



DOCTOR OF NURSING PRACTICE (DNP) PROGRAM

A DNP PROJECT

TITLE: Anti-Stigma Campaign to Increase Help-Seeking
for DNP Students with Psychological Distress

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Abstract

In 2015, the World Health Organization (WHO, 2017) estimated that 322 million (4.4%) people worldwide experienced depressive disorders, and 264 million (3.6%) people were affected by anxiety disorders. However, less than half of those with depression and anxiety received treatment (WHO, 2018). Nursing students are at an even higher risk of developing psychological distress and have a lower likelihood of seeking treatment, which can lead to many negative personal, professional, and health problems (Galbraith, Brown, & Clifton, 2014; Mitchell, 2018). Since stigma is a commonly reported barrier against psychological treatment, anti-stigma campaigns are a highly recommended strategy to overcoming stigma and closing the treatment gap for people suffering with psychological distress (Galbraith et al., 2014; Mitchell, 2018). This multi-media anti-stigma campaign uses a combination of social media (Instagram) and print flyers to challenge stigmatic beliefs, promote psychological help-seeking, and spread awareness about mental health services. Social media is a particularly underused tool that has the potential to reach at-risk populations globally, provide anonymity for users, and sustain messages over time with prolonged and repeated exposures (Torok, Caele, Shand, & Christen, 2016). This paper will include the risks of untreated psychological distress; benefits of treatment; a description of the design and implementation of the anti-stigma campaign; a discussion of how an anti-stigma campaign can influence help-seeking behavior and stigma reduction in DNP students; and the implications for future nursing students, healthcare providers, and educational institutions.

Anti-Stigma Campaign to Increase Help-Seeking for DNP Students with Psychological Distress

Introduction

Nursing students are at increased risk for psychological distress (PD) because of the many educational, financial, and interpersonal demands that occur during this time (Galbraith, Brown, & Clifton, 2014; Mitchell, 2018). PD is a state of emotional suffering characterized by signs and symptoms of anxiety and depression (Arvidsdotter, Marklund, Kylan, Taft, & Ekman, 2016; Ridner, 2004). According to the World Health Organization (WHO, 2017), the estimated global prevalence of depression and anxiety in 2015 were 4.4% (322 million) and 3.6% (264 million), respectively. However, studies have found that nursing students have a low likelihood of seeking out professional psychological help (Galbraith et al., 2014; Mitchell, 2018; Pumpuang, Seecherunwong, & Vonsirimas, 2018). Common barriers to student nurses seeking help include social and workplace stigma, poor self-perception of PD, value of self-reliance, and negative attitudes toward PD and psychological services (Galbraith et al., 2014; Mitchell, 2018; Pumpuang et al., 2018).

PD can lead to many negative consequences. The global cost of PD is over \$1 trillion per year, including high healthcare costs, lost output, and impaired productivity (Chisholm et al., 2016). For nursing students, PD contributes to poor academic achievement; physical, mental, and emotional health risks; suicidal ideation; and alcohol or substance use disorders (Aradilla-Herrero, Tomás-Sábado, & Gómez-Benito, 2013; Wynaden et al., 2014). PD can also affect clinical performance and patient care (Liébana-Presa et al., 2014), which may result in more medical errors and poor patient outcomes. Nursing students are also likely to carry previously established attitudes and coping mechanisms into their future careers, which can have rippling

effects for employers and the general nursing workforce. Nurses with PD have higher rates of absenteeism, attrition, and burnout (Galbraith et al., 2014). Although professional help-seeking for psychological care is an effective treatment option for PD, student nurses prefer to use other self-management tools to address PD (Galbraith, et al., 2014; Pumpuang et al., 2018).

Early recognition and treatment of PD in Doctor of Nursing Practice (DNP) students would yield many positive results. Benefits to nursing students include improved academic achievement, clinical performance, and overall health (Liébana-Presa et al., 2014; Pumpuang et al., 2018). Risks for suicide, alcohol use disorder, and substance use disorder could be prevented and treated early (Aradilla-Herrero et al., 2013; Wynaden et al., 2014). Long term benefits to employers and the general nursing workforce are increased productivity and retention rates within the profession (Chisholm et al., 2016; Mitchell, 2018). Additionally, investment in the treatment of PD results in a fourfold return, which would contribute to lower health care costs and higher gains (Chisholm et al., 2016).

Stigma is a major barrier for nursing students who seek professional psychological help (Galbraith et al., 2014; Mitchell, 2018). One method for reducing stigma around PD and psychological help-seeking is developing an anti-stigma campaign. Anti-stigma campaigns show potential to improve attitudes and behaviors related to PD, reduce stigma, and increase comfort in seeking psychological help (Henderson, Robinson, Evans-Lacko, & Thornicroft, 2017; Maulik et al., 2017).

The theoretical framework that will be applied to this project is Icek Ajzen's Theory of Planned Behavior (TBP, 1991), which states that intention and behavior can be predicted by attitude towards behavior, subjective norms, and perceived behavioral control. Developing an anti-stigma campaign that addresses these concepts is expected to increase help-seeking for PD

by reducing negative attitudes and stigma about PD, and increasing knowledge and awareness about psychological help-seeking among DNP students.

Although PD and help-seeking has been widely studied in working nurses and undergraduate nursing students, evidence is sparse regarding help-seeking for PD in DNP students specifically. This project intends to address this gap in the literature by focusing on psychological help-seeking in DNP students with PD. The purpose of this project is to evaluate the effects of an anti-stigma campaign to decrease stigma and increase help-seeking in DNP students in two months.

Background and Significance

Student nurses are at increased risk for stress which can lead to PD (Galbraith et al., 2014; Mitchell, 2018). PD can increase nursing students' risks for health problems, academic struggles, and poor patient care (Liébana-Presa et al., 2014). A study that surveyed 172 DNP students and graduates nationwide found that major barriers to successfully progressing in a DNP program were academic and financial concerns, time and life balance, poor self-confidence, and value of degree (Hlabse, Dowling, Lindell, Underwood, & Barsman, 2016). Over 80% of participants reported feeling overwhelmed, and 37% considered quitting the DNP program altogether (Hlabse et al., 2016). Researchers recommended that DNP programs provide students with ongoing support to overcome these barriers, including efforts to foster social support and help students face emotional and physical health issues (Hlabse et al., 2016).

However, nursing students are unlikely to seek out professional psychological help. Social and workplace stigma is frequently cited as barriers to help-seeking, which include fear of disclosure, discrimination, or being seen as different or weak (Galbraith et al., 2014; Pumpuang et al., 2018). In a study of 121 nursing students, Mitchell (2018) found that 47.2% of those

affected by anxiety and 42.9% of those affected by depression feared disclosure, especially regarding change in others' perceptions.

To overcome stigma as a barrier, evidence supports the use of anti-stigma campaigns to increase help-seeking for PD (Henderson et al., 2017; Kosyluk, Schmidt, Abelson, Malmon, & Corrigan, 2015; Maulik et al., 2017). One study that investigated the effects of an anti-stigma campaign in England found that the campaign was associated with higher comfort levels to seek help and disclose a mental health disorder (Henderson et al., 2017). Another study about a multi-media anti-stigma campaign in India resulted in improved attitudes and behaviors related to PD, decreased stigma, and increased help-seeking (Maulik et al., 2017). It also found that social contact, even indirectly, was an effective and important strategy used in the campaign (Maulik et al., 2017). Researchers conducted these studies in the general population, but there is evidence that an anti-stigma campaign can improve attitudes about PD and decrease stigma among college students (Kosyluk et al., 2015).

This project intends to increase psychological help-seeking among DNP students by implementing an anti-stigma campaign to reduce stigma related to PD and psychological services.

Needs Assessment

Research indicates that student nurses and graduate students are at increased risk of developing PD (Evans, Bira, Gastelum, Weiss, & Vanderford, 2018; Galbraith et al., 2014; Mitchell, 2018). In one study, graduate students were six times more likely to experience PD compared to the general population (Evans et al., 2018). Of those with PD, 41% of graduate students reported moderate to severe anxiety and 39% had moderate to severe depression, which

were much higher compared to the anxiety and depression rates of 6% in the general population (Evans et al., 2018).

The Substance Abuse and Mental Health Services Administration (SAMHSA, 2010) issued a report that compiled the data from two nationally representative surveys about mental health in the United States: the National Survey on Drug Use and Health (NSDUH) and the National Health Interview Survey (NHIS). In 2009, 19.9% of adults (18 years of age and older) reported having any mental illness (AMI), which affected females (23.85%) more than males (15.6%). Approximately 11 million Americans (4.8%) reported a serious mental illness (SMI), of which 6.5% was due to major depressive disorder leading to significant impairments in quality of life. A little over 3% of survey participants also reported serious PD indicating the negative impact of mental health symptoms on one's family, community, and work responsibilities and commitments (SAMHSA, 2010).

According to the same report (SAMHSA, 2010), there is a disproportionate number of people with mental illness receiving psychological care compared to the availability of mental health facilities and providers in New Jersey. New Jersey was ranked in the second highest category for number of non-federal inpatient psychiatric hospital beds with 77.93 to 96.83 beds per 100,000 adults (SAMHSA, 2010). Of the 6,530 adults surveyed in New Jersey, 18.3% (1,193) had AMI and 4.1% (269) had a SMI from 2008 to 2009. However, only 4.6% of people with AMI received outpatient treatment, and 0.1% sought treatment at university health clinics or centers. These findings suggest that there is a gap between mental health services and people with mental illnesses who may benefit from treatment.

██████████ School of Nursing (██████████ SON) offers several resources to DNP students experiencing PD. Informal interviews were conducted with key stakeholders from RU-

SON and the Student Wellness Program (SWP) to learn more about the current practice of supporting DNP students with PD. Students seeking help for PD may go to the SWP, with or without referral from █████ SON faculty or administration. Once at SWP, a staff clinician conducts an initial assessment to better understand the student's issues concerning PD and determine if SWP is the appropriate source of care. The SWP offers short-term services (six to eight sessions) including individual, group, couple, and family counseling. If the initial assessment determines that long-term care, pharmacotherapy, or intensive treatment is warranted, students are referred to off-campus providers as appropriate. From January 2016 to September 2019, a total of 43 DNP students opened a case with the SWP, and 12 were referred elsewhere for services beyond that provided by the SWP. During this same time period, 221.5 hours were spent providing face to face services; 26.5 hours were spent providing services by telephone; 13.33 hours were spent on report prep; and 25 hours were used for other miscellaneous services for a total of 286.33 hours spent on psychological services for DNP students (Ducrepin-Jerome, personal communication, June 19, 2019; Ducrepin-Jerome, personal communication, October 4, 2019).

The SWP emails a monthly newsletter to all DNP students at █████ SON. The newsletter features articles about common academic and personal issues among DNP students, such as building healthy relationships, conflict resolution, and goal-setting and planning. Every edition of the newsletter also includes the SWP's phone number, list of available services, and a brief description of who may use the services. Similarly, the █████ SON Office of Graduate Student Engagement also has a newsletter that usually features information about self-care and stress management that is emailed to all DNP students as well as left in common gathering areas (e.g. classrooms, computer labs, and student lounges).

An analysis of the strengths, weaknesses, opportunities, and threats (SWOT analysis) was performed on [REDACTED] SON and the SWP regarding the implementation of an anti-stigma campaign targeting DNP students to increase psychological help-seeking by decreasing stigma. Strengths include the low cost of implementing a multi-media anti-stigma campaign; availability of the SWP's services at no cost to students because it is included in tuition; and support from key stakeholders ([REDACTED] SON's Office of Graduate Student Engagement and the SWP). Weaknesses include long waiting periods for intake (two to three weeks); lack of awareness of the SWP and its services; and lack of access to SWP for students who primarily take classes online or live long distances away. Opportunities include potentially reducing PD stigma as well as increasing help-seeking, uptake of psychological services, and awareness of PD and the SWP among DNP students. Organizational threats to an on-campus anti-stigma campaign include resistance to change from nursing students, other barriers to help-seeking aside from stigma (e.g. poor self-perception of PD, reliance on self, and negative attitudes), and nursing students' preferences for self-management of PD and informal social support. Additional risk factors for developing PD common in DNP students are being female, pursuing higher education, and a history of poor help-seeking for PD (Pumpuang et al., 2018).

Despite the availability of psychological services, evidence suggests that many nursing students forgo professional psychological help. Efforts to overcome barriers and improve attitudes about PD are necessary to increase help-seeking among DNP students (Mitchell 2018; Pumpuang et al., 2018), which can be accomplished through the use of an anti-stigma campaign (Henderson et al., 2017; Maulik et al., 2017). The SWP discusses stigma during wellness workshops and seminars for students and faculty, but currently there is no formal or large scale strategy in place at [REDACTED] SON or the SWP to address stigma.

Problem/Purpose Statement

This project will study how an on-campus anti-stigma campaign about PD will increase psychological help-seeking in DNP students in two months. Stigma about PD and psychological services is a commonly identified barrier for nursing students to seek out psychological help despite being at higher risk for experiencing PD and its negative consequences (Galbraith et al., 2014; Mitchell, 2018). Implementing a multi-media anti-stigma campaign has the potential to reduce PD stigma and encourage psychological help-seeking for PD in DNP students (Henderson et al., 2017; Maulik et al., 2017).

Clinical Question

This project intends to answer the clinical question, “In DNP students, how does an on-campus anti-stigma campaign about PD compared to not using an anti-stigma campaign increase psychological help-seeking in 2 months?” This clinical question specifies the population, intervention, comparison, outcome, and time frame of interest, and is called a PICOT question. For this project, the population is DNP students enrolled at █████ SON. The intervention is an on-campus multi-media anti-stigma campaign, which will be composed of various psychological stigma reduction strategies using flyers and a social media Instagram account. The intervention will be compared to the current absence of an anti-stigma campaign. The primary outcomes of concern are psychological service uptake by DNP students at the SWP; and help-seeking for PD and stigma reduction as measured by help-seeking and stigma assessment scales in the pre- and post-intervention surveys. The campaign will be implemented for two months, which is also the interval between the pre-and post-survey data collection periods. A glossary of the main concepts and definitions of the clinical question are found in Table 1 (Appendix A).

Aims and Objectives

The aim of this project is to increase psychological help-seeking for PD among DNP students. The objectives to achieve this aim are (a) to gather demographic and baseline information about PD stigma and help-seeking from DNP students; (b) to develop a multi-media anti-stigma campaign; (c) implement the anti-stigma campaign for two months; and (d) to evaluate the effects on stigma, help-seeking, and psychological service uptake for PD following the campaign.

Review of Literature

The purpose of the review of literature is to find the current body of knowledge and recommendations regarding anti-stigma campaigns to increase help-seeking for PD in DNP students. PD-related stigma is a frequently identified barrier to help-seeking in nursing students, which is a concern because nursing students are at higher than average risk for PD (Galbraith et al., 2014; Mitchell, 2018). A multi-media anti-stigma campaign has the potential to reduce stigma and promote psychological help-seeking for PD in DNP students (Henderson et al., 2017; Maulik et al., 2017). Because of the need to effectively eliminate stigma, the growing support for anti-stigma campaigns has led to the prioritization and endorsement by the WHO (Torok, Caelear, Shand, & Christensen, 2016; WHO, 2013). The WHO recommends media awareness and campaigns to increase public knowledge and reduce stigmatization for mental health promotion and prevention as part of its Mental Health Action Plan for 2013 to 2020 (WHO, 2013).

The review of literature was performed according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. A PRISMA diagram of the search can be found in Figure 1 (Appendix B). Databases used to perform the search included the Cumulative Index of Nursing and Allied Health Literature (CINAHL), Academic Premier,

MEDLINE, and PubMed. Additional articles were found using Google Scholar and reference lists. Search terms used were: “help*seeking”, “doctor of nursing practice”, “DNP”, “student nurse*”, “nursing student*”, “psychological distress”, “*stigma*”, and “*stigma campaign*”. Inclusion criteria included articles published between 2014 to 2019, English language only, and studies with sample populations of adults 18 years of age and older. Articles were excluded if they did not focus on the concepts related to the clinical question, or used data from health professionals, employers, or family. After applying the inclusion and exclusion criteria, 19 articles were appropriate for this literature review. The remaining articles are outlined in Table 2 (Appendix C).

Stigma about PD as a Barrier to Help-Seeking

There is mixed evidence regarding the extent to which stigma about PD and psychological services acts as a barrier to psychological help seeking (Brijnath, Protheroe, Mahtani, & Antoniadis, 2016; Clement et al., 2015; Kosyluk et al., 2015; Lazard, Bamgbade, Sontag, & Brown, 2016; Pirkis et al., 2017). While some studies describe stigma as a major barrier to help-seeking (Brijnath et al., 2016; Kosyluk et al., 2015; Lazard et al., 2016), there are others that suggest stigma does not have a strong effect (Clement et al., 2015; Pirkis et al., 2017). A systematic review of suicide prevention media campaigns found conflicting evidence about campaigns that boosted help-seeking, and others that made no difference or had only a limited impact (Pirkis et al., 2017). In another mixed-methods systematic review, stigma was ranked by a quarter to one-third of participants as the fourth reported barrier indicating that it may have only a moderate effect on help-seeking behaviors (Clement et al., 2015). However, results also showed that health professionals were disproportionately deterred from seeking help for PD by stigma, particularly disclosure/confidentiality issues and negative social judgment (Clement et

al., 2015). These discrepancies may reflect the unique characteristics and psychological needs of nursing students compared to the average college population. Studies that focused specifically on help-seeking in nursing students often reported PD-related stigma as a key barrier to seeking psychological help (Galbraith et al., 2014; Mitchell, 2018; Pumpuang et al., 2018). Despite mixed agreement on the strength of PD-related stigma as a barrier to help-seeking, research demonstrates that stigma is a complex concept and should continue to be addressed to improve psychological help-seeking (Clement et al., 2015).

