-care practices, including warm baths, dancing, stretching, and other activities. She explained these self-care practices help get her out of her mind as well as process the stress and anxiety she experiences.

Beyond mental health therapy and various self-care activities, Sara highlighted that she has a "good support system" that includes quality friends. Notably, she described her institution as relatively supportive of mental health. Sara went on to explain that while her institution

regularly sends emails about the availability of the counseling center, she often speaks with classmates who "think you have to be pretty, pretty bad to actually go to therapy." As a result of this misconception, Sara said people often tell her, "I'm so sorry" when she self-discloses that she is in mental health therapy. Sara rationalized that much of the stigma she experiences is a result of living in a state that is "conservative overall" with "a lot of stigma."

Despite the stigma Sara described during our interview, she regularly shared her mental health conditions online. She also highlighted that she liked sharing about mental health because it brought out "challenging conversations" and positive reactions as well as taught those around her that "it's not bad to go to therapy." Furthermore, Sara believes that sharing about mental health helped both herself and other people move beyond the "tendency to be perfect" and always "have it together."

When not studying, Sara shared that she enjoys dancing and listening to music. She also likes traveling and talking about mental health.

Findings

A majority of the research study participants shared that their experiences with mental health storytelling was a gradual process that evolved over time. The student participants often began by disclosing their mental health to a single trusted individual—either a family member, professor, or academic advisor—before disclosing it more broadly. The outcome of this single incident self-disclosure experience would often influence how the research study participant approached self-disclosure, mental health storytelling, and help-seeking attitudes moving forward.

Self-Stigma

All five research study participants shared they experienced at least one instance of stigma as a result of disclosing their mental health conditions. For example, as Sara shared:

> Oh, yeah, for sure [I experience stigma], especially in this state. [Our state] is conservative overall. It is definitely not California or Florida where things have been pushed more forward. Legislature doesn't help statewide. There is a lot of stigma.

Sara also shared, "People say, 'I'm so sorry' when they hear I am in therapy." In other words, Sara experienced a form of public stigma when shaming when attempting to self-disclose her mental health condition to those around her. Megyn and Amy both shared similar sentiments when asked about the biggest barrier they face when it comes to their mental health, highlighting the prevalence of self-stigma among the research study participants.

First, Megyn shared,

> Stigma [is the biggest barrier I face when it comes to my mental health]. I am a very open person. I can talk about it [mental health] and I don't care who knows I have anxiety and depression... The biggest thing is the stigma in my family.

While Megyn demonstrated a good handle on self-stigma, she still faced public stigma from her family.

Second, Amy shared, "In past relationships with boyfriends I have [faced stigma]…" However, Amy shared that their advisor, mother, and college friends were more accepting. Amy also noted, "I have talked to my advisor and not necessarily because I needed help because I feel like I am at a decent state. My advisor is really cool, I would trust her with anything." Therefore, the public stigma Amy faced was dependent on the person and her relationship with them.

Jane shared that most of the stigma she faced was internal. In other words, the stigma she faced was self-stigma. Jane explained,

> In terms of anorexia, it seemed like something I was ashamed to have because I felt, as someone who was in [major redacted], I couldn't really be sick and want to help people. I think there was a lot of expectation to handle things on my own. So, in my family, people don't really talk about mental health. Even me saying I needed treatment or to graduate early or get kicked out... That was a big conversation as my family doesn't talk about feelings.

While all five of the research study participants disclosed at least one experience with stigma as a result of disclosing their mental health conditions, many of the research study participants also disclosed positive responses to their self-disclosure. Megyn shared,

> I think it's great [sharing about my mental health conditions]. It's liberating, though I never felt like it was a secret to hide. I never felt like I had to hide I had depression or anxiety or get help.

To put it another way, Megyn has not faced self-stigma in her mental health journey.

Amy noted that she also found it helpful to share about her mental health with other individuals,

> In college, I have [talked] a lot [about my mental health]. I realized, wow, this is more common than I thought!. … I realized it is common and a lot of my friends had similar challenges... It kind of just comes up, 'Are you depressed? Are you on meds?' It is a really common question nowadays.

Amy expressed gratitude for not experiencing self-stigma or public stigma as a result of conversations about mental health becoming normalized. The research study participants'

experiences with self-stigma and public stigma often influenced if and how they approached mental health storytelling.

Mental Health Storytelling

While all the research participants disclosed their mental health condition(s) to at least one individual, their experiences varied widely. Esther noted,

> I recently talked to a friend about anxiety and she opened up that she had anxiety, too. I also found out another friend of mine is also in therapy [laughs] and that was good to hear. She said she was in therapy for years and hadn't told anyone and it was good to hear... We share more similarities with other people than we think... I need to remind myself that talking to other people can give them that spark in their mind that this person is more like me than I thought, and we do share some struggles and we do share some similarities.

Esther's encouraging experiences with mental health storytelling helped reduce both self-stigma and create a stronger bond with her friend. When asked if she disclosed her mental health conditions to her professors and advisors, Megyn shared,

> Oh yeah, I throw it [my mental health conditions] out there. I talk to my boss about it [too]. I am so open about it… If I am struggling, I say so… They are so encouraging, which has been amazing... Even in grad school, I get extensions on stuff... I said I was really struggling and needed an extra week or two. They were really understanding. The focus is to take care of yourself. Even with work, being busy, last week was a crazy week, I asked my boss to go into overtime, and she said to make sure I'm not working too hard and taking time for myself.

Megyn's positive experiences with mental health storytelling enabled her to succeed in her career and in graduate school.

Several research study participants highlighted how they also disclosed their mental health conditions on social media. Esther, for example, noted,

> I didn't say I am in therapy [on social media] but have said I am struggling with my mental health back in January [2021]. It was around the time I started therapy... I didn't say I was in therapy but said I am working on the sudden changes I am feeling and what is going on... There is something about talking about it on social media that you don't want to talk about it. I had a lot of hesitation because you are comparing yourself to someone's highlight reel. I feel like social media is only talking about the good and I am challenging myself to not only talk about the good but also share some of the bad and it is definitely a work in progress.

Without disclosing the mental health services she was utilizing, Esther harnessed social media to begin speaking out about her mental health. Megyn shared the following about her experience disclosing her mental health conditions on social media:

> A couple [of] years back when I graduated from undergrad and was dealing with the anxiety, I wrote a [social media] post. It was a picture of me. It was a post, 'I am, my name, and I struggle with this, but this doesn't define me. I am brave, I am strong,' and I listed all of these characteristics of who I am and how I have this, but I am not this, and really differentiating this.

Similar to Esther, Megyn harnessed social media to begin speaking about her mental health. Both participants shared the process was therapeutic and helpful for their mental health recovery. The

reactions the research study participants received as a result of self-disclosure often influenced how they approached help-seeking attitudes for mental health services.