Anti-Stigma Campaigns to Reduce Stigma

Anti-stigma campaigns are a recommended strategy for reducing stigma around PD and help-seeking (Kohls et al., 2017; WHO, 2013). Campaigns may approach stigma reduction by educating the audience about PD and mental health care, raising awareness and normalizing PD, and influencing attitudes and behaviors towards PD and help-seeking (Pirkis et al., 2017).

Anti-stigma campaigns that use an educational approach to reduce stigma are more successful if they include social contact and “active ingredients,” such as program structure, specific target populations, evidence-based content, and interactivity and experiential learning (Brijnath et al., 2016; Eisenberg, Hunt, & Speer, 2012; Maulik et al., 2017). Social contact, which helps the audience better connect to the campaign, may be implemented by featuring celebrity endorsements and people living with a mental illness (Eisenberg et al., 2012; Maulik et al., 2017). Brijnath et al. (2016) focused on improving mental health literacy to counter stigma and shorten the mental health treatment gap by incorporating active ingredients in the campaign to engage the audience and reinforce knowledge about PD and help-seeking.

Another approach to decreasing stigma is raising awareness and normalizing PD and help-seeking through anti-stigma campaigns. One study recommended implementing strategies

that increase the audience's understanding of PD and available services (Silk, Perrault, Nazione, Pace, & Collins-Eaglin, 2017). For example, celebrity messages and social contact helped normalize PD and help-seeking among the intervention groups, while written materials (e.g. printed posters, tabletoppers, and e-mails) were found to be more memorable according to survey respondents (Silk et al., 2017). In a European public awareness campaign about depression, researchers found that it reached up to 25.8% of the public in Germany with a mean of 17.3% among all intervention countries (Germany, Portugal, Ireland, and Hungary) (Kohls et al., 2017). Overall, they found that personal and perceived stigma as well as openness and perceived value towards professional help improved between pre- and post-campaign assessments (Kohls et al., 2017).

Anti-stigma campaigns may also challenge stigmatic beliefs by aiming to influence attitudes and behaviors about PD and help-seeking. Anti-stigma campaigns may affect the decision-making process in both people who are at risk for psychological crisis and currently experiencing a crisis (Torok et al., 2016). A regional anti-stigma campaign about mental disorders in India found little impact on increasing knowledge, but had significant improvements in attitudes and behaviors toward mental disorders and accessing mental health care by using social contact and interactivity to overcome stigma and encourage help-seeking (Maulik et al., 2017).

Anti-Stigma Campaigns to Increase Help-Seeking

Anti-stigma campaigns show promise in improving help-seeking for PD by addressing barriers such as stigma (Henderson et al., 2017; Silk et al., 2017; Torok et al., 2016). Anti-stigma campaigns have shown significant associations between stigma reduction, and willingness to seek help and disclose PD (Henderson et al., 2017; Silk et al., 2017; Torok et al.,

2016). While some studies did not find direct associations between stigma reduction and increased help-seeking following an anti-stigma campaign, they supported the use of anti-stigma campaigns as an indirect way of increasing help-seeking by overcoming barriers (Brijnath et al., 2016; Kosyluk et al., 2015; Maulik et al., 2017; Pirkis et al., 2017).

Research is limited about the effects of anti-stigma campaigns in nursing students, and no articles were found that specifically studied DNP students. Much of the available research focuses on undergraduate students under 25 years old (Galbraith et al., 2014; Mitchell, 2018; Pumpuang et al., 2018), but DNP students have different challenges and stressors compared to undergraduate students and young adults (Hlabse et al., 2016). In addition to different curriculums and academic goals, DNP students experience a different type of academic transition after being away from academia that includes managing time and life balance, and the financial toll on personal and family expenses (Hlabse et al., 2016).

One study was found that explored the effects of an anti-stigma campaign intended to reduce mental health stigma among medical students (Friedrich et al., 2013). The participating medical students received the intervention as part of four universities' medical training in a national mental illness anti-stigma campaign in England. The intervention consisted of a short lecture about stigma and discrimination, testimonials from individuals with direct experience with mental health problems, and role-playing activities. At the immediate follow-up to the intervention, researchers found that the intervention group had significant increases in stigma-related knowledge and decreases in stigma-related attitudes and intended behavior. At the six-month follow-up, only one attitude item ("there is something about people with mental illness that makes it easy to tell them from normal people" [Taylor, 1981]) sustained a significant increase over time (Friedrich et al., 2013). This suggests that the anti-stigma campaign had

short-term improvements in stigma-related knowledge, attitudes, and intended behavior. The researchers stated that the short-term impact of the campaign may have occurred for several reasons: the participating medical students were concurrently starting psychiatric rotations; participants may have had a temporary positive attitude shift due the priming effect of taking multiple pre- and post-tests; weaknesses in the intervention identified by the study participants; and any other external events or experiences that may confound the data. Despite these limitations, the findings also revealed that lower baseline scores were consistent predictors of higher improvements in knowledge, attitudes, intended behavior, and empathy at the immediate and six-month follow-up periods. This indicates that individuals with more stigmatizing attitudes about mental health would benefit the most from an anti-stigma campaign with components directed specifically at health professionals in training (Friedrich et al., 2013).

Overall, there is agreement that anti-stigma campaigns have the potential to improve attitudes toward help-seeking by overcoming stigma, improving the culture around PD, and raising awareness about on-campus psychological services (Henderson et al., 2017; Silk et al., 2017; Torok et al., 2016). DNP students are susceptible to PD, and low rates of help-seeking leave many at risk for poor academic and clinical performance, subpar patient care, and impaired physical and psychological health (Pumpuang et al., 2018). An anti-stigma campaign is proposed to address these issues by eliminating barriers such as stigma from hindering DNP students from seeking psychological help.

Strategies for an Anti-Stigma Campaign

Researchers offered several recommendations for strategies to consider in the development of an anti-stigma campaign for PD-related help-seeking. Maulik et al. (2017) recommend social contact, whether in person or virtually, as an effective strategy to reduce

stigma and promote help-seeking. In another study, researchers determined that repeated and prolonged exposure to the campaign is essential to the effectiveness of anti-stigma campaigns (Torok et al., 2016; Silk et al., 2017). A few studies examined the best approaches to message design, including value-expressive messages that promote positive attitude change; promotion of normalcy and solidarity in addition to stigma reduction; and use of peer or celebrity source messages (Kim, 2016; Kosyluk et al., 2015; Silk et al., 2017). Social media is a relatively neglected online tool that has the potential to reach at-risk populations, provide anonymity, and sustain messages over time (Torok et al., 2016). Campaigns to increase help-seeking may benefit by targeting multiple key barriers in addition to PD-related stigma (Clement et al., 2015). Other key barriers include low perception of need for care and self-management of problems (Clement et al., 2015; Mojtabai et al., 2011).

Anti-stigma campaigns must also use caution to avoid unintended effects during development of campaign messages (Kim, 2016; Pirkis et al., 2017). Unintended effects include reinforcement of biases against mental illness and normalization of suicidal behavior (Pirkis et al., 2017). Campaign messages and strategies should target a specific audience rather than using broad or vague statements (Brijnath et al., 2016; Kim, 2016).

Theoretical Framework

Description of the TPB

This project applied Ajzen's Theory of Planned Behavior (TPB) (1991) to examine the effects of an anti-stigma campaign on DNP students' intentions to seek out psychological help for PD. The TPB states that the intention to carry out a behavior is predicted by subjective norms, the individual's attitude, and the individual's perceived behavioral control toward the given behavior (Ajzen, 1991). A glossary of the TPB's main concepts and definitions are in

Appendix D. By influencing subjective norms, attitudes, and perceived behavioral control, an anti-stigma campaign has the potential to affect one's intention to perform a behavior.

Two studies support the application of the TPB to examine psychological help-seeking intention and behavior (Bohon, Cotter, Kravitz, Cello, & Garcia, 2016; Pumpuang et al., 2018). In one study of 845 college students, positive attitudes and higher perceived behavioral control were significantly associated with intention towards psychological help-seeking (Bohon et al., 2016). However, social norms were not significantly associated with psychological help-seeking intention or behavior (Bohon et al., 2016). Yet in another study of 343 nursing students attending a Thai university, researchers found that attitudes toward help-seeking behavior and subjective norms could significantly predict nursing students' intentions to seek professional psychological help, but perceived behavioral control could not (Pumpuang et al., 2018). These differences may be due to the unique characteristics and needs of nursing students compared to the general college population.

Application of the TPB

Using this theoretical framework, an anti-stigma campaign would improve subjective norms and individual attitudes toward help-seeking behavior by reducing stigma around PD and psychological services. The campaign will also aim to increase one's perceived behavioral control to seek out professional help by providing information about the SWP and its available services, hours, location, phone number, website, and free cost. By increasing knowledge and awareness about PD and on-campus resources, it is predicted that DNP students will be more likely to seek help for PD. A concept map illustrating the application of the TPB to this project is in Appendix E.

Methodology

Design of Project

This project used one group pre- and post-intervention surveys administered either in person or online before and after the implementation of a two month anti-stigma campaign about PD and psychological services.

Setting

The primary setting for this project was [REDACTED] located at the [REDACTED] [REDACTED] where participant recruitment, data collection, and implementation of the anti-stigma campaign took place. [REDACTED] offers several DNP programs: adult-gerontology acute care nurse practitioner, adult-gerontology primary care nurse practitioner, family nurse practitioner, family nurse practitioner in emergency care, pediatric nurse practitioner, psychiatric/mental health nurse practitioner, women's health nurse practitioner, leadership, nurse anesthesia, women's health/nurse midwifery, practice (executive model), and leadership (Rutgers School of Nursing, 2019).

A secondary site for this project was the [REDACTED] located in the [REDACTED] [REDACTED], which is the on-campus mental health service center for DNP students. All graduate students enrolled at [REDACTED], [REDACTED] [REDACTED] (clinical laboratory sciences, bioinformatics, nutritional sciences, physician assistant, physical therapy, and psychiatric rehabilitation and counseling) are eligible for services at the [REDACTED] (Ducrepin-Jerome, personal communication, February 15, 2019; Rutgers School of Health Professions, 2017).

Project Population

This project included a convenience sample of women and men enrolled in a DNP program at █████SON. Inclusion criteria included DNP students of all cohorts. Participants must also be able to read English because the surveys and anti-stigma campaign were only available in English. Exclusion criteria included individuals who were not enrolled at █████SON, cannot read English, or younger than 18 years old. The sample size required a minimum of 50 pre-survey and 50 post-survey participants.

Subject Recruitment

Recruitment for participants occurred in October and December 2019 to complete the pre- and post-intervention surveys, respectively. Participants were recruited in several ways. During each recruitment period, recruitment emails (Appendix F) with the approved recruitment flyer (Appendix G) attached were sent to DNP students by the DNP project team. With faculty approval, the Co-Primary Investigator (Co-PI) also visited DNP classes at the SSB to recruit survey participants in person.

Potential participants were informed that participation is voluntary, and surveys are anonymous and confidential. Participants were not paid, but may have benefitted by increasing their own personal knowledge about PD and awareness about psychological services. Participants who completed the survey in person received “thank you” candy bags in appreciation of their time. Candy bags contained five pieces of candy, a novelty pen, and a “mental health matters” sticker.

Consent Procedure

Potential participants were provided either an electronic or physical copy of the adult consent form that was adapted from the Rutgers Institutional Review Board (IRB) (2019) templates (Appendices H and I, respectively). The consent form outlined the purpose of the

project, participant rights and responsibilities, risks and benefits to participants, confidentiality and security of data, and contact information to the Primary Investigator (PI) and [REDACTED] IRB. Participants were also informed that participation is voluntary, confidential, and may be withdrawn at any time. With IRB approval of a waiver of consent documentation, a signature was not required because consent was implied with completion and submission of the survey.

Risks, Harms, and Benefits

Participation in this project posed minimal risks. No physical, financial, academic, or professional risks were expected. Risks may have included psychological or emotional distress due to the nature of the survey questions. If this occurred, participants were referred to the SWP for psychological support and counseling. However, none of the pre- or post-survey participants reported any distress to the DNP project team. Benefits to the participant may have included increased knowledge about PD, increased awareness about available on-campus psychological services, and contributions to nursing research. However, benefits were not guaranteed.

Subject Costs and Compensation

There was no monetary cost to participate in this project, but required approximately 10-15 minutes to complete the survey. For in-person surveys, the Co-PI gave “thank you” candy bags as compensation for participants’ time.

Study Interventions

The intervention was an on-campus multi-media anti-stigma campaign about PD and psychological services. The campaign aimed to reduce stigma and promote psychological help-seeking in DNP students by incorporating recommended campaign strategies. These included tailoring the campaign towards a specific population, delivering evidence-based content, using

written materials (printed flyers) and social media (Instagram), incorporating social contact and message promotion, promoting normalcy and solidarity, and allowing for opportunities for repeated and prolonged exposure to the campaign.

First, the Instagram portion of the campaign was launched. Two to three images were posted daily, including campaign designs used for the flyers (Appendix J); re-posts of relevant content and event flyers from the █████ SON and the SWP; re-posts from reliable health organizations including the WHO and the National Association for Mental Illness (NAMI); and re-posts from positive mental health advocates on Instagram including Matilda Heindow, Whitney Goodman, Therapy for Latinx, and the Healthy Place. An outline and calendar of the anti-stigma campaign's profile, content, and music is in Appendix K.

Next, campaign flyers were displayed throughout SSB Building and Ackerson Hall with visual images and messages to overcome stigma about PD and encourage psychological help-seeking in DNP students. The flyers also featured information about the SWP to increase awareness about the availability of on-campus student psychological services. The flyer designs are in Appendix J.

The pre- and post-intervention surveys are identical, and were completed before the anti-stigma campaign was started and after its completion.

Outcomes to be Measured

The purpose of this project was to examine the effects of an anti-stigma campaign about PD to increase help-seeking among DNP students. The Co-PI requested baseline data that was gathered by the SWP from January 2016 to September 2019. This information includes the number of DNP students who sought care from the SWP, number of contacts with patients, hours per service provided (face to face, telephone, report prep, and other), and referrals. At the

conclusion of the anti-stigma campaign intervention period, the same data was gathered and requested from the SWP for comparison to discover any changes in trends of psychological service uptake by DNP students that may have been influenced by the campaign. No identifying or private health information was collected.

The Attitudes Toward Seeking Professional Psychological Help Scale-Short Form (ATSPPHS-SF) (Whittlesey, 2001; Fischer & Farina, 1995) was used to measure DNP students' attitudes towards seeking help for PD. The ATSPPHS-SF is a 10-item instrument that assesses one's thoughts and behaviors toward seeking psychological care from a mental health professional. It uses a four-point Likert scale from Disagree (0), Partly Disagree (1), Partly Agree (2), and Agree (3). It demonstrated internal consistency ranging from 0.82 to 0.84, and reliability of 0.80 (Elhai, Schweinle, & Anderson, 2007; Fischer & Farina, 1995). The survey also included the Social Stigma of Receiving Psychological Help Scale (SSRPHS) to measure DNP students' perceptions of public stigma about psychological help-seeking (Komiya, Good, & Sherrod, 2000). The SSRPHS is a five-item scale rated on a four-point Likert scale with a .72 internal consistency. The Likert scale also ranges from Disagree (1), Partly Disagree (2), Partly Agree (3), and Agree (4) (Komiya et al., 2000).

In addition to the project outcomes, demographic information and awareness about the anti-stigma campaign were also collected and measured. Demographic information that was collected were age group, gender, race, marital and family status, employment, DNP specialty track, year in DNP program, and full-time or part-time student status. Participants were asked one question about awareness of the psychological anti-stigma campaign, and a second question about awareness of on-campus psychological services. The pre- and post-intervention surveys are identical, and can be found in Appendix M.

Data was also collected from the anti-stigma campaign's Instagram account. People who view the account can provide positive and negative feedback in multiple ways, such as "liking" a post; publicly or privately "commenting" on a post; "tagging" or "sharing" the post with others; and "reporting" a post or account for violating Community Guidelines. Appendix N provides a glossary of Instagram-related terminology, concepts, and definitions. These responses reflect the interest, viewership, and popularity of the account and anti-stigma campaign. This data was collected using the mobile applications Instagram (2019) and Preview (2016) that track, store, and analyze how the Instagram campaign account was managed as well as engagement with followers and other viewers.

Project Timeline

Project planning and proposal writing occurred from January to May 2019. After the proposal was completed, it was presented to the DNP project team and conditionally accepted with minor revisions. Once the revisions were done, the proposal was submitted to [REDACTED] IRB for approval. [REDACTED] IRB officially approved the project on September 30, 2019. Pre-survey participant recruitment, data collection, and preparation for implementation of the anti-stigma campaign commenced. The anti-stigma campaign was implemented from October 8, 2019 to November 30, 2019. Afterwards, post-survey participant recruitment, data collection, evaluation, and data analysis took place in December 2019. Final writing was completed in January 2020, and the final presentation was given on January 23, 2020. A final poster summarizing and illustrating the project will be shown at Rutgers Virtual DNP Poster Day in April 2020. The timeline of the project is illustrated in Appendix O.

Resources Needed/Economic Considerations

The anticipated costs of the project were approximately \$377, but final costs were actually \$179.67. Costs included anti-stigma campaign development (\$41.50), participant compensation (i.e. “thank you” gift bags) (\$78.21), and research-related expenses (\$59.96). The final budget is detailed in Appendix P.

Evaluation Plan

Data Analysis Plan

Descriptive statistics were used to describe the demographics of the samples of participants. Non-parametric statistics (Mann-Whitney test) were used to examine the differences between pre- and post-intervention survey groups. Microsoft Excel was used to complete the data analysis (Microsoft Corporation, 2007).

Data Maintenance/Security

Surveys were anonymous and confidential. Participants were not asked to share any identifying or personal health information. Physical copies of completed surveys were stored in a locked cabinet in the project chair’s office, which was also locked when not in use. The project chair was the only person to have the key to the office and cabinet. Online surveys were stored on the service’s secure website, which can be accessed with a username and password known only to the Co-PI. Completed surveys were accessible only to the DNP project team. Upon completion of the project, final writing, and closure of IRB, all data will be destroyed in accordance with Rutgers University guidelines.

Results

SWP Data

Baseline information was requested from the SWP for January 1, 2016 to September 30, 2019 regarding mental health services provided to DNP students actively enrolled at █████ SON.

During this time, 43 DNP students opened a new case with the SWP, and 12 were referred elsewhere for more intensive care than could be provided by the SWP. Also, 221.5 hours were spent on face to face services; 26.5 hours were spent on telephone services; 13.33 hours were spent on report prep; and 25 hours were used for miscellaneous services for a total of 286.33 hours spent on mental health services for DNP students (Ducrepin-Jerome, personal communication, June 19, 2019; Ducrepin-Jerome, personal communication, October 4, 2019). On average, the SWP opened one new case a month, and spent 6.36 hours a month on psychological services to DNP students.

After the intervention period, the same report was requested from the SWP for October 8, 2019 to December 24, 2019 to determine any changes in professional psychological help-seeking following the anti-stigma campaign. During this time, one new case was opened per month and zero outside referrals were made. The report also states that 18.42 hours were spent on face to faces services; 2.42 hours on telephone services; and 0.50 hours on report prep for a total of 21.33 hours (Ducrepin-Jerome, personal communication, January 21, 2020). Although there was little change in number of cases opened per month on average, the average amount of time spent providing psychological services increased by 0.75 hours (45 minutes) per month during and immediately following the anti-stigma campaign. Go to Appendix Q for descriptive statistics regarding the number of new cases opened at the SWP by DNP students.

Demographics

Prior to implementing the anti-stigma campaign, pre-intervention survey data was collected from 55 DNP students in October 2019. Demographic information that was included were age group, gender, race/ethnicity, marital and family status, employment, DNP specialty track, year in DNP program, and student status. The majority of pre-survey participants were 25

to 34 years old (n=38, 69.1%), and female (n=51, 92.7%). Participants identified as White (n=17, 30.9%), Asian (n=15, 27.3%), Black or African American (n=12, 21.8%), and Hispanic or Latinx (n=8, 14.5%). Most were also single and never married (n=33, 60%) with no children (n=37, 67.3%). For employment status, 39 (70.9%) reported they worked full-time; 10 (18.2%) worked part-time; and 6 (10.9) worked per-diem. DNP tracks represented in the pre-survey sample included family nurse practitioner (n=28, 50.9%), family nurse practitioner in emergency care (n=6, 10.9%), psychiatric/mental health nurse practitioner (n=1, 1.8%), adult-gerontology acute care nurse practitioner (n=7, 12.7%), adult-gerontology primary care nurse practitioner (n=7, 12.7%), dual women's health/nurse midwifery (n=4, 7.3%), and women's health nurse practitioner (n=2, 3.6%). Of these, 31 (56.4%) participants were in their first year of their respective DNP track, 13 (23.6%) in their second year, 6 (10.9%) in their third year, and 5 (9.1%) in their fourth year.

After the conclusion of the anti-stigma campaign, post-intervention survey data was collected from 57 DNP students in December 2019. Similar to the pre-survey group, the majority of participants were 25 to 34 years old (n=37, 64.9%), female (n=53, 93%), worked full-time (n=38, 66.7%), and were part-time students at █████ SON (n=35, 61.4%). The racial/ethnic makeup of the post-survey group was also similar to the pre-survey group: 16 (28.1%) participants identified as White, 16 (28.1%) as Asian, 13 (22.8%) as Black or African American, and 8 (14%) as Hispanic or Latinx. Twenty-eight (49.1%) participants were married or in a domestic partnership, and 26 (45.6%) were single and never married. Majority of the sample had no children (n=31, 54.4%), but more participants in the post-survey reported having one or more children compared to the pre-survey sample group. With the exception of the women's health nurse practitioner track, the same DNP tracks were represented in the post-survey group with the

highest representation from the family nurse practitioner track (n=37, 64.9%). In this group, 20 (35.1%) participants were in their first year, 5 (8.8%) in their second year, 12 (21.1%) in their third year, 16 (28.1%) in their fourth year, and 4 (7%) in their fifth year of the DNP program. See Appendix R for tables containing the pre-and post-intervention survey participants' demographic information.

ATSPPHS-SF

On the ATSPPHS-SF, higher scores suggest more positive attitudes toward seeking professional psychological help (Whittlesey, 2001; Fischer & Farina, 1995). The lowest possible score is zero, and the highest possible score is 30. Pre-survey scores ranged from a minimum of 6 to a maximum of 28. The mean score was 19.45 with a standard deviation of 5.89 and a median of 21. Compared to the post-survey responses, scores ranged from a minimum of 5 to a maximum of 30. The mean score slightly increased to 19.92 with a standard deviation of 5.81, but the median remained the same at 21. Tables organizing the pre- and post-intervention survey data on the ATSPPHS-SF are in Appendix S.

To determine if there was a difference between the pre- and post-intervention survey group, a Mann-Whitney test was performed. Results revealed that there was a difference between the two groups ($z = -9.12$, $p < .05$) suggesting that the post-survey group had more positive attitudes toward seeking professional help compared to the pre-survey group.

SSRPHS

On the SSRPHS, higher scores indicate greater perception of stigma associated with professional psychological services (Komiya et al., 2000). The lowest possible score is 4, and the highest possible score is 20. Pre-survey scores ranged from a minimum of 4 to a maximum of 16. The mean score was 9.27 with a standard deviation of 3.22, and a median of 9. Post-

survey scores ranged from a minimum of 5 to a maximum of 17. The mean score increased slightly to 9.63 with a standard deviation of 2.96, but the median was unchanged at a score of 9.

A Mann-Whitney test was performed again to calculate if there was a difference between the pre- and post-intervention survey groups regarding stigma perception associated with receiving professional psychological help. The result was $z = -9.12$ ($p < .05$), thus rejecting the null hypothesis that there is no difference between the two groups. This indicates that the post-survey group had a greater perception of public stigma towards receiving psychological professional treatment. See Appendix T for pre- and post-intervention survey data on the SSRPHS.

Instagram Analytics

Tracking and analyzing Instagram analytics, such as likes and comments, provides valuable feedback regarding the interest and viewership of the campaign account. A combination of the mobile applications Instagram (2019) and Preview (2016) was used to monitor, organize, and examine how others interact with the campaign account. See Appendix N for a glossary of Instagram-related terminology. During the course of the anti-stigma campaign, the account had a “reach” of 2,498 views with an average of 21.91 views per post ($n = 114$). The total number of “impressions” was 8,791 views with a mean of 77.11 views per post ($n = 114$). The campaign account received a total of 653 likes, which has a mean of 5.72 likes per post ($n = 114$); a median of 4 likes per post; and mode of 3 likes per post. Of the 114 posts on the campaign’s account, 33 of those posts led to 24 profile visits and three new followers. However, the campaign account received only 13 comments during the entire intervention period. Followers and viewers also “saved” a post 56 times to view at a later time, and shared a post 42

times with other Instagram users. See Appendix U for the descriptive statistics of Instagram interactions during the two month anti-stigma campaign.

Evaluation

The pre- and post-intervention surveys also included two anti-stigma campaign evaluation questions: (a) “Are you aware of any on-campus psychological services for DNP students at [REDACTED] School of Nursing?” and (b) “Are you aware of any current anti-stigma campaign at [REDACTED] School of Nursing?” These questions evaluated survey participants’ awareness of on-campus psychological services and the project’s anti-stigma campaign before and after the intervention. Only 12 (21.8%) of the 55 pre-survey participants were aware of on-campus psychological services, but increased to 28 (49.1%) of the 57 post-survey participants.

The second question aimed to gauge the extent of exposure to the anti-stigma campaign to DNP students. To the best of the DNP project team’s knowledge, no other anti-stigma campaign directed at DNP students to reduce stigma and raise awareness about PD and psychological services were in place before, during, or immediately after the intervention. However, five pre-survey participants (9.1%) reported they were aware of a current anti-stigma campaign, but may have referred to a series of posters for National Domestic Violence Awareness Month in October 2019. In the post-survey group, 34 (59.6%) were aware of an anti-stigma campaign, which is presumed to refer to the project’s intervention. See Appendix V for pre- and post-intervention survey responses to the evaluation questions.

Discussion

Help-seeking for PD

Baseline and post-intervention data of mental health services received at the SWP revealed that while the number of new cases did not increase as anticipated, the amount of time

spent on psychological services did increase by 45 minutes per month on average during and immediately following the intervention period. There are several reasons why the rate of DNP students seeking care at the SWP may not have increased. The data pertains only to the psychological services provided by the SWP, and does not account for help sought or received from other alternatives such as their primary care provider, off-campus mental health centers, or community programs. Another possible reason more new cases were not opened is that DNP students were not sufficiently exposed to the anti-stigma campaign. Although awareness of on-campus psychological services improved by 27.3% between the pre- and post-intervention survey groups, almost half (49.1%) of the post-survey sample responded that they were not aware of on-campus psychological services, and 40.4% were not aware of the anti-stigma campaign. Barriers such as lack of time and access to visit the SWP, and preferences to manage PD independently or with the help of non-professionals (such as family and friends) could also explain why the number of DNP students seeking care at the SWP remained unchanged (Galbraith, et al., 2014; Pumpuang et al., 2018).

Additionally, the amount of time spent on psychological services provided to DNP students increased by 45 minutes per month. One explanation for this is that the DNP students who did seek care from the SWP during or after the intervention period may have had higher levels of PD requiring more frequent or length of care per contact.

Attitudes towards Help-seeking

Based on the ATSPPHS-SF, findings revealed that the post-survey group had a small yet significant increase in positive attitudes towards professional psychological help-seeking. The pre-survey group had an average score of 19.45, standard deviation of 5.89, and a median of 21 compared to the post-survey group that had a mean score of 19.92, standard deviation of 5.81,

and a median of 21. Although the median remained the same between the two groups, the average score increased by 0.47 points. The range maximum also rose from 28 in the pre-survey group to 30 in the post-survey group showing increases in post-survey scores.

This was to be expected because the literature supports that anti-stigma campaigns have the potential to educate about mental health services and promote psychological help-seeking (Brijnath et al., 2016; Eisenberg et al., 2012; Maulik et al., 2017; Pirkis et al., 2017). Anti-stigma campaigns teach others about PD and mental health services; raise awareness and normalize PD; and influence attitudes toward PD and psychological help-seeking (Pirkis et al., 2017). Anti-stigma campaigns that employ a variety of approaches to educate and engage the audience may be more appealing, better reinforce knowledge, improve mental health literacy, and help bridge the mental health treatment gap (Brijnath et al., 2016; Eisenberg et al., 2012; Maulik et al., 2017).

Perception of Stigma

Based on the SSRPHS, results indicated that the post-survey group had an increase in the perception of stigma related to receiving professional psychological treatment. The mean score of the pre-survey group was 19.27 with a standard deviation of 3.22 and median of 9. Following the intervention, the post-survey group had a slight increase in scores to an average of 19.63. The standard deviation was 2.96 and median was 9. The post-survey group had a 0.36 increase in the mean score. The range minimum also rose from 4 to 5, and the maximum from 16 to 17.

There are several possible explanations that may account for the increased perception of stigma. Since the pre- and post-intervention survey groups were independent from each other, there may have been differences between the two groups that influenced their responses and beliefs. Compared to the pre-survey group, the post-survey group had a higher number of

participants who were married or in a domestic partnership; have one or more children; unemployed and not looking for work; and full-time students. The pre-survey group was also predominately comprised of DNP students in their first or second year and taking non-clinical courses, while the post-survey group was made up of DNP students in their third, fourth, or fifth year of their DNP tracks. Go to Appendix R for the demographic information of survey participants. Other variables that could have contributed to an increase in the perception of stigma are valuation of self-reliance, cultural beliefs, and past experiences with PD or psychological services.

However, efforts to overcome barriers like stigma should continue to be pursued because they may inversely lead to an increased willingness to seek help and disclose PD to others (Henderson et al., 2017; Silk et al., 2017; & Torok et al., 2016). By challenging pre-existing stigmatic beliefs, anti-stigma campaigns influence attitudes and behaviors regarding PD and help-seeking, especially in those who are at risk for or currently experiencing a psychological crisis (Maulik et al., 2017; Torok et al., 2016).

Awareness of Psychological Services

Although the post-survey group had a 27.3% increase in psychological service awareness compared to the pre-survey group, only 49.1% of the post-survey group were aware of on-campus psychological services despite 59.6% indicating they were aware of the on-campus anti-stigma campaign. This discrepancy between awareness of the anti-stigma campaign and the services provided at the SWP may be due to two reasons. Anti-stigma campaign flyers were hung throughout the SSB Building and Ackerson Hall usually in designated areas for campus flyers and notices. Viewers may have felt fatigued or overwhelmed by the amount of flyers and information posted, and left without understanding or retaining the intended message. Also,

campaign flyers could have been overlooked depending on the amount of competition from other nearby flyers, posters, or monitors. Another reason is poor exposure to the anti-stigma campaign. Campaign flyers were removed from previously posted areas, which could further contribute to poor campaign exposure to the target audience. DNP students may have received the e-mail invitations to the Instagram campaign account and become aware of the campaign, but were not exposed to the campaign itself. This would be especially true for students who do not take classes on campus, and are not users of Instagram.

Anti-stigma Campaign

This anti-stigma campaign used multiple evidence-based strategies to address PD, promote psychological help-seeking, and challenge stigma. These strategies include value-expressive messages; promotion of normalcy and solidarity; social contact; peer and celebrity source messages; repeated and prolonged exposure; and use of written materials and social media (Kim, 2016; Kosyluk et al., 2015; Maulik et al., 2017; Torok et al., 2016; Silk et al., 2017).

The anti-stigma campaign flyers incorporated value-expressive messages and promoted a sense of normalcy and solidarity for those experiencing PD or receiving psychological treatment. The campaign employed a series of six flyer designs featuring stock photos of different individuals visibly struggling with the task in front of them, such as studying, typing, and sleeping. The images are juxtaposed to the text bubbles of the individual minimizing or denying that he/she is in distress by stating, "I'm fine." The flyers also have a slogan that reads, "When 'fine' doesn't really mean 'fine,' we're here to talk" referring to the psychological services available at the SWP. Several DNP students provided informal feedback about the campaign flyers stating, "that's me"; "that's so true; and "it makes me feel better when I see these flyers."

Social contact, especially with peers and celebrities, received much positive feedback. A diversity of stock photos was selected of individuals of different ages, races, and backgrounds to be used in the campaign flyers. Similarly, the Instagram campaign account strived to appeal to a wide audience by incorporating a variety of content. This included featuring people of different backgrounds, and offering information and support specific to minority mental health needs. Based on the Instagram analytics, the posts with the most engagement (likes, reach, impressions, shares, and saves) were those with celebrities, such as Princes William and Harry Windsor, Demi Lovato, and Beyonce.

Hanging campaign flyers in designated, high-traffic areas on campus combined with the Instagram campaign page offered the opportunity for viewers to be exposed to the anti-stigma campaign repeatedly and over a long period of time. However, exposure to the campaign may have been affected because many students do not attend class on campus or have access to Instagram. Flyers were also removed for unknown reasons from previously posted areas during the intervention period.