Help-Seeking Attitudes

When asked what was most helpful for their mental health, several of the respondents shared that mental health therapy was critical for their mental health. Sara shared the following about her experience with mental health therapy:

> I go to therapy through school… It has been helpful… Sometimes it is hard to find a therapist you can be a good fit with. I was lucky. I love my therapist… Therapy is the most important thing [for my mental health]… I feel like they care about me. They are genuine… They are not putting on a professional facade. I feel like they don't judge me either.

Mental health therapy has been critical to Sara's mental health recovery.

Esther shared that attending university provided an opportunity for her to seek out mental health services that she would not have otherwise sought. Esther disclosed the following:

> I didn't start therapy until actually going into grad school [at my university]. Because I am also in the [program redacted] program, they encourage personal therapy for yourself if you're going to become a future counselor. That has helped me organize my thoughts and talk about [them] aloud to someone else. There is something about expressing your problems aloud to someone else that is helpful...

Similar to Sara, mental health therapy has played an important role in Esther's mental health journey. Esther also shared the impact her university's mental health services have had on her mental health

> I am glad there is a free resource for therapy [at my university]. I feel like that is so important. I don't know what I would be doing or where I would be without therapy. I know it has only been a few months, but it has helped me organize my thoughts. I am thankful for that therapy program.

Not all the research study participants had positive experiences when attempting to seek help for their mental health conditions. Jane, for example, shared how her experience with on-campus mental health service left her with a therapist who was "horrible":

> I got kicked out of the counseling center [at my undergraduate university] since I was too high risk to be a client there. I attempted it [on-campus mental health service] and they said they did not have the clinical experience or support to have me as a client. They gave me a few options but a lot of them said they did not have experience with eating disorders, but you can be the first, but I don't want to be the first… The therapist I did end up finding was horrible.

Jane also shared how she felt her large undergraduate university, which was not the institution where this study took place, made her feel. She said it was "like it was a numbers things" and "if they lost one student [Jane dropped out due to her mental health conditions] they would save money on potential lawsuits." Jane further disclosed,

> I think if I was at a smaller university they may have cared more about me. This was when the [Larry] Nassar case was going on and the university was really concerned about survivors of sexual assault. They said sexual assault was their focus, but nothing changed. I feel like a lot of what they did with mental health was performative.

Additionally, when Jane later attempted to access disability services at her university for her mental health conditions, she was met with significant barriers and a lengthy paperwork process:

> I am working to get [disability services] for the next year [2021-2022 academic year]. It has been a little bit of a rocky road. The amount of documentation they [Disability Services] need is a little overwhelming and [it is] difficult to coordinate care between my psychiatrist and my therapist. My therapist is looking at alternative diagnoses and [it is] difficult to coordinate mental health professionals.

To summarize, Jane repeatedly faced barriers to entry and administrative roadblocks when she attempted to seek out and utilize mental health services while attending university.

Personal Identity

While the primary research question and sub-questions focused on self-stigma, mental health storytelling, and help-seeking attitudes among college students, personal identity also emerged as a common theme during the interviews with the research study participants. Personal identity impacted how several of the research study participants experienced self-stigma and their mental health experiences on college campuses. Esther noted:

> I am Native American, and my culture has been closed off to therapy because immediately when therapy is expressed or pointed out, people ask, 'What is wrong with you?' I shared I am going to therapy with a coworker of mine, and she immediately said, 'What is wrong with you? You're young, you're healthy, you don't have a lot of problems, you don't have a boyfriend.' That was like, 'Oh wow, ouch.' ... That pointed out to me that if someone were to say they're in therapy, I know what not to say to them…

Esther's lived experiences as a Native American impacted how she navigated self-disclosure and mental health storytelling. Megyn highlighted the role of conservatism in her mental health journey and shared that "One time my dad told me I just need to choose to be happy and said

something about the devil. I love my parents, don't get me wrong, but stuff like that is discouraging." Megyn also shared how the public stigma she faced from her parents often kept her from more openly sharing her experiences with mental health. The impact of sexual orientation emerged when speaking with Jane and she shared that, "…being queer, people equate you are mentally ill because you are queer." In addition to facing public stigma as someone living with a mental health condition, she also experienced public stigma in relation to her queer identity, which she explained was an important aspect of her personal identity.

Depersonalization

A final theme that emerged was regarding the language participants used in describing their mental health and help-seeking attitudes. To begin, several of the research study participants shared about their mental health conditions in the past tense despite self-disclosing they currently experienced symptoms of one or more mental health conditions. Esther, for instance, described how she "**talked** to her therapist" [emphasis added], despite still being in therapy at the time of our conversation. In other words, the research study participants, at times, spoke in the past tense when describing their mental health conditions, as if they occurred to them in the past and were now in recovery, although they still actively experienced symptoms of their mental health conditions.

Esther also regularly referred to herself in the second person. She used the word "you" more than a dozen times during our interview when referring to herself. When talking about mental health therapy, which Esther was currently attending at the time of our interview, she noted, "There is something about expressing **your** problems aloud to someone else that is helpful…" [emphasis added].

Esther was not the only research participant that used depersonalization. Sara, for instance, explained that it can "sometimes be hard to find a therapist **you** can be a good fit with" [emphasis added] when describing the process of finding a mental health therapist. She further explained that she enjoyed "taking warm baths, dancing, strengths, something related to **your** body so **you** are more in contact with the present, not all of the anxiety and stress **you** have in **your** mind" [emphases added], when describing the activities she found were most helpful for her mental health.

Jane also used similar language, both when self-disclosing and referencing her mental health conditions and her sexual orientation. When asked about her experiences with mental health therapy at her undergraduate institution, Megyn spoke in the second person and shared, "Especially being queer, people equate **you** are mentally ill because **you** are queer" [emphasis added], although she was talking about her first-person experiences. The student participants' repeated use of both the past tense and the second person when talking about their current, first-person experiences with mental health and mental health therapy may indicate that students feel safer when distancing or depersonalizing themselves from their conditions as well as their treatments.

Summary of Findings

I observed five key findings related to and stemming from the research question posed in this investigation: ***How does self-stigma influence students' mental health experiences on college campuses?*** First, self-stigma was a reoccurring theme among the research study participants. The research study participants shared that self-stigma varied depending on if, how, and with whom they shared their mental health conditions.

Second, self-acceptance impacted if and how they shared their stories. The research study participants had unique and divergent positions when it came to sharing their mental health conditions on-campus, off-campus, and on social media. In most instances, the research study participants expressed that their mental health storytelling was met with acceptance, and at times, semblance.