Social media such as Instagram is an underused communication tool with the potential to reach a broad audience, provide anonymity, and increase exposure to the campaign (Torok et al., 2016). The Instagram campaign account received several positive messages, particularly from mental health awareness advocates and organizations. For example, the online store Endure Life, which advocates for mental health awareness and outdoor adventures, commented that “more people need to be spreading this message” (Endure Life, personal communication, October 13, 2019). Similarly, The Serenity Movement, which is an online store that spreads mental health awareness and supports multiple mental health organizations, commented that “everyone should

be posting things like this, I don't understand why its only us!" (The Serenity Movement, personal communication, November 22, 2019).

Objectives, Facilitators, and Barriers

The aim of this project was to increase psychological help-seeking for PD among DNP students. The objectives to achieve this aim were (a) to gather demographic and baseline information about PD stigma and help-seeking from DNP students; (b) to develop a multi-media anti-stigma campaign; (c) implement the anti-stigma campaign for two months; and (d) to evaluate the effects on stigma, help-seeking, and service uptake for PD following the campaign.

The first objective was accomplished by collecting pre-intervention survey data including demographics; attitudes about PD and help-seeking; and awareness of on-campus mental health services and campaigns. Baseline information was also requested and received from the SWP regarding the services provided to DNP students at █████SON. The second objective was achieved by designing a series of anti-stigma campaign flyers as well as a dedicated online social media account on Instagram. Campaign flyers incorporated various evidence-based educational and health promotional strategies (e.g. social contact, celebrity advocates, and repeated and prolonged exposure); featured the SWP including available mental health services and contact information; and a link to the partner Instagram account "@HowRU_campaign." A two month calendar of Instagram content was developed outlining the images and captions posted daily. The Instagram account shared factual information about PD; promoted positive attitudes toward people with PD and receiving mental health services; reinforced the benefits of seeking psychological help; and referred viewers to other relevant resources such as major mental health organizations, crisis help lines, and support groups. After receiving approval from █████ IRB, the anti-stigma campaign was implemented for two months by hanging campaign flyers

throughout Ackerson Hall and the SSB Building, and sending mass e-mail invitations to DNP students to visit and/or follow the Instagram account. During the anti-stigma campaign period, flyers were replaced as needed, and the Instagram account posted daily content according to the IRB-approved calendar. Lastly, following the conclusion of the anti-stigma campaign, post-survey and evaluation data were collected.

A major facilitator of achieving the project's objectives was the availability of on-campus psychological services that is not only minutes away from the SSB Building, but has no additional costs to students. Another important facilitator was the low cost of designing, implementing, and sustaining this multi-media anti-stigma campaign. The cooperation and support from key stakeholders at █████SON and SWP also helped to conduct this project and reach its objectives.

There are also several barriers that may have influenced achieving the project's aims and objectives. One such barrier was poor exposure to the anti-stigma campaign due to the removal of flyers and lack of access to Instagram. Other barriers include resistance to change from DNP students; lack of time or resources to receive psychological help; nursing students' preference for self-management of PD and informal social support; and nursing students' tendencies to have low self-perception of PD, importance of self-reliance, and negative attitudes towards psychological help-seeking (Galbraith et al., 2014; Mitchell, 2018; Pumpuang et al., 2018).

Implications

Clinical Practice

Efforts to reduce PD and stigma have several implications to improve the clinical practice of DNP students, currently employed nurses, and future nurse practitioners. Nursing students are likely to continue established attitudes and behaviors toward PD and psychological services into

their future practices, which is why it is important that universities create a culture of good mental health care and student support. Untreated PD can lead to poor clinical performance, decreases in productivity, and increases in medical errors (Liébana-Presa et al., 2014; Wynaden et al., 2014). Conversely, treating and reducing PD can help nurses and nursing students improve patient care, increase productivity, and prevent medical errors (Chisholm et al., 2016; Liébana-Presa et al., 2014; Pumpuang et al., 2018).

In addition to the clinical requirements of DNP students, many also work concurrently as registered nurses. Of those surveyed, 70.9% (39) of pre-survey participants and 66.7% (38) of post-survey participants reported working full-time; 18.2% (10) and 14% (8) reported working part-time; and 10.9% (6) and 15.8% (9) reported working per diem. Only two post-survey participants indicated they were “unemployed, not currently looking for work.” Nurses with PD have higher rates of absenteeism, attrition, and burnout (Galbraith et al., 2014). However, relief from PD may improve job satisfaction, increase retention rates within the profession and DNP program, and contribute to a healthier nursing workforce (Chisholm et al., 2016; Mitchell, 2018; Pumpuang et al., 2018).

An anti-stigma campaign about PD and psychological help-seeking can also help DNP students and future nurse practitioners feel more comfortable caring for patients with PD. The anti-stigma campaign aims to challenge stigmatic beliefs by educating and raising awareness about the negative effects of PD and the benefits of professional psychological help. DNP students exposed to the campaign may be better able to empathize with patients, and provide the appropriate care and support needed (Friedrich et al., 2013).

Healthcare Policy

This project also has potential policy implications institutionally, statewide, and nationally. As part of the Mental Health Action Plan, the WHO (2013) recommends using media awareness and campaigns to increase public knowledge and reduce stigma. [REDACTED] SON and the SWP may elect to adopt and continue the campaign to increase student outreach programming about PD and good mental health; provide student support and resource awareness; and enhance the relationship between [REDACTED] SON and the SWP.

The anti-stigma campaign can also be expanded statewide since [REDACTED] has multiple campuses throughout New Jersey. Other schools of nursing or university counseling centers may also be interested in implementing a similar campaign or intervention to connect students with PD to the appropriate health care services. Collectively, these improvements would contribute to national reductions of PD, increases in psychological service uptake, and personal and academic success for students.

Quality and Safety

The findings of this project also have many implications for health care quality and safety. Through education and awareness, this anti-stigma campaign attempts to bridge the gap between DNP students with PD and on-campus psychological services. Nursing students have a low likelihood of seeking out professional psychological help due to stigma, value of self-reliance, and negative attitudes toward PD and psychological services (Galbraith et al., 2014; Mitchell, 2018; Pumpuang et al., 2018). Although professional help is an effective treatment option, nursing students prefer other self-management tools and strategies to address PD (Galbraith, et al., 2014; Pumpuang et al., 2018).

Treatment at the SWP may serve as an important point of care in identifying other physical, mental, and emotional health risks or conditions. PD can increase one's risk for

developing suicidal ideation, and alcohol or substance use disorders (Aradilla-Herrero, Tomás-Sábado, & Gómez-Benito, 2013). By reducing such barriers as stigma and lack of awareness, DNP students may be more willing to receive treatment for PD as well as other co-morbidities. Long-term effects may include better personal health, a healthier nursing workforce, and lower healthcare costs (Chisholm et al., 2016; Mitchell, 2018).

The treatment and reduction of PD not only benefits DNP students, but also employers, clinical sites, patients and families, and SON. DNP students working as nurses and taking clinical courses may see improved patient care and fewer medical errors (Liébana-Presa et al., 2014; Pumpuang et al., 2018), which directly affects patient and family outcomes and satisfaction. As a result, employers and clinical sites will have downstream benefits that include improved clinical performance, increased productivity, and lower rates of absenteeism and attrition (Chisholm et al., 2016; Galbraith et al., 2014; Mitchell, 2018). By supporting the mental health of its student body, SON may have higher academic achievement, successful progression and graduation rates from its DNP programs, and the continued positive reflection of its preparation of quality advanced practice nurses.

Education

The anti-stigma campaign has various implications for nursing education. The campaign strives to reduce stigma and promote help-seeking by educating the audience about the risks of untreated PD, the benefits and location of on-campus psychological services, and the myths and misinformation about PD and help-seeking. This information is not only helpful to DNP students, but may also be applicable to patients seen at clinical and job sites. Being more knowledgeable and empathetic towards people with PD may help DNP students feel more confident in treating patients, and building a trusting relationship between patient and provider.

The anti-stigma campaign also provided information about on-campus mental health resources, specifically at the SWP. Information includes the SWP's address, contact information, hours of operation, and link to website with additional resources and tips for students curious about or seeking psychological care. Making this information readily available and sharing awareness about psychological services and resources for students may increase DNP students' likelihood and willingness to seek help for PD. Flyers were posted in prominent areas where DNP students gather, such as student lounges, hallways, classrooms, and elevators. This helped create a culture that is accepting and non-judgmental, supportive of students struggling with PD, and connects them to student services and resources for assistance.

Economic

Increasing help-seeking for PD among DNP students has the potential to reduce individual, institutional, and local mental health care spending. The WHO estimates that PD costs are over \$1 trillion per year globally, yet treatment of PD can result in a fourfold return on investment (Chisholm et al., 2016). Using a multi-media approach combined with evidence-based campaign strategies, this anti-stigma campaign has the potential to reach a large audience to educate them about PD, spread awareness about on-campus psychological services, promote help-seeking, and challenge stigma. In turn, treatment of PD can lead to such gains as higher productivity, job retention, lower health care expenses, and fewer malpractice costs (Liébana-Presa et al., 2014; Galbraith et al., 2014). Additionally, DNP students who are also working as registered nurses may also have improvements at work resulting in increased job satisfaction and fewer medical errors that further contribute to decreased costs (Liébana-Presa et al., 2014; Galbraith et al., 2014).

Economically, an anti-stigma campaign about PD and psychological help-seeking can be feasibly implemented because of the minimal costs necessary to develop and maintain it. The expenses, resources, and staffing required are relatively low. The cost of flyers, including stock photo licenses, is \$41.50 (Rutgers University Libraries, 2019; Shutterstock, 2019). Once the campaign is in effect, it does not require much money, time, or staff to sustain it. Maintenance costs include flyer replacements, evaluation-related expenses, and future campaign improvements. However, the budget to maintain the anti-stigma campaign is expected to remain low because the resources at ■■■SON, psychological services at the SWP, and use of Instagram are expected to continue being free. While it will require time and advanced planning to post content multiple times a day, it usually takes less than 10 minutes at a time to execute.

Plans for Future Scholarship

At the conclusion of this project, findings will be disseminated in a final paper, presentation, and poster at ■■■SON. Once the final paper is completed and approved by the DNP project team, electronic and physical copies will be retained by ■■■SON. Next, a formal presentation will be given before the DNP project team to discuss and defend this DNP project. The final presentation will also be open to ■■■SON students, faculty, and the general public to learn and ask questions about the project. The final presentation is scheduled for January 2020. Lastly, a poster that summarizes and highlights the key points of the project will be displayed at ■■■SON's Virtual DNP Poster Day in April 2020. Students, faculty, and other attendees will be able to review the poster, discuss the methodology and findings of the project, and ask questions.

Findings will also be disseminated in a scholarly article to be published in a peer-reviewed nursing journal. The article will describe the impact of untreated PD in DNP students; the outcomes of the 8-week anti-stigma campaign; and the potential benefits and limitations of

using multi-media campaigns and social media as communication tools. Journals that may be interested in this project include the Journal of Doctoral Nursing Practice, Journal of Professional Nursing, and Issues in Mental Health Nursing. Project findings may also be disseminated at nursing conferences as a poster or presentation. Nursing organizations that may be interested in this project are the American Association of Colleges of Nursing, American Nurses Association, New Jersey Student Nurses Association, and the New Jersey Nursing Students, Inc.

Conclusion

DNP students are at increased risk of developing PD, yet have a low likelihood of seeking professional psychological help despite the benefits it can provide (Galbraith et al., 2014; Liébana-Presa et al., 2014; Mitchell, 2018; Pumpuang et al., 2018). Left untreated, PD can lead to a variety of personal, professional, and academic problems (Aradilla-Herrero et al., 2014; Wynaden et al., 2014). Anti-stigma campaigns have the potential to overcome stigma – a major barrier to professional help-seeking – by challenging stigmatic beliefs and misinformation, raising awareness about PD and the benefits of psychological services, and promoting professional help-seeking among DNP students (Henderson et al., 2017; Maulik et al., 2017).

This project intended to increase psychological help-seeking among DNP students through the implementation of an on-campus multi-media anti-stigma campaign about PD. Although findings suggest that the perception of public stigma regarding psychological treatment increased in the post-intervention survey group, there were also increases in positive attitudes towards professional psychological help-seeking increased as well as awareness of on-campus psychological services in the post-survey group. These results provide further support that anti-stigma campaigns have the potential to reduce PD, raise awareness about psychological services,

improve the education and training of DNP students, and contribute to a healthier future nursing workforce.

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therapists%2F&psig=AOvVaw1-SQuzWhD4NsJH3bYv4K2O&ust=1564550720075786](https://www.google.com/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&ved=2ahUKEwjU59Dh89vjAhUDneAKHcVjANcQjxx6BAgBEAI&url=https%3A%2F%2Fwww.talkspace.com%2Fblog%2Fcommon-questions-suicide-with-talkspace-therapists%2F&psig=AOvVaw1-SQuzWhD4NsJH3bYv4K2O&ust=1564550720075786)
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<http://dx.doi.org/10.1016/j.apnu.2014.08.003>

Appendix A

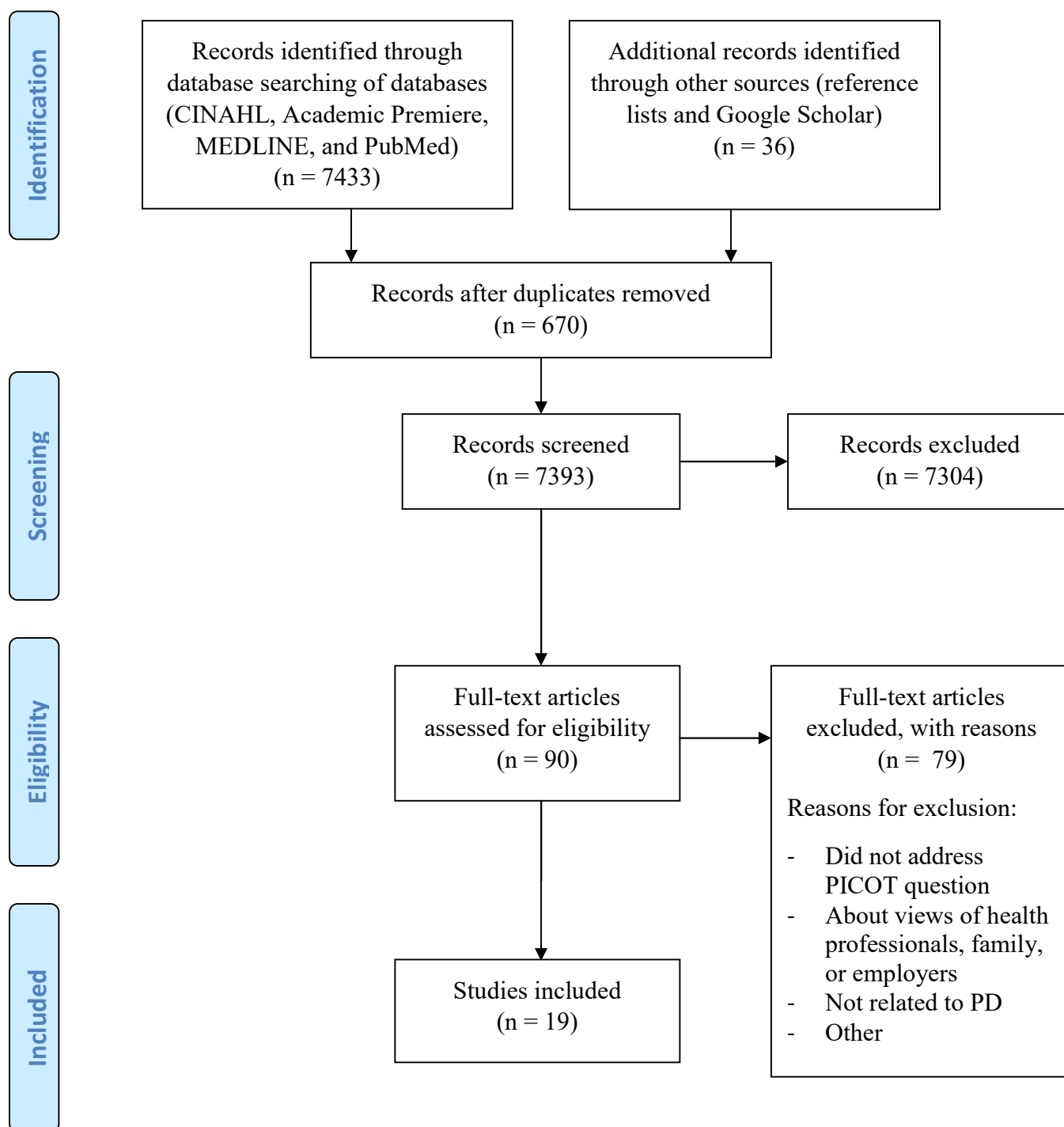
Table 1

Glossary of Main Concepts and Definitions of Project

Concept	Definition
Anti-stigma campaign	Program or campaign to reduce stigma and educate about mental illness and treatment using a variety of methods to connect with viewers (Eisenberg, Hunt, & Speer, 2009).
Help-seeking	“In the mental health context, help-seeking is an adaptive coping process that is the attempt to obtain external assistance to deal with a mental health concern” (Rickwood & Thomas, 2012).
Psychological distress	“The unique discomforting, emotional state experienced by an individual in response to a specific stressor or demand that results in harm, either temporary or permanent, to the person” (Ridner, 2004).
Stigma	“Process involving labelling, separation, stereotype awareness, stereotype endorsement, prejudice and discrimination in a context in which social, economic or political power is exercised to the detriment of members of a social group” (Clement et al., 2015, p. 1; Link and Phelan, 2001).