Third, many of the research study participants found solace in participating in mental health therapy. Most of the research study participants also expressed benefiting from the mental health therapy they attended both on- and off-campus.

Fourth, personal identity frequently influenced the mental health experiences of research study participants. Race, culture, and sexual orientation impacted research study participants' mental health experiences on-campus and within their individual communities.

Finally, several of the research study participants distanced themselves from their mental health conditions and subsequent treatment. This may indicate that it is safer for college students to discuss mental health conditions when they depersonalized their diagnoses as well as the treatment processes.

ARTIFACT 3

IMPLEMENTATION OF SOLUTION

Share your story: a program to support mental health storytelling on college campuses

College student mental health is a growing concern facing university administrators and student affairs more broadly (Rubley, 2017). Many students are willing to seek treatment for their mental health and mental health conditions when adequate support services and resources are made available to them. Additionally, student utilization of mental health services on college campuses is rapidly increasing. Many college students never seek treatment for their mental health because of self-stigma. Programs such as HOP—C provide students living with mental health conditions an opportunity to navigate the process of coming out in a group peer setting (Rüsch et al., 2014).

In this chapter I outline the conceptualization, development, and implementation plans for a program I call Share Your Story (SYS). The primary purpose of SYS is to reduce the self-stigma experienced by college students living with mental health conditions.

In addition to building upon my conceptual framework and approach—mental health storytelling on college campuses—this program will be informed by my research findings: (1) self-stigma was a reoccurring theme among the study participants and varied based on context, (2) self-acceptance impacted if, how, and when the research participants shared their mental health stories, (3) the research study participants found solace during their participation in mental health therapy, (4) personal identity often impacted the mental health experiences of the research

participants, and (5) the research study participants regularly referred to their mental health conditions in the past tense.

Setting the Stage

The research study took place at a mid-sized public research institution in the Midwestern United States. The institutional context for SYS mirrors the research location.

Institutional Context

The institutional context for this program is a public research university located in the Midwestern United States. The university is accredited by the Higher Learning Commission (HLC). Additionally, the institution is a member of a larger university system. The university's Carnegie Classification is RU H (Research Universities – High Activity). The university awards bachelor, master, professional, and doctoral degrees in addition to specialist diplomas.

The university's most recent strategic plan highlights several main goals that the university wishes to accomplish by the end of 2022. Several of these goals, including enrollment, graduate rates, and inclusivity, are relevant to this dissertation in practice, as there are deep connections between student mental health, enrollment trends, and graduation rates. Additionally, this program aims to foster an increased sense of inclusivity for students living with mental health conditions.

Organizational Structure

The university has undergone significant changes in senior leadership in recent years. In 2020, a new president joined the university. In 2021, the university appointed several new senior administrators across both academic affairs and student affairs, including a new interim vice president for student affairs. The university's counseling center is currently housed under this

new interim vice president for students. In the same year, the university appointed a special assistant to the president for diversity and inclusion.

Student Profile

The academic year 2020-2021 enrollment at this Midwestern university included about 15,000 undergraduate, graduate, law, and medical students. There was a nearly even split of men and women. Most of the students identify as White/Non-Hispanic American and between the ages of 18-24.

While the university has a housing and residence life program, most students do not live on university property. Almost 80% of students live off-campus; 15% live in residence halls, family housing, or single-student apartments; and, approximately 5% of students live in Greek housing (fraternities and sororities).

Target Audience

The target population for the SYS program will mirror the research study as follows: 1) Adult-aged (>18 years old) students who self-identify as living with one or more mental health conditions, and 2) students are not required to have a formal mental health diagnosis to participate in the program. This is unique from programs like Active Minds, for example, where only approximately 50% of participants in Active Mind Chapters self-identify as living with a mental health condition (Walther et al., 2014). Similarly, HOP does not require participants to have received a mental health diagnosis or mental health treatment (Rüsch & Kosthers, 2021).

Exclusionary criteria include non-students, children (<18 years old), and people who did not self-describe as someone living with a mental health condition. Akin to my research study, program participation will remain voluntary and opt-in. Furthermore, participants can take a break or opt-out entirely of the program at any time.

While future programs may include multiple cohorts, year one of this program will consist of a single cohort with up to eight students. This is based on the recommendation of Rüsch and Kösters (2021) that similar groups are composed of four to eight participants and include individuals with some experience with both mental health conditions as well as the navigating self-disclosure. The target audience for this program is university students who self-identify as living with one or more mental health conditions. Akin to HOP, participants do not need a formal mental health diagnosis or to be receiving mental health treatment to participate in the program (Rüsch & Kösters, 2021). However, students do need to identify as living with one or more mental health conditions. Additionally, while all research participants identified as female for the study that I completed, the goal for program enrollment is to mirror the university's student body as closely as possible within the areas of gender, sexual orientation, race, ethnicity, and age.

Conceptual Framework

HOP and HOP—C serve as the conceptual framework for this program plan. As described in Artifact 1, HOP is a peer-led, three-week program that provides individuals the opportunity to weigh the benefits and costs of disclosing their mental health conditions, explore various strategies for self-disclosure, and receive support from peers throughout the process (Rüsch et al., 2014). HOP also provides participants an opportunity to learn multiple new methods to approach mental health self-disclosure (Corrigan et al., 2015) The focus of HOP is on addressing self-stigma and promoting empowerment and recovery (Corrigan, Kosyluk, & Rüsch, 2013).

Significantly, HOP is derived from a group intervention conducted by Morrow (1996). Morrow's intervention was used to support people who identify as lesbian in coming out. The

10-session program enabled participants to weigh the benefits and costs of living openly, communication skills related to homophobia, assertiveness training on sexism, and potential workplace issues (Corrigan et al., 2013). The nonexperimental study revealed greater disclosure rates among intervention participants, coupled with increased personal empowerment among those who disclosed (Corrigan et al., 2013).

HOP provides a structured, facilitated, peer community focused on navigating how an individual living with a mental health condition might address self-stigma (Corrigan et al., 2013). A randomized trial of 100 people living with mental health conditions found that those who participated in HOP experienced a significant decrease in stigma-related stress, self-stigma harm, disclosure-related distress, stereotypes of oneself, and secrecy (Corrigan et al., 2015). Additionally, these HOP participants also experienced increased benefits from disclosing their mental health conditions (Corrigan et al., 2015).

Limited research exists on the impact of HOP on college campuses. Subsequently, I will use my research findings to build upon HOP and address the unique needs of college students living with one or more mental health conditions.

Program Design

Share Your Story (SYS) is a practitioner-based, hands-on tool that builds upon my conceptual framework and addresses the problem of practice. The following section provides an overview of the program description, goals and outcomes, curriculum, length, schedule, and assessment plan.

Program Description Summary

SYS is an academic year program designed to support college students living with mental health conditions in navigating the process of coming out and sharing their mental health stories.

SYS will draw from and build upon several peer-reviewed mental health social networks, mental health storytelling, peer educator, and related programs and practices. These programs and practices include Active Minds (Sontag-Padilla et al., 2018; Walther et al., 2014), HOP (Conley et al., 2020; Hundert et al., 2022; Rüsch & Kösters, 2021; Mulfinger et al., 2018; Scior et al., 2020), HOP—C (Conley et al., 2020), the In Our Own Voice (IOOV) program (Wong et al., 2016), and the Anti-Stigma Photovoice program (Yanos et al., 2015).

Program Goals and Outcomes

Building upon my dissertation research and drawing from results of HOP, HOP—C, and similarly situated programs, SYS's goals and anticipated outcomes are as follows (Conley et al., 2020; Hundert et al., 2022; Scior et al., 2020; Sontag-Padilla et al., 2018):

- Goal 1: Reduction in self-stigma
    - Outcome 1.1: Increased awareness of mental health stigma
    - Outcome 1.2: Increased knowledge of mental health storytelling as an anti-stigma method
- Goal 2: Increased participation in mental health services
    - Outcome 2.1: Strengthened skills in mental health storytelling
    - Outcome 2.2.: Students incorporate mental health storytelling into their lives
- Goal 3: Improved mental health
    - Outcome 3.1: New relationships with peers living with mental health conditions

Table 2 reveals the logic model for SYS. This logic model includes relevant inputs (resources), activities, outcomes (short-term and immediate), and impacts.

Table 2.

Share Your Story Logic Model.

Resources	Activities	Outputs	Short-Term Outcomes	Intermediate Outcomes	Impact
1 University Counseling Center staff member to recruit, manage, and train student volunteers 2 student group facilitators Up to 8 students program participants *Honest, Open, Proud, for Program Facilitators and Participants Manual* *Honest, Open, Proud, for Program Facilitators and Participants Workbook* $840 program budget	Student mental health support group Student mental health training sessions	1 2-day training for group facilitators 3 weekly 2-hour lessons for program participants 6 monthly 'booster' sessions Up to 8 college students trained on mental health storytelling best practices Students are satisfied with mental training sessions and support services offered by SYS Messages delivered	Increased awareness of mental health stigma Increased knowledge of mental health storytelling as an anti-stigma method New relationships with peers living with mental health conditions	Strengthened skills in mental health storytelling Students incorporate mental health storytelling into their lives	Reduction in self-stigma Increased participation in mental health services Improved mental health

Eventbrite for ticketing and event management Zoom to facilitate virtual meetings Social media platforms (Facebook, Instagram, TikTok, Twitter, LinkedIn, Snapchat) University partner to facilitate student academic credits					

Program Curriculum

HOP and HOP—C will serve as the foundation for the SYS program (Al-Khouja et al., 2017; Mulfinger et al., 2018; Rüsch & Kösters, 2021; Yanos et al., 2015). Based on the main findings presented in Artifact 2, the primary foci of the first three SYS sessions will be as follows.

- SYS Session One: Participants review how central their mental health conditions are to their identities, including the role of their culture and background, the reasons to disclose their mental health conditions, and the benefits and costs of self-disclosing.

Participants make an initial decision as to whether they wish to self-disclose in a particular setting.

- SYS Session Two: Participants learn about the continuum of disclosure, including the five levels of disclosure, and get ready for the process of self-disclosure.
- SYS Session Three: Participants learn how to effectively share their mental health stories in different contexts, including on social media, how to overcome mental health stigma, and how to discover support in coming out.

The initial three, two-hour SYS sessions are followed by a fourth booster lesson (Al-Khouja et al., 2017; Rüsch & Kösters, 2021). In this SYS booster session, participants reflect on their attitudes toward mental health disclosure from session three, then describe their experiences with mental health self-disclosure since the session (Rüsch & Kösters, 2021).

SYS curriculum is unique from other programs. Based on the findings presented in Artifact 2, SYS will offer a deeper focus on mental health storytelling to decrease mental health stigma among college students (see Appendix A for detailed lesson plans for the three primary sessions). Additionally, the SYS program curriculum is designed in direct response to the findings from Artifact 2. To further clarify, HOP and HOP—C program curriculum focuses more broadly on weighing the benefits and costs of disclosure (Conley et al., 2020). Conversely, SYS will provide participants the opportunity to reflect on their cultures and backgrounds as well as harness the power of social media in self-disclosing.

SYS will incorporate the photovoice methodology, including capturing photos and recording personal narratives, from the Anti-Stigma Photovoice program developed by Russinova and colleagues to counteract mental health stigma (Yanos et al., 2015). Additionally, SYS will leverage Narrative Enhancement and Cognitive Therapy (NECT) as a framework for

teaching participants how to successfully craft, communicate, and reflect on their mental health stories as well as provide constructive feedback on other participants' stories (Yanos et al., 2015). Finally, SYS will draw from the In Our Own Voice (IOOV) program by empowering and training participants on effectively sharing their mental health stories to increase awareness of mental health stigma (Wong et al., 2016).

Program Length

Similarly situated program models and practices vary in program length. Building upon HOP and HOP—C, SYS will begin with a two-day workshop to train program facilitators (Rüsch & Kösters, 2021; Conley et al., 2020). This will be followed by three weekly workshop sessions, modeled after HOP and HOP—C, to train program participants on the program materials (Conley et al., 2020; Rüsch & Kösters, 2021) (See Table 3).

SYS will not end after these three weekly workshop sessions. Instead, based on the recommendation of Conley et al. (2020), Hunder et al. (2022), Scior et al. (2020), and Rüsch and Kösters (2020), SYS will use additional booster sessions to further sustain the reduction of stigma stress. Subsequently, after completing their initial three weekly workshop sessions, SYS participants will meet monthly for the remainder of the academic year for "booster" sessions, for a total of six monthly booster sessions.

Table 3.

Share Your Story Program Implementation Schedule and Program Assessment Timeline.