Appendix B

Figure 1

Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) Flow Diagram

Appendix C

Table 2

Table of Evidence

Clinical Question: In DNP students, how does an on-campus anti-stigma campaign about PD compared to not using an anti-stigma campaign increase psychological help-seeking in 2 months?

Article #	Author & Date	Evidence Type	Sample, Sample Size, Setting	Study findings that help answer the EBP Question	Limitations	Evidence Level & Quality
1	Brijnath, Protheroe, Mahtani, Antoniades (2016)	Systematic review of 14 studies (10 randomized controlled trials and 4 quasi-experimental studies)	Total number of participants of all 14 studies were 2605.	Web-based interventions targeting mental health literacy are best when they include active ingredients, such as a structured program, tailoring to specific populations, evidence-based content, and promoted interactivity and experiential learning.	Search strategy may have missed relevant articles because it included English language only. Meta-analysis could not be performed due to heterogeneity of measures and outcomes.	Level IV B - Good
				Improvements in mental health literacy was not directly associated with increases in help-seeking, but was associated with	Several studies had complex interventions that made it difficult to separate components that	

				reductions in mental health stigma. This has an indirect effect on help-seeking by reducing stigma as a barrier.	influence target outcomes.	
2	Clement et al., (2015)	Systematic review of 144 quantitative and qualitative studies	Researchers reviewed 144 international studies. The total number of participants was 90189 after inclusion criteria were applied.	Mental health-related stigma was ranked fourth as a barrier to help-seeking, indicating that stigma has a small to moderate effect on help-seeking. However, health professionals were found to be disproportionately deterred by stigma from seeking help for mental health problems.	Individual studies were limited by methodological issues. Exclusion of lower quality studies reduced overall effect size of overall findings. Generalizability is limited because majority of studies took place in high-income countries.	Level IV A - High
				Anti-stigma campaigns should focus on countering stereotypes about people with mental health problems. Stigma-reducing interventions should be included in broader approaches to address multiple key barriers to help-seeking.	The systematic review may have missed relevant studies because of publication bias or the exclusion process. Some pertinent areas were not included. Researchers did not gather information on the impact of	

					structural stigma. Only a small number of qualitative studies on subgroups (e.g. rural settings or later life stages) were included.	
3	Eisenberg, Hunt, & Speer (2012)	Review of evidence	Not applicable.	Education and social contacts in outreach programs or campaigns are promising approaches to reduce stigma. Campaigns have the potential to reach large portions of student populations.	Not applicable.	Level V
4	Friedrich, Evans-Lacko, London, Rhydderch, Henderson, & Thornicroft (2013)	Two group pre- and post-intervention questionnaires (Two post-intervention questionnaires are conducted immediately and six months afterward.)	Sample consisted of 1452 medical students (intervention group $n = 166$; control group $n = 386$) from four universities in the UK.	All measures improved in the control and intervention groups between baseline and immediate follow-up. People with more stigmatizing attitudes had the most benefit from the intervention.	Control groups were only available at two out of four universities. Questionnaire were shortened for feasibility purposes. Mental health stigma and attitudes are changeable and	Level III C - Low

					not always explicit.	
					Relationship between the intervention and behavior toward people with mental health problems in a clinical setting could not be determined by this study.	
5	Galbraith, Brown, & Clifton (2014)	Cross-sectional questionnaire survey design	Sample consisted of 219 student nurses at two large universities in the UK.	Negative attitudes including stigma are barriers to help-seeking for student nurses.	Use of closed questions may provide limited insight into help-seeking attitudes and behaviors.	Level III C - Low
					Not all participants may have experienced stress, and that hypothetical predictions may differ from actual behavior.	
6	Henderson, Robinson, Evans-Lacko, & Thornicroft (2017)	Cross-sectional survey design	Quota sampling was used to survey nationally representative separate samples	Found significant relationship between awareness of campaign with increased likelihood for help-	Campaign awareness data was not collected about TTC campaign from 2009 to 2011.	Level III C - Low

regarding [REDACTED]
[REDACTED]
(TTC) anti-stigma campaign. Random methodology was used to select locations for interviews based on information from the UK Census and postal code areas to stratify regions as defined by the UK Government Office, and social status. Sample size was 1700 adults residing in England during 2008 to 2016.

seeking from a general practitioner for a mental health problem.

Campaign awareness also increased comfort to disclose mental health problem to employers, friends, and family.

Data was collected using face-to-face interviews, so responses may be affected by social desirability.

Evaluation of TTC campaign does not distinguish between responses about common mental health disorders from those about less prevalent illnesses.

Campaign awareness may have been affected by restricted television use related to high costs.

Access to health care may have been limited by NHS funding restrictions during the time period of the TTC campaign.

7	Hlabse, Dowling, Lindell, Underwood, &Barsman (2016)	Cross-sectional mixed-methods design	Sample included 172 DNP students and graduates in the United States.	Barriers to successful progression in a DNP program are academic challenges, time and life balance, financial problems, lack of confidence, and value of degree.	Used a researcher- developed tool with validity based on prior research and unestablished reliability. Response rate may have been low.	Level III C - Low
8	Kim (2016)	Randomized between-subject experiment	Participants recruited from subject pool managed by university department of psychology. Sample included 148 college students (30% freshmen, 37% sophomores, and 32% junior s) 18-22 years old. Inclusion criteria included self- reported motivational goals to be healthy, self- directed, and protect image.	Value-expressive messages promote a positive attitude change by establishing connections between psychiatric help-seeking and goals of being health or self-directed. Health value-expressive message had a stronger effect than the control message (no value- related element) for participants who had a higher motivational goal to be healthy. Self-direction value- expressive message was dependent on the	Researcher used a convenient sample of healthy college students, so may not be generalizable to other groups or settings. Messages were developed to increase positive help-seeking attitudes for students without depressive symptoms, but participants' depressive symptoms were not assessed. Messages may not have same	Level II C - Low

viewer's personal goal to protect image.

impact on clinically depressed students, but attitude-intention relation are similar among those with and without depressive symptoms.

Perceived argument strength was assessed with a single-item, and may be susceptible to measurement error. Item needs pilot tests to improve internal validity.

9	Kohls, Coppens, Hug, Wittevrongel, Van Audenhove, Koburger..., & Hegerl (2017)	Cross-sectional pre-post design	Sample consisted of a representative general population of 4004 survey respondents in Germany, Portugal, Ireland, and Hungary.	Pre-campaign levels of personal and perceived depression stigma as well as openness and perceived value of professional help improved by post-campaign assessments.	Self-report may result in bias (social desirability bias). Campaign time period may also have been too short.	C - Low
10	Kosyluk, Schmidt, Abelson, Malmon,	Cross-sectional survey	American college students were solicited using Mechanical Turk	Reduction of mental illness-related stigma should be partnered with normalcy	Sample may not be representative because the study did not use a	Level III C - Low

	&Corrigan (2015)		(MTurk). Out of 1625 respondents, 990 were selected after exclusion criteria were applied.	promotion and solidarity support in anti-stigma campaigns to eliminate barriers to utilization of psychotherapy by college students.	randomly selected group. Responses may have been affected by social desirability bias. Surveys measured beliefs and attitudes about mental illness, but beliefs do not necessarily translate into behavior.	
11	Lazard, Bamgbade, Sontag, & Brown (2016)	Phase 1: Interviews with participants Phase 2: Between-subjects experimental design	Twenty-six participants (ages 18-25) were recruited from an online university message board and announcements in communication and pharmacy courses.	Conceptual and visual metaphors are effective strategies to communicate about mental illness, and should be considered in campaigns to reduce barriers for help-seeking. Metaphoric messages are appealing. Visual metaphors lead to greater message engagement, and conceptual metaphors have potential to reduce	One time exposure to messages may not be sufficient to detect recall or shifting of attitudes about mental illness stigma. Items to measure comfortability with mental illness, social distance, and disclosure may not have fully covered the complexity of these constructs of stigma.	Level II C - Low

stigma.

12	Maulik et al. (2017)	Pre-post study design using a mixed-methods approach	Sample included adults ≥ 18 years old who could provide consent and were available to be interviewed. Participants were recruited from the 2764 eligible adults in two villages in India where the SMART Mental Health Project anti-stigma campaign was conducted. The pre-intervention group had 1576 participants. The post-intervention group had 2100 participants.	Although knowledge was not increased, mental-health related attitudes and behaviors improved after the campaign. Stigma related to help-seeking was reduced. Social contact and drama were the most beneficial strategies used in the campaign.	Pre-post method does not allow for efficacy of intervention to be determined. Does not have a control group. Content and language used in campaign may not be generalizable to other populations Participants were not a random sample. They were recruited. However, researchers note recruitment bias is negligible. The measurement scales (Barriers to Access Care Evaluation [BACE] and Mental Health Knowledge, Attitude and	Level III C- Low
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Behaviour [KAB]) did not undergo assessment within this specific study population. However, researchers found translation and back-translation and test-retest reliability to be good.

Post-intervention BACE results were collected after the campaign, and time may have attenuated effects. However, changes in BACE scores suggest time did not have a significant impact.

13	Mitchell (2018)	Descriptive, cross-sectional survey design	Sampled was composed of 121 nursing students from a university in England.	Fears of disclosure and negative impact on nursing ability are barriers to help-seeking for PD.	Cross-sectional design cannot assess temporal associations related to psychological distress. Report of help-	Level III C - Low
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					seeking behavior may be affected by time.	
					Sample size may be too small.	
14	Mojtabai, Evans-Lacko, Schomerus, & Thornicroft (2016)	Prospective cross-sectional design using data from the National Comorbidity Survey (NCS) conducted in 1990-1992, and the NCS follow-up in 2002-2003	Nationally representative survey of 8,098 participants ages 15 to 54 years old in United States. Participants were non-institutionalized civilians.	Willingness to seek professional help for an emotional problem and feeling comfortable speaking with a professional about personal problems were significantly associated with future help seeking and treatment use.	Did not specifically assess attitudes toward psychotherapy or medication. Intensity of service use not assessed. Examined only the association of existing attitudes with future help-seeking. Examined association between attitudes at baseline and help-seeking over an 11-year period without accounting for individual attitude changes. Did not assess	Level III B - Good

whether participants considered themselves as having a mental illness requiring professional help.

Attitudes toward help seeking and the association of attitudes with help seeking behavior may be different between NCS and NCS-2.

Assessments based on self-report and open to bias (recall and social desirability).

15	Pirkis, Rossetto, Micholas, Ftanou, Robinson, Reavley (2017)	Systematic review of 20 studies	Twelve studies were conducted in the United States, two in Canada, and one each in Japan, South Africa, Scotland, Austria, Australia, and South Korea.	Suicide prevention media campaigns improved knowledge, awareness, and attitudes toward suicide. Media campaigns should be considered as an intervention to prevent suicide.	Search strategy may have missed relevant studies because of search terms or exclusion criteria. Potential for publication bias. Search focused on suicide prevention	Level IV B - Good
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					<p>campaigns and public service announcements, and may have missed general mental health promotion campaigns.</p> <p>Three campaigns used in the review evaluated the same campaign.</p>	
16	Pumpuang, Seeherunwong, & Vongsirimas (2018)	Descriptive cross-sectional design	Out of 400 eligible nursing students attending a Thai university from September to November 2014, a total of 343 participants were selected after inclusion criteria were applied and outliers removed. and outliers removed)	Attitudes toward help-seeking behaviors and subjective norms were found to be significant predictors of intention to seek psychological help by nursing students.	<p>Sample may not be representative or generalizable due to limitations of recruitment process (recruitment from one university and small sample size).</p> <p>Cross-sectional design and data collection period may have affected the trends of participants' PD and help-seeking.</p> <p>Researchers developed a new</p>	<p>Level III</p> <p>C - Low</p>

					TPB instrument that requires more psychometric testing for use studying nursing students.	
17	Silk, Perrault, Nazione, Pace, & Collins-Eaglin (2017)	Quasi-experimental with control condition	<p>The intervention was pilot-tested on 846 incoming freshmen at an American university from February to April 2012.</p> <p>At the end of April 2012, intercept surveys were collected at dining facilities in the intervention and control neighborhoods. Surveys were completed by 292 participants (137 lived in a peer source neighborhood; 179 lived in a celebrity source neighborhood; and</p>	<p>Students reported greater willingness to refer friends to the university counsel center after exposure to peer message sources than celebrity message sources.</p> <p>Students exposed to either campaign intervention reported greater effects to seek help and talk to others about counseling than students who were not exposed to the campaign.</p>	<p>Participants were not randomly assigned to intervention or control groups.</p> <p>Data was not collected from students not living in the intervention neighborhoods, but were exposed to the campaign.</p> <p>Standard care materials for the university counseling center were also distributed to students during the intervention time period, which may obscure the true effects of the campaign.</p>	<p>Level II</p> <p>B - Good</p>

			75 lived in a control neighborhood without campaign materials).		However, standard care materials were distributed to the whole campus, and should have an equal influence on students.	
18	Torok, Callear, Shand, & Christensen (2016)	Systematic review of 13 articles	Not applicable.	<p>Mass media campaigns showed modest but significant increases in suicide knowledge and help-seeking intentions.</p> <p>Level of exposure, repeat exposure, and community engagement were fundamental to campaign success.</p> <p>Social media is a relatively neglected strategy that has the potential to reach at-risk populations, provide anonymity, and sustain messages over time.</p>	<p>Some studies may have been missed by researchers' search strategy.</p> <p>Quality of data may vary between studies because of differences in outcome measurement.</p>	<p>Level IV</p> <p>B - Good</p>
19	World Health Organization (2013)	Comprehensive Mental Health Action Plan 2013-2020	Not applicable.	To meet objective to implement mental health promotion and prevention strategies, WHO recommends	Not applicable.	Level V

media awareness and campaigns to increase public knowledge and understanding about mental health, reduce stigmatization and discrimination, and promote human rights.

Appendix D

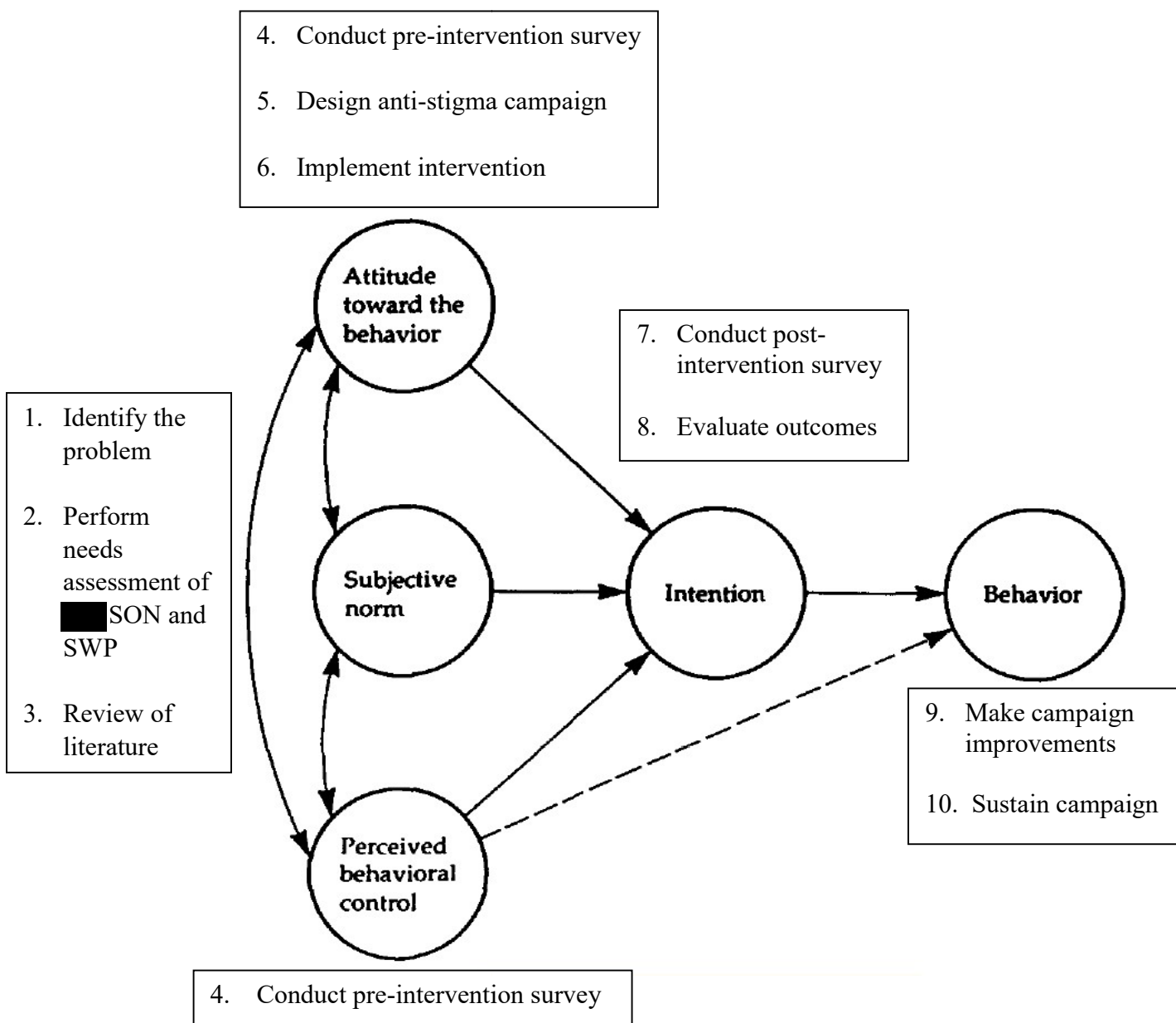
Table 3

Glossary of Main Concepts and Definitions from the TPB

Concept	Definition
Intention to perform behavior	Indications of how much effort people are planning to exert to perform the behavior (Ajzen, 1991).
Attitudes toward the behavior	“The degree to which a person has a favorable or unfavorable evaluation or appraisal of the behavior in question” (Ajzen, 1991, p. 188).
Subjective norms	“The perceived social pressure to perform or not to perform the behavior” (Ajzen, 1991, p. 188).
Perceived behavioral control	“The perceived ease or difficulty of performing the behavior and it is assumed to reflect past experience as well as anticipated impediments and obstacles” (Ajzen, 1991, p. 188).