	Aug. 2022	**Sept. 2022**	**Oct. 2022**	**Nov. 2022 through April 2023**	**May 2023**
PROGRAM IMPLEMENTATION TIMELINE					
Group Facilitator Recruitment	**X**				

Group Facilitator Training		**X**			
Program Participant Recruitment	**X**	**X**			
Weekly Program Participant Lessons (3 Total)			**X**		
Monthly Booster Sessions (6 Total)				**X**	
PROGRAM ASSESSMENT TIMELINE					
Pre-Intervention Assessment			**X**		
Post-Intervention Assessment				**X**	
Post-Booster Assessment					**X**

Sample Schedule

The academic year for this institution typically begins in mid- to late-August (Fall semester) and commences in mid-May (Spring semester). With this institution's academic calendar in mind, the following is a sample schedule of how a first-year SYS program would run:

- August 2022: Recruit group facilitators
- September 2022: Train group facilitators
- August 2022 through September 2022: Recruit program participants
- October 2022: Facilitation of weekly program participant lessons (three sessions total)
- November 2022 through April 2023: Facilitation of monthly booster sessions (six sessions total)

Assessment Plan

The updated, 20-question Self-Stigma of Mental Illness Scale—Short-Form (SSMIS—SF) will be used to assess self-stigma among SYS program participants. The original, 40-

question Self-Stigma of Mental Illness Scale (SSMIS) has been previously used in evaluating the influence of both HOP and Honest, Open, Proud—College (HOP—C) (Rüsch et al., 2014; Hundert et al., 2022). In past studies, the immediate and short-term impacts of HOP—C on stigma and stigma-related stress were measured using the SSMIS (Conley et al., 2020; Rüsch & Kösters, 2021).

Yet, the long-term impact and effects of HOP are unknown as no assessments currently exist in the long term (Conley et al., 2020; Rüsch & Kösters, 2021). Rüsch and Kösters (2021) also explain that there are no follow-up data beyond 30 days after the completion of the HOP intervention. Therefore, the long-term impacts of HOP are unclear. Subsequently, the long-term effects of SYS must be assessed.

The long-term impact of SYS on stigma and stigma-related stress will be measured using the 20-item Self-Stigma Scale (Conley et al., 2020; Rüsch & Kösters, 2021). Data will be collected using the university's Qualtrics survey data collection tool.

Assessment of SYS will take place (1) before the initial three program sessions, (2) after the initial three program sessions, and (3) after the completion of the six booster sessions. The following is a sample assessment plan for a first-year SYS program at an institution:

- October 2022: Pre-intervention assessment (0 lessons completed at the time of the assessment)
- November 2022: Post-intervention assessment (3 lessons completed at the time of the assessment)
- May 2023: Post-booster assessment (9 lessons completed at the time of the assessment)

Program Materials

As the conceptual framework for this investigation includes HOP, SYS will leverage components of the *Honest Open, Proud Manual for Program Facilitators and Participants* developed by Al-Khouja et al. (2017a). SYS will also leverage components of the companion *Honest Open, Proud Workbook for Program Facilitators and Participants* developed by Khouja et al. (2017b).

Resources

Minimal resources are needed to implement SYS. In the following section I provide an overview of personnel, budgetary, training, and equipment needs for SYS. The section concludes with a description of how student privacy will be protected throughout the program.

Personnel

SYS will be managed professionally by a full-time employee already staffed by this institution's University Counseling Center, which is housed within the Division of Student Affairs. This employee will need to be skilled in volunteer recruitment, engagement, and management; program training development and facilitation; and diversity, equity, inclusion, and belonging best practices. This employee will be responsible for recruiting two student group facilitators that will participate in a two-day training to prepare them to lead and facilitate the SYS program. This employee will also be responsible for indirectly managing the eight student program participants, which includes attending all program sessions as well as serving as a liaison between the student group facilitators and university personnel.

Budget

The budgetary needs for SYS will be minimal, particularly in the first year of the program. Mulfinger et al. (2018) found that the average cost for delivering HOP was €154, or

approximately $168, per program participant which included training both professionals and peers, the delivery of HOP, material and printing costs, and the venue (Mulfinger et al., 2018). This figure decreased to a mere €70, or approximately $76, per program participant when training and set-up costs were excluded (Mulfinger et al., 2018). Similar mental health programs, such as Active Minds, have been successful in operating chapters with more than 90 members with little to no budget in place (Walther et al., 2018). With this in mind, the proposed budget for the first year of SYS is $840 (see Appendix B for a proposed program budget).

Training

According to my development of SYS, the training will take place in two waves. Akin to HOP and HOP—C, two group facilitators will be trained on mental health and program facilitation best practices as well as the program curriculum (initial three sessions and six booster sessions). These group facilitators will then guide the remaining program participants through the entire program curriculum. Requirements for becoming an SYS group facilitator include: (1) having completed at least one year of higher education, (2) living with one or more mental health conditions, (3) experience with self-disclosing a mental health condition(s), and (4) being comfortable speaking in front of a small group.

Equipment

In my development of the equipment needs for SYS, I anticipate that they will be minimal, particularly in the age of digital community engagement during the global COVID-19 pandemic. SYS group facilitators and program participants will need access to a computer, reliable internet connection, email, and Zoom teleconferencing software. SYS program participants may optionally choose to use a social media platform such as Facebook, Instagram, TikTok, Twitter, LinkedIn, or Snapchat to share their mental health stories.

Recruitment

As described in Artifact 2, sharing my research study email and flyer with staff and administrators across the institution's counseling, housing, wellness, and student diversity departments did not yield any research participants. However, once I broadened my target audience to include university faculty and staff from a variety of disciplines in education, medicine, and health sciences, I was able to successfully overrecruit participants for my research study.

Subsequently, the primary recruitment method for SYS will be through the distribution of marketing emails and flyers to university faculty and staff across the disciplines of education, medicine, and health sciences (see Appendix C for a draft recruitment email and Appendix D for a draft recruitment flyer). Drawing from research on why students choose to participate in Active Minds, program recruitment marketing will highlight the opportunity to support their mental health, participate in mental health advocacy, and gain new skills related to their careers and interests (Walther et al., 2014). Furthermore, students will be invited, yet not pressured, to invite friends to join the SYS program, as friends are the most common source of help for students living with mental health conditions (Walther et al., 2014).

Importantly, participation in SYS will be entirely virtual, which may limit some of the barriers administrators of HOP face when trying to recruit face-to-face participants into the program (Conley et al., 2020). Beyond forming a mental health community with peers with similar lived experiences, as well as building their resumes and LinkedIn profiles, student participants in future cohorts beyond year one will be further incentivized to participate by receiving paid compensation for their participation in SYS.

Student Privacy

Given the sensitive nature of the program, student privacy is an important consideration for SYS participants. While anonymity would contradict the purpose of SYS, program participation will remain voluntary and opt-in. Additionally, student facilitators and program participants will be educated on confidentiality and required to sign a confidentiality agreement before participating in SYS (see Appendix E for a draft confidentiality agreement).

Program Evaluation

SYS will be evaluated both while the program is being delivered (formative evaluation) and after the program has been completed (summative evaluation). While the program is being facilitated, preliminary results of the Self-Stigma Scale will be reviewed by the University Counseling Center employee with the student program facilitators to improve the program. Additionally, student experience surveys will be disseminated both during and after the program to garner student feedback on program logistics, curriculum, design, delivery, and overall participant experience (see Appendix F for a draft student experience survey).