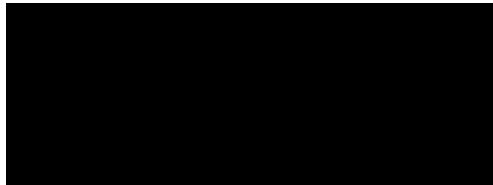
Appendix E

Figure 2

TPB Theoretical Framework*Figure 2.* Adapted from “Theory of Planned Behavior” (Ajzen, 1991).

Appendix F

Participant Recruitment E-mail



Hello my fellow DNP students,

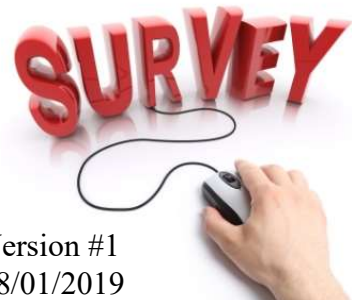
My name is Kimberly Ducusin, and I am in the Family DNP program. I am currently working on my DNP project and need your help! My project will examine the effects of an on-campus anti-stigma campaign to increase help-seeking for psychological distress among DNP students.

I am looking for DNP students enrolled at [REDACTED] School of Nursing-[REDACTED] to complete a 10 to 15-minute online survey about attitudes and intentions to seek professional psychological help for depression and anxiety. DNP students of all cohorts are encouraged to participate regardless of specialty track, year in program, or full-time or part-time status. Participation is **voluntary, anonymous, confidential**. Participants may withdraw from the study at any time.

To complete the survey, please go to [INSERT LINK HERE]. For any questions, please contact me by email at [REDACTED] or phone at [REDACTED]. Your time and contribution to nursing research are greatly appreciated. Thank you.

Sincerely,

Kimberly Ducusin



Version #1
08/01/2019

Participant Recruitment Flyer



RUTGERS
School of Nursing

Newark Health Sciences
Division of Advanced Nursing Practice
<https://nursing.rutgers.edu/>
p. (973) 972-4307

Stanley S. Bergen building
65 Bergen St.
Newark, NJ 07107

Distress

Description: Complete a 10-15 minute online survey about intention to seek psychological help.

Location:

Inclusion criteria: All DNP students in all cohorts at [REDACTED] are encouraged to participate.

Benefits of Participating: Increase your knowledge and awareness about psychological distress and on-campus mental health services; and contribute to nursing research.



Version #3
09/27/2019

For more information, please contact the co-primary investigator
Kimberly Ducusin at

Study participation is VOLUNTARY, ANONYMOUS and CONFIDENTIAL

[illegible]

Pl: Kimberly Ducusin Phone: [REDACTED] Email: [REDACTED]
Pl: Kimberly Ducusin Phone: [REDACTED] Email : [REDACTED]
Pl: Kimberly Ducusin Phone: [REDACTED] Email [REDACTED]
Pl: Kimberly Ducusin Phone: [REDACTED] Email [REDACTED]
Pl: Kimberly Ducusin Phone: [REDACTED] Email [REDACTED]
Pl: Kimberly Ducusin Phone: [REDACTED] Email [REDACTED]

Appendix H

Online Survey-Questionnaire Adult Consent Form Adapted from Rutgers eIRB Template

12.19.18

**CONSENT TO TAKE PART IN A RESEARCH STUDY**

TITLE OF STUDY: Anti-Stigma Campaign to Increase Help-Seeking for DNP Students with Psychological Distress

Principal Investigator: Dr. Thomas Loveless, PhD, MSN, CRNP, AAHIVS

Co- Principal Investigator: Kimberly Ducusin, BSN, RN

Project Team Member: Dr. Barbara Caldwell, PhD, APN-BC

This consent form is part of an informed consent process for a research study and it will provide information that will help you decide whether you want to take part in this study. It is your choice to take part or not. You will be given a copy of the signed form to keep. Your alternative to taking part in the research is not to take part in it.

Who is conducting this research study and what is it about?

You are being asked to take part in research being conducted by PI Dr. Thomas Loveless who is a professor in the Dept of Nursing. The purpose of this study is to examine the effects of an anti-stigma campaign about depression and anxiety to increase professional help-seeking among Doctor of Nursing Practice (DNP) students.

What will I be asked to do if I take part?

You will be asked to complete a 10-15 minute survey about attitudes toward seeking help for depression and anxiety. You will also be asked about your awareness of [REDACTED] mental health services for DNP students. You will be asked about your age, race, gender, employment and family status, DNP specialty track, year in program, and student status for demographic purposes. The information will be anonymously collected. No one will know which responses are yours. Your participation in the study will be about 10-15 minutes. We anticipate a minimum of 100 subjects will take part in the study.

What are the risks and/or discomforts I might experience if I take part in the study?

Participation in study poses minimal risks. There are no expected physical, financial, academic, or professional risks. Surveys are anonymous and no personal or identifying information will be

requested from participants, but a data security plan is in place to minimize risk of breach of confidentiality.

There is minimal risk of psychological or emotional distress due to the nature of the survey questions. If this occurs, you can skip those questions or withdraw from the study altogether. If you decide to quit at any time before you have finished the survey your answers will NOT be recorded. Participants will also be referred to seek support from the Student Wellness Program located in the Behavioral Health Sciences Building at 183 South Orange Ave. in Newark, NJ. The phone number is (973) 972-5429.

Are there any benefits to me if I choose to take part in this study?

There are no direct benefits to you for taking part in this research. You will be contributing to knowledge about the effects of an anti-stigma campaign on professional psychological help-seeking among DNP students.

Will I be paid to take part in this study?

You will not be paid to take part in this study.

How will information about me be kept private or confidential?

All efforts will be made to keep your responses confidential, but total confidentiality cannot be guaranteed. We will use Google Forms to collect and forward your anonymous responses to us. We will not receive any information that can identify you or other subjects. We will download your responses to a secure file that requires a password to access. Only study staff will have access to the password. Responses will be deleted from the file in May 2020 after analysis is complete and study findings are professionally presented or published. No information that can identify you will appear in any professional presentation or publication.

What will happen to information I provide in the research after the study is over?

The information collected about you for this research will not be used by or distributed to investigators for other research.

What will happen if I do not want to take part or decide later not to stay in the study?

Your participation is voluntary. If you choose to take part now, you may change your mind and withdraw later. If you do not click on the 'submit' button after completing the form, your responses will not be recorded. You may also choose to skip any questions that you do not wish to answer. However, once you click the 'submit' button at the end of the form, your responses cannot be withdrawn as we will not know which ones are yours.

Who can I call if I have questions?

If you have questions about taking part in this study, you can contact the Principal Investigator: Dr. Thomas Loveless, Division of Advanced Nursing Practice, at [REDACTED] or [REDACTED]. You can also contact the Co-Primary Investigator at [REDACTED] or [REDACTED].

If you have questions about your rights as a research subject, you can call the IRB Director at: Newark Health Science (973)-972-3608, or the Rutgers Human Subjects Protection Program at (973) 972-1149.

Please print out this consent form if you would like a copy of it for your files.

If you do not wish to take part in the research, close this website address. If you wish take part in the research, follow the directions below:

By beginning this research, I acknowledge that I am 18 years of age or older and have read and understand the information. I agree to take part in the research, with the knowledge that I am free to withdraw my participation in the research without penalty. Click on the link that will take you to the survey.

Click on the "I Agree" button to confirm your agreement to take part in the research.

Appendix I

Survey-Questionnaire Adult Anonymous Data Collection Consent Form Adapted from Rutgers
eIRB Template 4.1.19

**CONSENT TO TAKE PART IN A RESEARCH STUDY**

TITLE OF STUDY: Anti-Stigma Campaign to Increase Help-Seeking for DNP Students with Psychological Distress

Principal Investigator: Dr. Thomas Loveless, PhD, MSN, CRNP, AAHIVS

Co- Principal Investigator: Kimberly Ducusin, BSN, RN

Project Team Member: Dr. Barbara Caldwell, PhD, APN-BC

This consent form is part of an informed consent process for a research study and it will provide information that will help you decide whether you want to take part in this study. It is your choice to take part or not. You will be given a copy of the consent form to keep. Your alternative to taking part in the research is not to take part in it.

Who is conducting this research study and what is it about?

You are being asked to take part in research being conducted by PI Dr. Thomas Loveless who is a professor in the Dept of Nursing. The purpose of this study is to examine the effects of an anti-stigma campaign about depression and anxiety to increase professional help-seeking among Doctor of Nursing Practice (DNP) students.

What will I be asked to do if I take part?

You will be asked to complete a 10-15 minute survey about attitudes toward seeking help for depression and anxiety. You will also be asked about your awareness of [REDACTED] mental health services for DNP students. You will be asked about your age, race, gender, employment and family status, DNP specialty track, year in program, and student status for demographic purposes. The information will be anonymously collected. No one will know which responses are yours. Your participation in the study will be about 10-15 minutes. We anticipate a minimum of 100 subjects will take part in the study.

What are the risks and/or discomforts I might experience if I take part in the study?

Participation in study poses minimal risks. There are no expected physical, financial, academic, or professional risks. Surveys are anonymous and no personal or identifying information will be

requested from participants, but a data security plan is in place to minimize risk of breach of confidentiality.

There is minimal risk of psychological or emotional distress due to the nature of the survey questions. If this occurs, you can skip those questions or withdraw from the study altogether. If you decide to quit at any time before you have finished the survey, your answers will NOT be recorded. Participants will also be referred to seek support from the Student Wellness Program located in the Behavioral Health Sciences Building at 183 South Orange Ave. in Newark, NJ. The phone number is (973) 972-5429.

Are there any benefits to me if I choose to take part in this study?

There are no direct benefits to you for taking part in this research. You will be contributing to knowledge about the effects of an anti-stigma campaign on professional psychological help-seeking among DNP students.

Will I be paid to take part in this study?

You will not be paid to take part in this study.

How will information about me be kept private or confidential?

All efforts will be made to keep your responses confidential, but total confidentiality cannot be guaranteed. We will not collect any information that can identify you or other subjects. Completed forms will be stored in a locked cabinet controlled by the investigator. Responses may be converted to digital format and stored on a password-protected computer that can only be accessed by the study team. Paper copies will then be destroyed. We plan to delete the data in May 2020 upon completion of the project, final writing, and closure of IRB. No information that can identify you will appear in any professional presentation or publication.

What will happen to information I provide in the research after the study is over?

The information collected about you for this research will not be used by or distributed to investigators for other research.

What will happen if I do not want to take part or decide later not to stay in the study?

Your participation is voluntary. If you choose to take part now, you may change your mind and withdraw later. You may leave without turning in a completed form or by turning in a blank or incomplete form. However, once you turn in the form, you can no longer withdraw your responses as we will not know which ones are yours.

Who can I call if I have questions?

If you have questions about taking part in this study, you can contact the Principal Investigator: Dr. Thomas Loveless, Division of Advanced Nursing Practice, at [REDACTED] or [REDACTED]. You can also contact the Co-Primary Investigator at [REDACTED] or [REDACTED]. If you have questions about your rights as a research subject, you can call the IRB Director at: Newark Health Science (973)-972-3608, or the Rutgers Human Subjects Protection Program at (973) 972-1149.

Please keep this consent form if you would like a copy of it for your files.

By beginning this research, you acknowledge that you have read the information and agree to take part in the research, with the knowledge that you are free to withdraw your participation without penalty.

Appendix J

Flyer Designs for Anti-stigma Campaign


Hey Joe, how RU?

Hey, I'm fine. Just working on my paper...

When “fine” doesn’t really mean fine, we’re here to help.

Graduate nursing students face an increased risk of depression and anxiety due to competing school and work demands. However, you can receive mental health support and the potential for the development of stress reduction techniques and psychological support for academic success.

If you are experiencing depression or anxiety, help is available. You are eligible for free counseling services through the Student Wellness Center. We can help with personal problems, stress/anxiety, school stress/anxiety, relationships, and more.



Hey David, how RU?

Hey, I'm fine. Just dropped the kids off at school. Finally have a chance to study for the exam.

Graduate nursing students face an increased risk of depression and competing school demands. How can they receive mental health support? The potential benefits of development of stress reduction and psychological support for academic success.

When "fine" doesn't really mean fine, we're here to help.

If you are experiencing depression or anxiety, help is available. You are eligible for counseling services. Student Wellness Center provides personal problem-solving, anxiety, school stress/anxiety, relationships, and alcohol/drug use.




Hey Nadia, how RU?

Hey, I'm fine. Just checking my exam grade...

When "fine" doesn't really mean fine, we're here to help.

Graduate nursing students face increased risk of depression and anxiety due to a combination of competing demands. However, they receive mental health support despite the pressure, including developing coping skills, seeking relief from psychological distress, and maintaining academic achievement.

If you are experiencing depression or anxiety, help is available. All students are confidential and can seek support from the Student Program for Psychological Test-taking and Stress/Anxiety Relationship.



Hey Diane, how RU?

Hey, I'm fine. Just put the kids to bed. Finally getting to this homework haha...

When "fine" doesn't really mean fine, we're here to help.

Graduate nursing students face increased risk of depression and anxiety due to competing demands. However, they can receive mental health support despite the potential stigma, including developing coping skills, seeking relief from psychological distress, and achieving academic achievement.

If you are experiencing depression or anxiety, help is available. Students are encouraged to seek confidential counseling from the Student Program for Psychological Test-taking and Stress/Anxiety Relationship.

Graduate nursing students are at increased risk of developing depression and anxiety competing school-work-life demands. However, many do not receive mental health care or potential benefits, including development of new coping skills, stress reduction, relief from distress, and support for academic achievement.

When “fine” doesn’t really mean “fine,” we’re here to talk

If you are experiencing feelings of depression or excessive worry, help is available. All students are eligible for free, confidential counseling services from the Student Wellness Program. We can help with school problems, test-taking anxiety, school-related stress/anxiety, problems with relationships, alcohol/drug use, and problems with depression.



Version #2

Graduate nursing students are at increased risk of developing depression and anxiety because of competing school-work-life demands. However, many do not receive mental health care despite the potential benefits, including development of new coping skills, stress reduction, relief from psychological distress, and support for academic achievement.

**When “fine” doesn’t really mean “fine,”
we’re here to talk.**

If you are experiencing feelings of depression or excessive worry, help is available. All DNP students are eligible for free, confidential counseling services from the Student Wellness Program for personal problems, test-taking anxiety, school-related stress/anxiety, problems with relationships, family issues

Hey Jill, how RU?

Hey, I’m fine. Just got
from work, and about to
on my paper...



Appendix K

Outline of Instagram account including profile and content.

Profile:

Username: @HowRU_campaign

Profile picture:



Bio:



Student Wellness Program

183 South Orange Ave

☐ 973-972-5429

After hours ☐ 1-800-327-3678

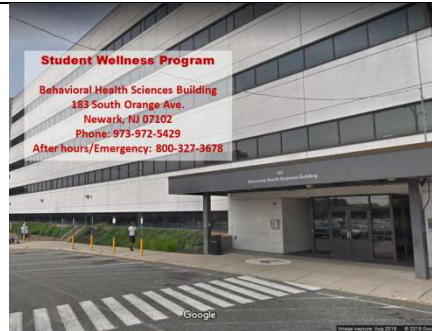
Disclaimer: Account is part of a DNP project

Table 4.

Calendar of Instagram Posts and Captions

These images and captions were posted to the account's profile page, stories, and/or IGTV.