After the program has been completed, aggregate results of the Self-Stigma Scale will be shared with senior leadership within Student Affairs to encourage program continuation and expansion. The student experience surveys will also be reviewed and synthesized in order to evolve and optimize the program logistics, curriculum, design, delivery, and overall participant experience.

Next Steps

Upon completion of this Dissertation in Practice research, I hope to implement this program at university campuses across the United States. Funding opportunities may include organizations such as Active Minds, The Jed Foundation, The Stability Network, and The Trevor

Project. Marketing channels will include my website (CaffeinatedKyle.com), email newsletter, social media channels (LinkedIn, Facebook, Twitter, and Instagram), podcast interviews, and speaking engagements. I hope to grow and evolve the SYS program and curriculum after the initial cohort provides feedback on their experience.

Summary

SYS draws upon my conceptual framework. It builds upon pre-existing mental health programs such as HOP, HOP—C, and Active Minds; and honors the research participants' stories. SYS is an academic year-long program designed to support college students living with mental health conditions in navigating the process of coming out in addition to sharing their mental health stories. After attending three, two-hour-long learning sessions facilitated by two student group facilitators, up to eight students meet for monthly booster sessions. The program curriculum is unique from other programs, such as HOP and HOP—C, as there is a deeper focus on mental health storytelling. Furthermore, this program extends the traditional number of optional booster sessions beyond what has previously been studied.

While the primary purpose of SYS is to reduce the self-stigma experienced by college students living with mental health conditions, my hope is the program will also increase college students' participation in mental health services and ultimately improve college student mental health. Expected short-term outcomes of the program include increased awareness of mental health stigma, increased knowledge of mental health storytelling as an anti-stigma method, and new relationships with peers living with mental health conditions. Expected intermediate outcomes of the program include strengthened skills in mental health storytelling and student participants incorporating mental health storytelling into their lives.

Assessment and evaluation plans are in place for SYS. The Self-Stigma Scale will be used to assess self-stigma among program participants. Assessments will be completed at multiple stages: pre-intervention, post-intervention, and post-booster sessions. These assessment results will then be used to evaluate the programs' effectiveness in reducing self-stigma during program participation as well as after the program has commenced.

CONCLUSION

The purpose of this research study was to understand how self-stigma influences the mental health experiences of college students. Building upon narrative inquiry, HOP, and my own lived experiences with mental health conditions, I sought to answer the research question: ***How does self-stigma influence students' mental health experiences on college campuses?***

While interviewing five students at a mid-sized public research institution in the Midwestern United States, I observed five primary findings that speak to the mental health experiences of today's college students. First, self-stigma repeatedly arose as a theme among the students, with the degree of self-stigma they experienced varied depending on if, how, and with whom they were self-disclosing. Second, the participants' level of self-acceptance influenced if and how they told their stories. Third, mental health therapy was a positive benefit for many several of the research participants. Fourth, personal identity often influenced the research student participants' mental health experience. Fifth, research study participants frequently referred to their mental health conditions in the past although they still experienced symptoms of their mental health conditions, highlighting how it may be easier to discuss mental health conditions when they believe they are living in recovery.

Using these research findings, I developed a program plan to support college students living with mental health conditions. This academic year program will provide students living with mental health conditions with an opportunity to navigate the process of coming out and sharing their mental health stories in a peer setting. After completing three initial, two-hour sessions, students attend monthly booster sessions to sustain the expected reduction in self-

stigma as well as stay connected with and receive support from their peer cohort. The long-term impact of the program will be assessed using the 20-item Self-Stigma Scale.

Research Challenges

Initially, one of the greatest challenges associated with this research project was recruiting participants. As a requirement for contributing to the research study, participants were required to be currently living with one or more mental health conditions. Subsequently, students who chose not to participate in the research study may have been experiencing self-stigma that prevented them from contributing their lived experiences and stories to the research in the first place.

An additional challenge associated with this research was the lack of peer-reviewed research on mental health storytelling programs specifically targeted toward college students. While HOP influenced the development of SYS, limited research exists on the impact of HOP, and no research currently exists on the long-term impacts of HOP.

Reflection

As outlined in my problem of practice, mental health is a growing concern on U.S. college campuses. And, when adequate resources are available, many students seek out and utilize campus resources to address their mental health conditions. Yet, self-stigma prevents many students from receiving the mental health treatment they need and deserve. Universities play a unique role in supporting their students in both addressing self-stigma and accessing mental health support services.

While my research project appropriately addressed the aforementioned problem of practice, I also left the door open for future research. To begin, I collected, analyzed, and presented relevant research on the problem of practice. Then, I used narrative inquiry and

motivational interviewing best practices to speak with five college students living with one or more mental health conditions, then nimbly shared and synthesized their mental health experiences and stories. Finally, I offered an innovative program plan to support students in navigating the process of living with a mental health condition and navigating the process of coming out and sharing their mental stories. Nonetheless, there are still opportunities for further research.

Future Research

There are several opportunities for additional research. Notably, all five of the research study participants self-identified as female. Subsequently, future research may attempt to recruit participants who self-identify as male in addition to participants who self-identify as transgender and non-binary. Building upon this, future research may also consider the impact of identity—including race, gender, and sexual orientation—on mental health self-stigma, the mental health experiences of college students, and mental health storytelling among college students. Moreover, future research may wish to examine additional populations—including men, the LGBTQ+ community, and indigenous people—and the influence of self-stigma on their unique mental health experiences on college campuses.

The role of social media also arose in conversations with multiple research participants. As such, future research may consider the specific role of social media on the mental health experiences of college students. Future research may also consider looking into if, and how social media impacts mental health self-stigma among college students.

APPENDICES

Appendix A
SYS Detailed Lesson Plans

Session One

TOPIC	DESCRIPTION	LENGTH
Welcome & Session Goals	Welcome participants to the group and thank them for taking the time and making space to participate in Share Your Story (SYS). Cover the four primary session goals for Session One with the participants: • Review how central your mental health condition(s) are to your identities • Discuss common reasons to disclose your mental health condition(s). • Learn the benefits and costs of self-disclosing a mental health condition(s). • Make an initial decision as to whether you wish to self-disclose. Ensure all participants have signed the confidentiality agreement.	5 min.
Ground Rules	Empower the participants to mutually set community ground rules. Write these ground rules on a large Post-It(s) that can easily be referenced throughout the session. Common community ground rules include: • "Vegas Rule": What is said here, stays here. What is learned here, leaves here. • Step Up/Step Back: If you notice yourself sharing a lot, make space for others to participate. If you notice yourself not sharing, consider stepping up and talking more. • "Oops" and "Ouch": Use "oops" if you unintentionally hurt someone's feelings and "ouch" if your feelings were hurt by someone else in the group. • Comfort Zone + 1: Strive to step beyond your comfort zone.	5 min

Ricebreaker	Participants answer aloud: "How does your family/culture cook rice?" (Source: Dr. Amber Spry, Assistant Professor of African American Studies & Politics at Brandeis University) Afterward, ask participants why this specific icebreaker question was used with the group. 1. Connect through a common experience. 2. Practice sharing your story in response to a low-pressure question.	15 min.
Your Mental Health Condition & Your Identity	Participants answer on a piece of paper: "I am a _____." Then, ask participants to share their responses with the group. Afterward, guide participants in a conversation as to whether they identify as someone who lives with a mental health condition: • Did you write, "I am a person with a mental health condition" or something similar? Why or why not? • What role does your identity play in your self-disclosure? • What role do your background and culture play in your self-disclosure?	15 min.
Pros & Cons of Self-Disclosure – Part 1	Divide participants evenly into two groups: • Group A: "Pros of Self-Disclosure" • Group B: "Cons of Self-Disclosure. The groups will create a Teach-Back for the other group. Provide both groups with several large Post-Its to answer the following questions. Group A: • What are the benefits of self-disclosure? • Where do you feel most comfortable self-disclosing? • What questions do you have about self-disclosure? Group B:	20 min.

	• What are the cons of self-disclosure? • Where do you feel least comfortable self-disclosing? • What questions do you have about self-disclosure?	
Break		10 min.
Pros & Cons of Self-Disclosure – Part 2	Allow the groups to informally Teach-Back their Post-Its. Provide time for the groups to respond to each other's questions and engage in conversation about the pros and cons of self-disclosure.	20 min.
Future Journal Entry #1	Provide participants time to begin writing a future journal entry, dated eight months from now, written in the present tense. Encourage them to envision themselves having completed SYS and feeling confident in self-disclosing their mental health conditions. Provide participants with the following prompting questions. • Describe your experience in SYS. • What were your biggest learnings and 'aha' moments in SYS? • How do you feel about your mental health condition? • How do you feel about sharing your story? • In what situations do you feel most confident in self-disclosing? Then, provide participants time and the option to share their future journal entries with the group.	20 min.
Biggest Takeaway	Participants answer: "What was your one biggest takeaway from today?"	10 min.

Session Two

TOPIC	DESCRIPTION	LENGTH
Welcome & Session Goals	Welcome participants back to the group and thank them, again, for continuing to take the time and make the space to participate in Share Your Story (SYS).	5 min.

	Cover the three primary session goals for Session Two with the participants: • Learn the continuum of disclosure, including the five levels of disclosure • Discuss how to get ready for the process of self-disclosure. • Discuss common reasons to disclose your mental health condition(s). Remind participants of the mutually determined Ground Rules.	
Wins	Ask participants to share any wins since the last session. This may include time quality spent with family and friends, successful exams, etc.	5 min.
Continuum of Self-Disclosure – Part 1	Divide participants evenly into four groups: • Group A: Social Avoidance • Group B: Secrecy • Group C: Selective Disclosure • Group D: Indiscriminate Disclosure The groups will have 30 minutes to create a Teach-Back for the other groups. Provide all groups with several large Post-Its to answer the following questions. Group A: • How would you define "Social Avoidance" in your own words? • What are the benefits of "Social Avoidance"? • What are the costs of "Social Avoidance"? • What people may you avoid sharing your mental health condition(s) with? Group B: • How would you define "Secrecy" in your own words? • What are the benefits of "Secrecy"? • What are the costs of "Secrecy"?	20 min.

	• How can you keep your mental health condition(s) a secret from other people? Group C: • How would you define "Selective Disclosure" in your own words? • What are the benefits of "Selective Disclosure"? • What are the costs of "Selective Disclosure"? • What people may you self-disclosure your mental health condition(s) with? Group D: • How would you define "Indiscriminate Disclosure" in your own words? • What are the benefits of "Indiscriminate Disclosure"? • What are the costs of "Indiscriminate Disclosure"? • What are the signs you are ready to disclose your mental health condition(s)?	
Continuum of Self-Disclosure – Part 2	Allow the groups to informally Teach-Back their Post-Its. Provide time for the groups to respond to each other's questions and engage in conversation about the continuum of self-disclosure. Then, as a group, answer the following questions: • How would you define "Broadcast Your Experience" in your own words? • What are the benefits of "Broadcasting Your Experience"? • What are the costs of "Broadcasting Your Experience"? • How can you prepare for any anger or distancing that may occur as a result of disclosing your mental health condition(s)?	30 min.
Break		10 min.

Choosing Who To Disclose To	Provide participants time to begin writing out a list of people in their lives who they may disclose their mental health condition(s). Encourage them to envision themselves self-disclosing to people in the following three groups: • Functional Relationships • Supportive Relationships • Empathic Relationships Provide participants with the following prompting questions: • Who might you self-disclose your mental health condition(s) to? • How can you test if someone is a person you want to self-disclose your mental health condition(s) to? • What might you disclose? Then, provide participants time and the option to share their responses with the group.	20 min.
Reactions To Disclosure	Provide participants time to begin writing out a list of how the people they disclose their mental health condition(s) to may react. Provide participants with the following prompting questions: • What positive emotional and behavioral responses may you experience as a result of self-disclosure? • What negative emotional and behavioral responses may you experience as a result of self-disclosure? • How can you prepare for these possible responses to self-disclosure? Then, provide participants time and the option to share their responses with the group.	20 min.
Biggest Takeaway	Participants answer: "What was your <u>one</u> biggest takeaway from today?"	10 min.

Session Three

TOPIC	DESCRIPTION	LENGTH
Welcome & Session Goals	Welcome participants back to the group and thank them, again, for continuing to take the time and make the space to participate in Share Your Story (SYS). Cover the three primary session goals for Session Three with the participants: • Learn how to effectively share your mental health stories in different contexts. • Overcome mental health stigma. • Discover support in coming out. Remind participants of the mutually determined Ground Rules.	5 min.
Wins	Ask participants to share any wins since the last session. This may include time quality spent with family and friends, successful exams, etc.	5 min.
Sharing Your Story – Part 1	Guide participants in a conversation on the value of sharing their mental health stories. • What is the value of sharing your mental health story? • Where have you already shared your mental health story? • Where else might you want to share your mental health story? Why? • How might sharing your story impact any self-stigma you experience?	15 min.
Sharing Your Story – Part 2	Divide participants evenly into two groups: • Group A: Disclosing on Social Media • Group B: Disclosing Beyond Social Media The groups will have 20 minutes to create a Teach-Back for the other groups. Provide all groups with several large Post-Its to answer the following questions. Group A:	20 min.