Date	Post	Caption
10/08/2019		<p>When “fine” doesn’t really mean “fine,” we’re here to talk.</p> <p>Sometimes the hardest things to say are the words we need to say the most. You are not alone, and help is available. ☐</p> <p>All [REDACTED] DNP students are eligible for *FREE* and *CONFIDENTIAL* counseling services from the Student Wellness Program #LetsTalk</p> <p>#HowRU #FineDoesntReallyMeanFine #EndTheStigma #MentalHealthAwareness</p>



#MentalHealthMatters #AntiStigmaCampaign
#DNPproject

10/08/2019

"How are you?"
Broken. Useless. Alone. Clueless.
Confused. Betrayed. Fragile. On the verge
of tears. Depressed. Anxious. About to
break down. Really. I'm just a pathetic.
Fine. Annoying. I'm just a broken. Distant.
Lonely. Bitter. I just feel lonely.
Rejected. Crushed. I feel like I'm going to
just fall apart at any moment. Empty.
Defeated. Never good enough.

Approximately 1 in 5 people in the US
experiences mental illness in a given year.
However, stigma prevents many from
receiving the treatment they need. Let's take
the first step to mental wellness together by
talking more openly about our feelings and
experiences.

Let's #EndTheStigma and
#StartTheConversation

#HowRU #FineDoesntReallyMeanFine
#MentalHealthAwareness
#MentalHealthMatters #AntiStigmaCampaign
#DNPproject

10/08/2019



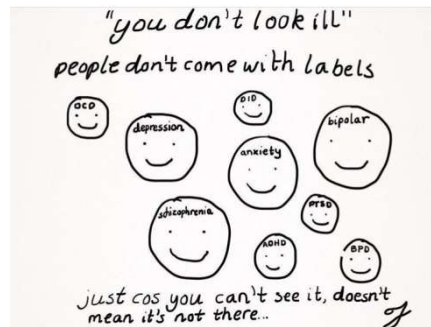
This week is
#MentalIllnessAwarenessWeek ☐ Together,
we can fight the stigma and support each other
through understanding, kindness, and
acceptance.

#EndTheStigma and #Start the Conversation

☐ @WHO

#HowRU #MentalHealthAwareness
#MentalHealthMatters #AntiStigmaCampaign
#DNPproject

10/09/2019

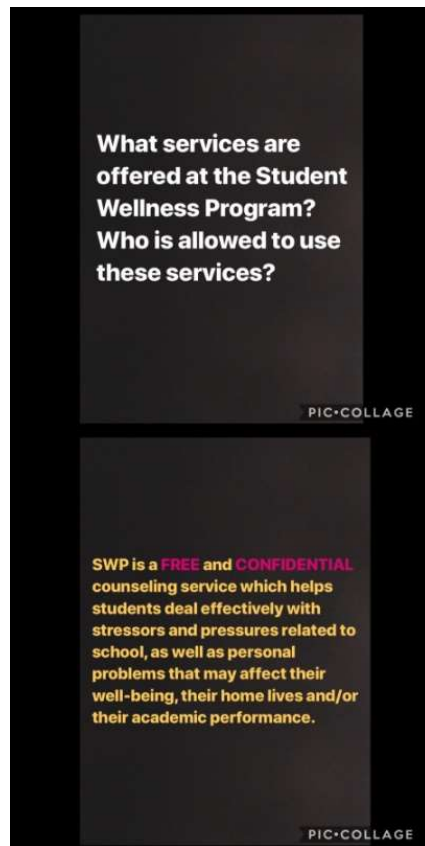


Depression and anxiety disorders have many faces. They can affect anyone regardless of age, gender, race, education, or socioeconomic status. Instead of looking at the illness or label, let's support the person going through it.

Let's #EndTheStigma and
#StartTheConversation

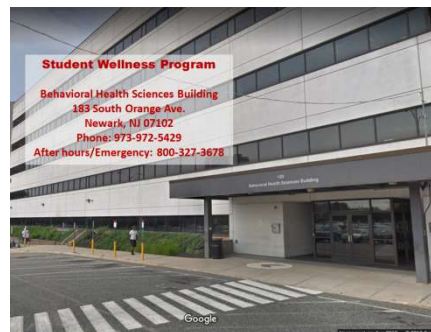
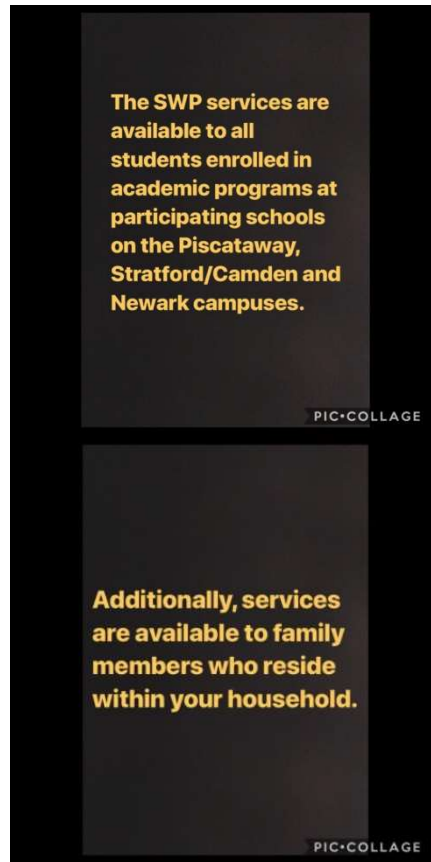
#HowRU #MentalHealthAwareness
#MentalHealthMatters #AntiStigmaCampaign
#DNPproject

10/09/2019



Did you know that all [REDACTED] DNP students and their household family members are eligible for ****FREE**** and ****CONFIDENTIAL**** counseling services from the Student Wellness Program? For more information, please visit www.ubhc.rutgers.edu/SWP or ☐ 973-972-5429 #LetsTalk

#HowRU #AskATherapist #EndTheStigma
#MentalHealthAwareness
#MentalHealthMatters #AntiStigmaCampaign
#DNPproject



10/09/2019



If you're not sure who to talk to, the Student Wellness Program offers ****FREE**** and ****CONFIDENTIAL**** counseling services to all [REDACTED] DNP students and their household family members.

For more information, please visit www.ubhc.rutgers.edu/SWP or ☐ 973-972-5429 #LetsTalk

☐ @WHO

#MentalIllnessAwarenessWeek #HowRU
#EndTheStigma #MentalHealthAwareness
#MentalHealthMatters #AntiStigmaCampaign
#DNPproject

10/10/2019



There is no shame in having a mental illness or taking care of your mental health. Together we can normalize the conversation.

Let's #EndTheStigma and
#StartTheConversation

☐ Artwork by @CrazyHeadComics

#HowRU #EndTheStigma
#MentalHealthAwareness
#MentalHealthMatters #AntiStigmaCampaign
#DNPproject

10/10/2019



To view the video, go to
<https://www.instagram.com/p/BouAtd5AF2z/>

Depression is treatable. Anxiety is treatable. Mental illness is treatable. Just like any other medical condition, seeking help and receiving treatment is all part of adopting a healthy lifestyle.

Let's #EndTheStigma and
#StartTheConversation

☐ @WHO

#WorldMentalHealthDay

#MentalIllnessAwarenessWeek #HowRU
 #LetsTalk #EndTheStigma
 #MentalHealthAwareness
 #MentalHealthMatters #AntiStigmaCampaign
 #DNPproject

10/10/2019



Do you need a break? Or looking to learn more about stress relief? Join the Office of Student Engagement for a yoga and mindfulness series every Thursday. Snacks and mats provided, or feel free to bring your own.

□ @RU_engagedson

#HowRU #yoga #mindfulness #stressrelief
 #MentalHealthAwareness
 #MentalHealthMatters #AntiStigmaCampaign
 #DNPproject

10/10/2019



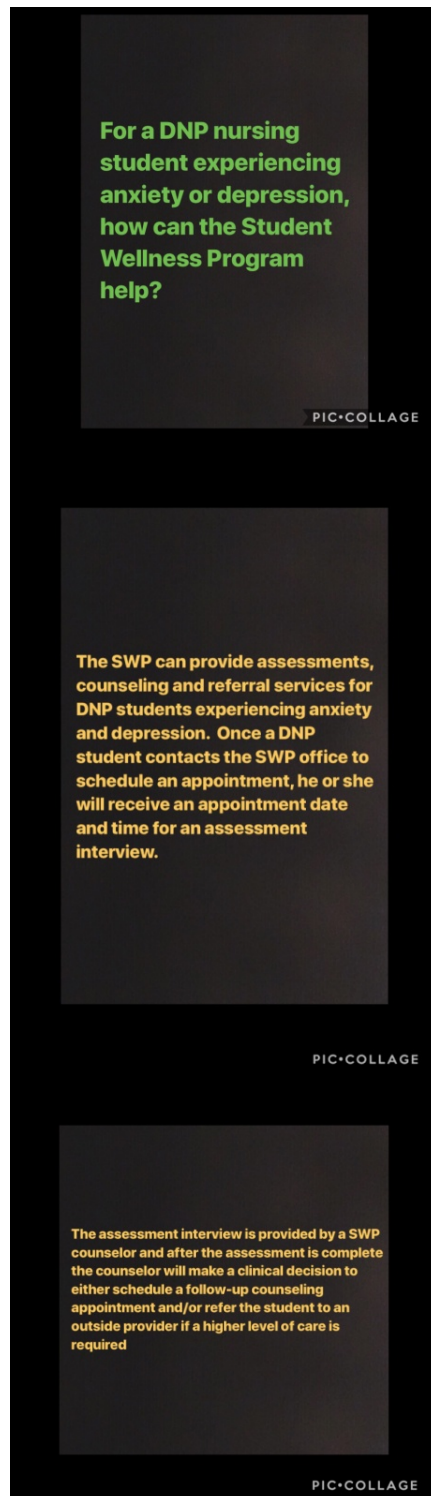
Today is #WorldMentalHealthDay! Check in with yourself as much as you check your feed.

Go to MHAScreening.org to take an ****anonymous**** self-screening test for depression, anxiety, and other mental illnesses.

□ @MentalHealthAmerica

#MentalIllnessAwarenessWeek #HowRU
 #EndTheStigma #MentalHealthAwareness
 #MentalHealthMatters #AntiStigmaCampaign
 #DNPproject

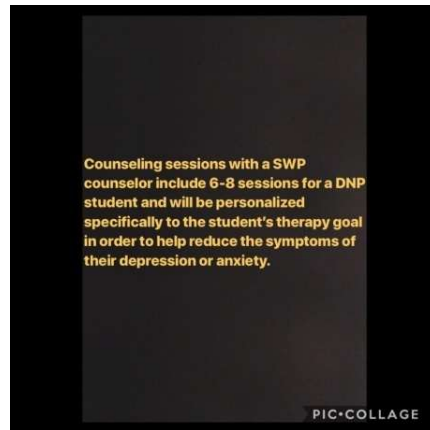
10/11/2019



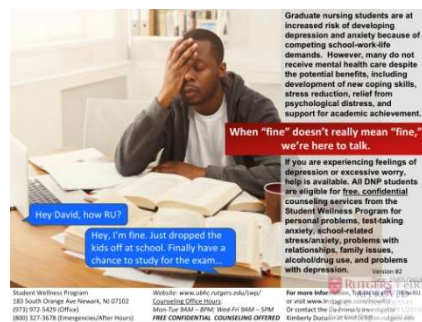
Did you know that [REDACTED] DNP students are eligible for 6-8 ****FREE**** and ****CONFIDENTIAL**** counseling services?

For more information, please visit www.ubhc.rutgers.edu/SWP or ☐ 973-972-5429 #LetsTalk

#MentalIllnessAwarenessWeek #HowRU
#AskATherapist #EndTheStigma
#MentalHealthAwareness
#MentalHealthMatters #AntiStigmaCampaign
#DNPproject



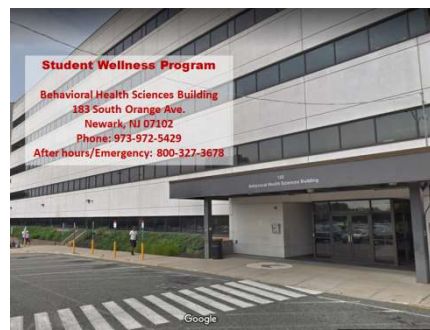
10/11/2019



When “fine” doesn’t really mean “fine,” we’re here to talk.

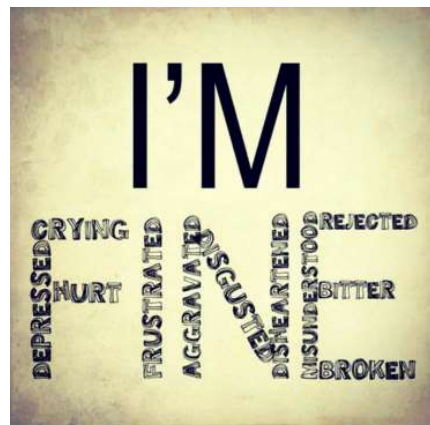
Sometimes the hardest things to say are the words we need to say the most. You are not alone, and help is available. □

All [REDACTED] DNP students are eligible for ****FREE**** and ****CONFIDENTIAL**** counseling services from the Student Wellness Program #LetsTalk



#MentalIllnessAwarenessWeek #HowRU
#FineDoesntReallyMeanFine #EndTheStigma
#MentalHealthAwareness
#MentalHealthMatters #AntiStigmaCampaign
#DNPproject

10/11/2019



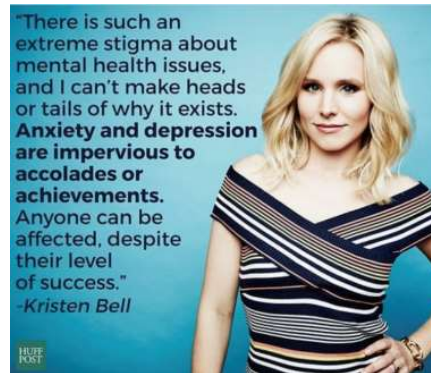
According to a British study of 2000 adults by the @MentalHealthFoundation, the average adult says “I’m fine” 14 times a week. However, only 19% actually mean it.

Although there are many reasons that keep people from sharing their true feelings, fear and stigma should not be part of them. Let’s #EndTheStigma and #StartTheConversation

#MentalIllnessAwarenessWeek #HowRU
#FineDoesntReallyMeanFine

#MentalHealthAwareness
 #MentalHealthMatters #AntiStigmaCampaign
 #DNPproject

10/12/2019

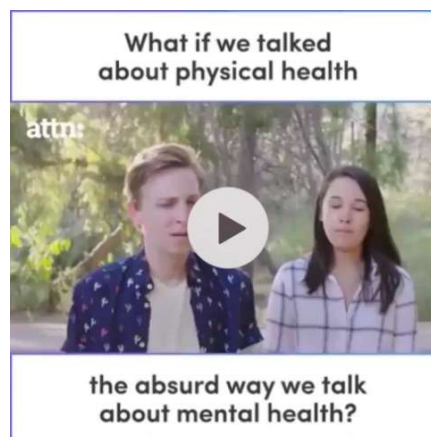


In the last few years, actress @KristenAnnieBell has shared her struggles with depression and anxiety in hopes of challenging stigma and helping others feel less alone. #YouAreNotAlone #EndTheStigma

□ @HuffPost

#HowRU #MentalHealthAwareness
 #MentalHealthMatters #AntiStigmaCampaign
 #DNPproject

10/12/2019



What if we talked about physical health the same way some people talk about mental health? Both are important, and each have a significant impact on the other.

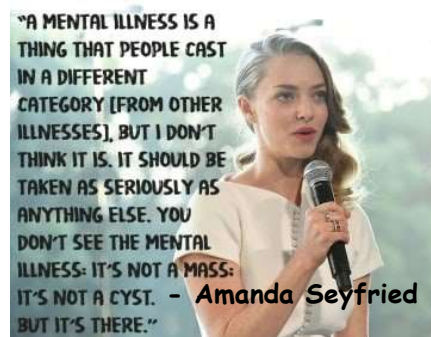
Let's #EndTheStigma by changing the way we think and speak about mental health.

□ @AttnDotCom

#MentalIllnessAwarenessWeek #HowRU
 #MentalHealthAwareness
 #MentalHealthMatters #AntiStigmaCampaign
 #DNPproject

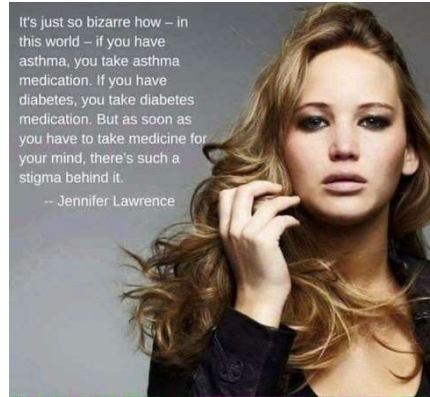
To view the full video, go to
<https://www.instagram.com/p/BopICm1ggA9/>

10/12/2019



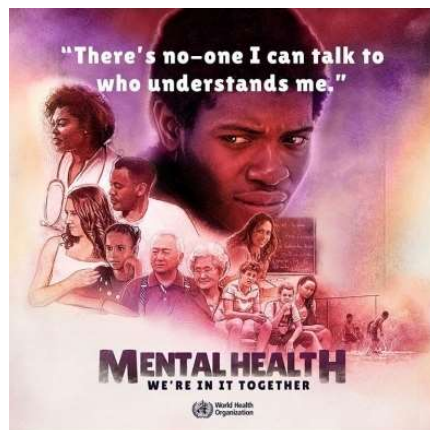
Based on their own experiences with mental illness, actresses like Amanda Seyfried (@mingey) and Jennifer Lawrence have spoken out against the stigma that forces many to suffer in silence. Seeking help for depression or anxiety should be as normal as seeking help for a cyst or an asthma attack.