	• How might you disclose your story on social media? • What are the benefits of disclosing your story on social media? • What are the costs of disclosing your story on social media? • What tips do you have for effectively disclosing your story on social media? Group B: • How might you disclose your story beyond social media? • What are the benefits of disclosing your story beyond social media? • What are the costs of disclosing your story beyond social media? • What tips do you have for effectively disclosing your story beyond social media?	
Break		10 min.
Sharing Your Story – Part 3	Allow the groups to informally Teach-Back their Post-Its. Provide time for the groups to respond to each other's questions and engage in conversation about sharing your story.	20 min.
Future Journal Entry #2	Provide participants time to begin writing a second future journal entry, dated seven months from now, written in the present tense. Encourage them to envision themselves having completed SYS and feeling confident in self-disclosing their mental health conditions. Provide participants with the following prompting questions: • How are you sharing your mental health story with others? • Where have you shared your mental health story? • How do you feel about your mental health condition? • How do you feel about sharing your story? • In what situations do you feel most confident in self-disclosing?	20 min.

Mental Health Story Buddy	Divide participants into pairs (one group of three is OK, if necessary). Ask participants to discuss the following with their buddy: • How will you share your story between now and our next session? (Note: Public self-disclosure is never a required component of the course. You can choose to share self-disclose in a private journal, if you wish.) • How can your buddy support you in sharing your story? Then, encourage participants to share their future journal entries with their Mental Health Story Buddy.	15 min.
Biggest Takeaway	Participants answer: "What was your <u>one</u> biggest takeaway from today?"	10 min.

Appendix B
Sample SYS Program Budget

CATEGORY	ITEM	DETAILS	AMOUNT
Food	Lunch	Lunch ($25 per meal) for 1 employee and 2 student group facilitators participating in 2-day training (6 meals total)	$150
Food	Snacks	Snacks ($5 per meal) for 1 employee, 2 student group facilitators, and up to 8 students participating in 9 2-hour sessions (88 meals total)	$440
Materials	Printing	Printing costs SYS program participant recruitment flyers	$100
Materials	Printing	Printing costs for SYS program participant handouts	$50
Materials	Training supplies	Materials costs for large Post-Its, markers, and pens for training sessions	$100
Total			**$840**

Appendix C
Sample SYS Recruitment Email

SUBJECT LINE: Share Your Story at [University Name]

Hello!

Are you looking for a welcoming, supportive, and FUN peer community to share your experiences with mental health?

You are invited to become an inaugural member of Share Your Story!

While the time commitment for Share Your Story is small, the benefits are BIG…

… Learn about your mental health in an inclusive environment!

… Discover ways to effectively talk about your mental health!

… Meet new friends at the [University Name]!

→ Register now for Share Your Story: [Registration Link]

Please contact [email] or [phone number] with any questions about Share Your Story.

Kind regards,
[First Name]

P.S. Share Your Story is open to all college students at [University Name] who identify as living with one or more mental health conditions. Spots are very limited to ensure an intimate experience – ***register now at [Registration Link] to save your seat!***

Appendix D
Sample SYS Recruitment Flyer

Appendix E
Sample SYS Confidentiality Agreement

We are excited for you to participate in the Share Your Story (SYS) program! To protect the confidentiality of program participants, we require all student facilitators and student program participants to agree to the following before participating in SYS.

_____ (Your Initials) I agree to not disclose any personal and/or confidential information provided to me as a result of my participation in SYS.

_____ (Your Initials) I agree at all times to defend, indemnify, and hold harmless [University Name] and [University Name]'s officers, directors, employees, attorneys, agents, affiliates, successors, and assigns, from and against any and all third-party claims, damages, liabilities, costs, and expenses, including, without limitation, reasonable attorney's fees and costs, arising out of or relating to.

_____ (Your Initials) I acknowledge that SYS does not involve the diagnosis or treatment of mental disorders as defined by the American Psychiatric Association and that SYS is not to be used as a substitute for counseling, psychotherapy, psychoanalysis, mental health care, substance abuse treatment, or any other form of professional advice by legal, medical or other qualified professionals. I agree that it shall be Client's sole responsibility to seek such independent professional guidance as needed and to provide any and all necessary information deemed necessary relating thereto.

_____ (Your Initials) IN NO EVENT SHALL [UNIVERSITY NAME] BE RESPONSIBLE TO YOU FOR ANY CONSEQUENTIAL, SPECIAL, INCIDENTAL, PUNITIVE OR OTHER INDIRECT DAMAGES, INCLUDING, WITHOUT LIMITATION, LOST REVENUE, BUSINESS, OR PROFITS, IN ANY WAY ARISING OUT OF OR RELATING TO THIS AGREEMENT (WHETHER IN CONTRACT, TORT, OR OTHERWISE) EVEN IF [UNIVERSITY NAME] HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES.

Appendix F
Sample SYS Student Experience Survey

How would you rate the overall Share Your Story (SYS) program?

- 10
- 9
- 9
- 8
- 7
- 6
- 5
- 4
- 3
- 2
- 1

How would you describe the length of the sessions?

- Far too long
- Too long
- Just right
- Too short
- Far too short

How would you describe the frequency of sessions?

- Far too frequent
- Too frequent
- Just right
- Too infrequent
- Far too infrequent

How would you rate the trainers' expertise?

- Very good
- Good
- Neutral
- Bad
- Very bad

How would you rate the trainers' communication skills?

- Very good
- Good
- Neutral
- Bad
- Very bad

How would you rate the course delivery?

- Very good
- Good
- Neutral
- Bad
- Very bad

SYS had three primary goals. On a scale of 1-10, how well did SYS achieve Goal #1: "Reduction in self-stigma"?

- 10
- 9
- 9
- 8
- 7
- 6
- 5
- 4
- 3
- 2
- 1

On a scale of 1-10, how well did SYS achieve Goal #2: "Increased participation in mental health services"?

- 10
- 9
- 9
- 8
- 7
- 6
- 5
- 4
- 3
- 2
- 1

On a scale of 1-10, how well did SYS achieve Goal #3: "Improved mental health"?

- 10
- 9
- 9
- 8
- 7
- 6
- 5
- 4
- 3
- 2
- 1

How likely are you to recommend SYS to a friend?

- Very likely
- Likely
- Possibly
- Unlikely
- Very unlikely

What do you enjoy most about SYS?

What did you enjoy least about the program?

What suggestions do you have to improve SYS?

What is your age?

What is your race?

What gender(s) do you identify as?

What is your sexual orientation?

What mental health condition(s) do you experience?

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