Let's #EndTheStigma and #StartTheConversation



#HowRU #EndTheStigma
#MentalHealthAwareness
#MentalHealthMatters #AntiStigmaCampaign
#DNPproject

10/12/2019



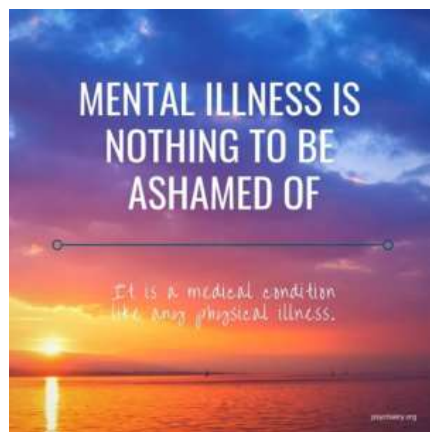
If you're not sure who to talk to, experienced clinicians are available at the Student Wellness Program. Counseling services are available to all [REDACTED] DNP students and their household family members.

For more information, please visit www.ubhc.rutgers.edu/SWP or ☐ 973-972-5429 #LetsTalk

☐ @WHO

#MentalIllnessAwarenessWeek #HowRU
#EndTheStigma #MentalHealthAwareness
#MentalHealthMatters #AntiStigmaCampaign
#DNPproject

10/13/2019



#MentalIllnessAwarenessWeek may be over, but let the conversation continue year round. Taking care of your health includes mental health. Let's #EndTheStigma and #StartTheConversation

☐ @APApsychiatric

#HowRU #MentalHealthAwareness
#MentalHealthMatters #AntiStigmaCampaign
#DNPproject

10/13/2019



**Welcome to the
mental health
community!**

Get involved and share your journey #CureStigma



- Mental illness most likely affects someone in your life.
- How we talk about mental illness matters.
- You can live a full life with mental illness.
- NAMI is here to help.
- You can help by educating yourself and others.

Get involved and share your journey #CureStigma



One of the most effective
anti-stigma agents is
face-to-face experience with
a person's story of lived
experience.

Get involved and share your journey #CureStigma

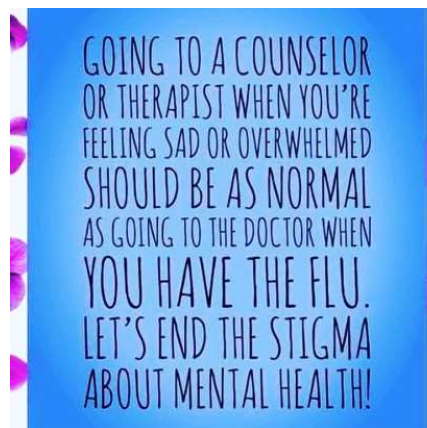
With as many as 1 in 5 Americans experiencing mental illness, mental health should matter to us all. To find out how you can #CureStigma, please go to www.CureStigma.org

□ @NAMIcommunicate

#MentalIllnessAwarenessWeek #HowRU
#EndTheStigma #MentalHealthAwareness
#MentalHealthMatters #AntiStigmaCampaign
#DNPproject



10/13/2019



Similar to the flu virus, depression and anxiety disorders are invisible to the naked eye. We only know it's there because of the signs and symptoms that occur, especially those that interfere with daily life.

Yet unlike the flu, many people are more hesitant to seek help for depression and anxiety despite the availability of effective treatment options.

It's time to normalize mental healthcare!

#MentalIllnessAwarenessWeek #HowRU
 #EndTheStigma #MentalHealthAwareness
 #MentalHealthMatters #AntiStigmaCampaign
 #DNPproject


10/13/2019



Mental illness affects almost 45 million people every year, yet it is unique to each and every individual. To learn more about others' experiences or share one of your own, go to www.NAMI.org. #CureStigma


□ @NAMIcommunicate

#MentalIllnessAwarenessWeek #HowRU
 #EndTheStigma #MentalHealthAwareness
 #MentalHealthMatters #AntiStigmaCampaign
 #DNPproject




There are
44.7 million adults
in the U.S. who live with
mental illness.

Get involved and share your journey #CureStigma



"My name is Steven. My
diagnoses are schizophrenia,
PTSD and generalized anxiety
disorder. But I am not my
diagnoses."

Get involved and share your journey #CureStigma



**Mental Illness
Awareness Week**

Get involved and
share your journey
#CureStigma

Get involved and share your journey #CureStigma

10/14/2019



About 1 in 5 people will experience a mental health condition in their lifetime, yet many do not receive the care they need to get better. Let's support everyone affected by mental illness by working to #EndTheStigma together.

□ @NAMIcommunicate

#HowRU #FineDoesntReallyMeanFine
#EndTheStigma #MentalHealthAwareness
#MentalHealthMatters #AntiStigmaCampaign
#DNPproject

10/14/2019



Despite the availability of effective treatment options, racial and ethnic minorities are at increased risk of mental illness due to stigmatic beliefs, limited access to mental health services, and likelihood of poorer quality healthcare.

Let's #EndTheStigma and advocate for equal access and quality of mental health services for all.

□ @MentalHealthAmerica

#HowRU #MentalHealthAwareness
#MentalHealthMatters #AntiStigmaCampaign
#DNPproject

10/14/2019



Former President @BarackObama and First Lady @MichelleObama have long been advocates for the promotion and normalization of mental healthcare, especially for children and veterans. Mental health is as important as your physical health. "There should be no distinction."

□ @HuffPost

#MentalIllnessAwarenessWeek #HowRU
#EndTheStigma #MentalHealthAwareness
#MentalHealthMatters #AntiStigmaCampaign
#DNPproject

10/15/2019



It is natural for everyone to feel an entire spectrum of emotions from hope and joy to sadness and anger. However, when these feelings become overwhelming or interfere with your daily life, therapy is an effective option to learn new coping skills, gain perspective, and strengthen your mental health.

#EndTheStigma and #StartTheConversation

□ @TherapyForLatinx

#HowRU #MentalHealthAwareness
#MentalHealthMatters #AntiStigmaCampaign
#DNPproject

10/14/2019



You may not be fine today, but have faith that you will be. Not because it'll resolve itself or that all your problems will suddenly go away, but because #YouAreNotAlone. There are resources available to help you, and people who want you to succeed.

Let's #EndTheStigma and #StartTheConversation

#HowRU #FineDoesntReallyMeanFine #1in5 #MentalHealthAwareness #MentalHealthMatters #AntiStigmaCampaign #DNPproject

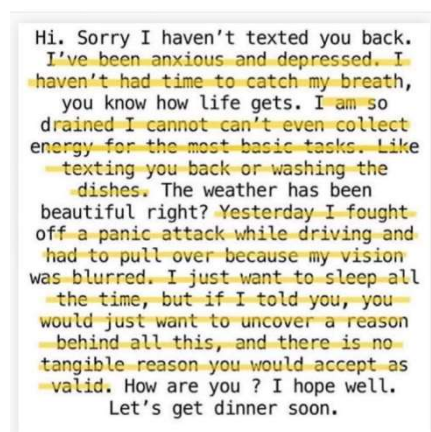
10/15/2019



Everyone has different reasons for going to therapy, but here are a few examples of the benefits that can be gained from counseling and strengthening your mental health.

#HowRU #FineDoesntReallyMeanFine #EndTheStigma #MentalHealthAwareness #MentalHealthMatters #AntiStigmaCampaign #DNPproject

10/16/2019



Sometimes we don't share our true feelings because we're afraid of rejection or judgment. However, hiding them can compound these feelings even further with shame and insecurity.

Instead, let's free ourselves of the stigma and talk more openly about our feelings and experiences with mental illness.

#EndTheStigma and #StartTheConversation

#HowRU #FineDoesntReallyMeanFine #MentalHealthAwareness #MentalHealthMatters #AntiStigmaCampaign

#DNPproject

10/16/2019



For anyone silently battling a mental illness,
#YouAreNotAlone

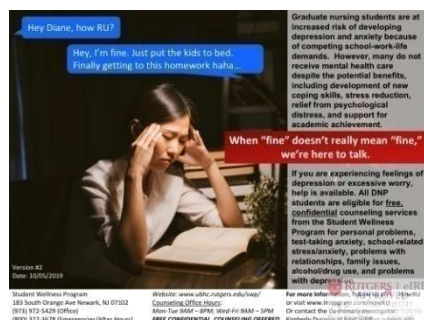
When you are ready to talk, experienced clinicians are available at the Student Wellness Program. All [REDACTED] DNP students and their household family members are eligible for counseling services.

Let's #EndTheStigma and
#StartTheConversation

□ @HealthyPlace

#HowRU #MentalHealthAwareness
#MentalHealthMatters #AntiStigmaCampaign
#DNPproject

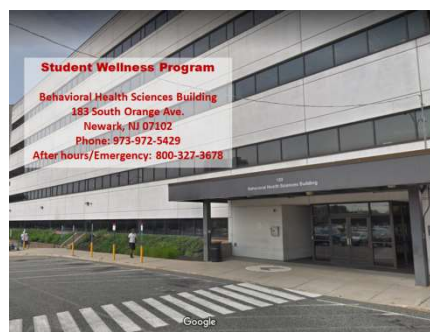
10/16/2019



When “fine” doesn’t really mean “fine,” we’re here to talk.

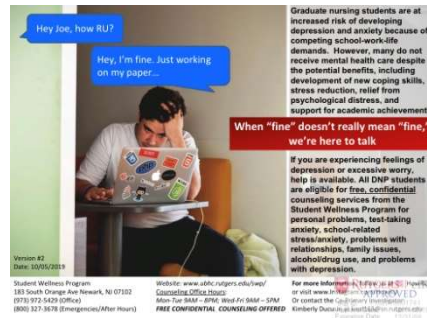
Sometimes the hardest things to say are the words we need to say the most. You are not alone, and help is available. □

All [REDACTED] DNP students are eligible for
****FREE**** and ****CONFIDENTIAL****
counseling services from the Student Wellness
Program #LetsTalk



#HowRU #FineDoesntReallyMeanFine
#EndTheStigma #MentalHealthAwareness
#MentalHealthMatters #AntiStigmaCampaign
#DNPproject

10/17/2019

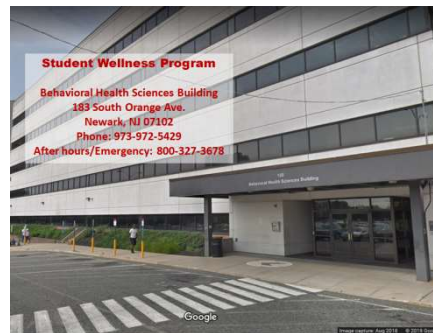


When “fine” doesn’t really mean “fine,” we’re here to talk.

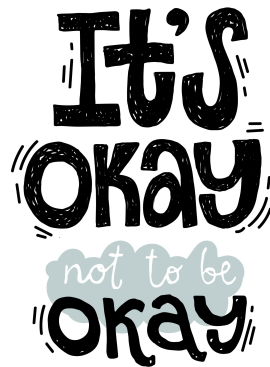
Sometimes the hardest things to say are the words we need to say the most. You are not alone, and help is available.

All [REDACTED] DNP students are eligible for ****FREE**** and ****CONFIDENTIAL**** counseling services from the Student Wellness Program #LetsTalk

#MentalIllnessAwarenessWeek #HowRU
#FineDoesntReallyMeanFine #EndTheStigma
#MentalHealthAwareness
#MentalHealthMatters #AntiStigmaCampaign
#DNPproject



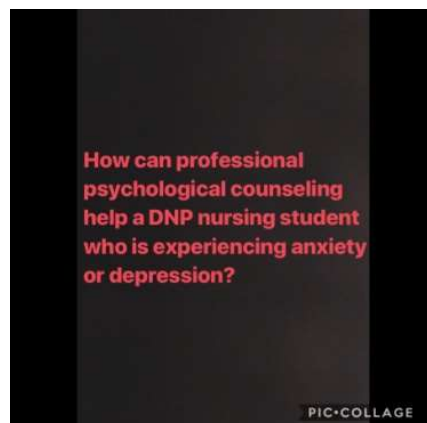
10/17/2019



It’s okay to have a bad day. It’s okay to have a bad month. It’s okay to take your time, and it’s okay to talk about it now. It’s
#OKnottobeOK

#HowRU #FineDoesntReallyMeanFine
#EndTheStigma #MentalHealthAwareness
#MentalHealthMatters #AntiStigmaCampaign
#DNPproject

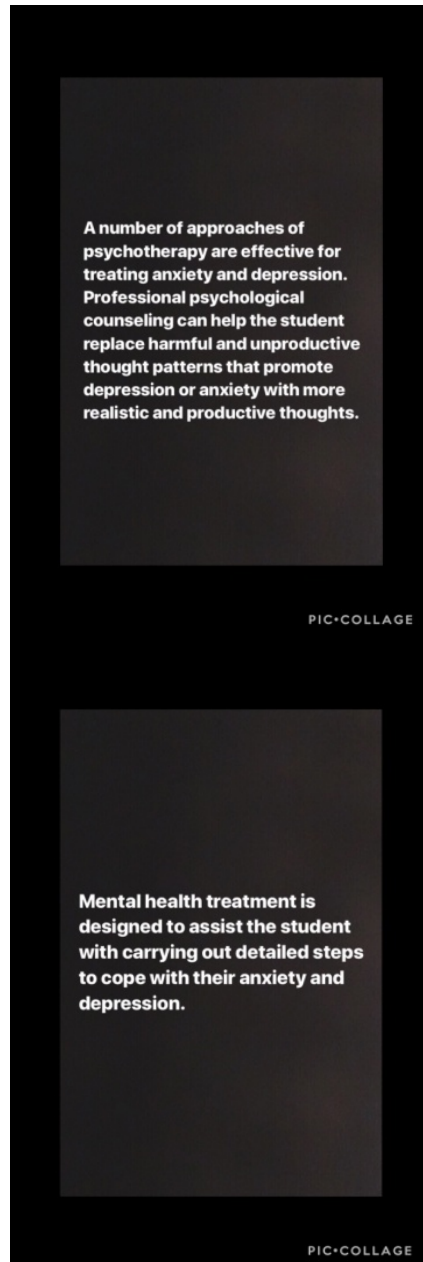
10/18/2019



Not only does therapy provide DNP students a safe space to express yourself, but you can also learn new coping skills and stress-reduction strategies to help you achieve better school-work-life balance.

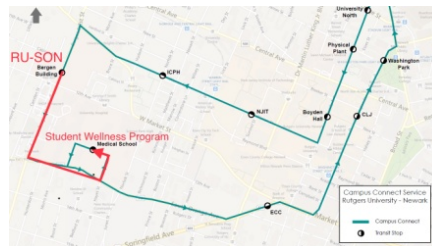
For more information, please visit www.ubhc.rutgers.edu/SWP or ☐ 973-972-5429 #LetsTalk

#HowRU #AskATherapist #EndTheStigma



#MentalHealthAwareness
 #MentalHealthMatters #AntiStigmaCampaign
 #DNPproject

10/18/2019



The Student Wellness Program is located just a 5 minute drive from the Stanley S. Bergen building.

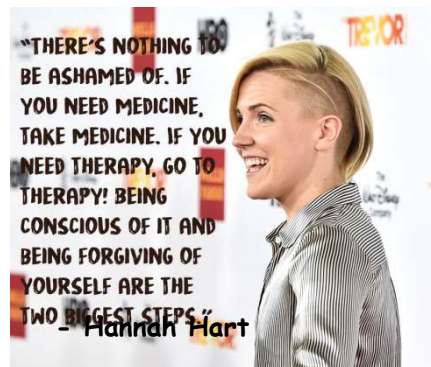
Have the perfect parking spot? You can also take the [REDACTED] Campus Connect shuttle ☐ for 1 stop to the Student Wellness Program.

The shuttle will pick you up outside the front entrance (Bergen St.) and drop you off at the

corner of the Behavioral Sciences Building where the SWP is housed. For live tracking, go to <http://www.nextbus.com> or download the official [REDACTED] mobile app! Don't forget to show your [REDACTED] ID to the driver when boarding.

#HowRU #EndTheStigma
#MentalHealthAwareness
#MentalHealthMatters #AntiStigmaCampaign
#DNPproject

10/19/2019



Hannah Hart (@Harto) is a YouTube and internet personality who has openly talked about her experiences growing up with mental illness in her family as well as her own personal struggles with ADHD, depression and self-harm. She strongly encourages everyone living with a mental illness to seek out the care they need without shame or stigma.

Let's #EndTheStigma and #StartTheConversation

#HowRU #MentalHealthAwareness
#MentalHealthMatters #AntiStigmaCampaign
#DNPproject

10/19/2019



"We can't fight mental illness if we never talk about it." -@VicMensa

Many think that seeking help is a sign of weakness, but therapy can actually strengthen your mental health. Let's #EndTheStigma and #StartTheConversation

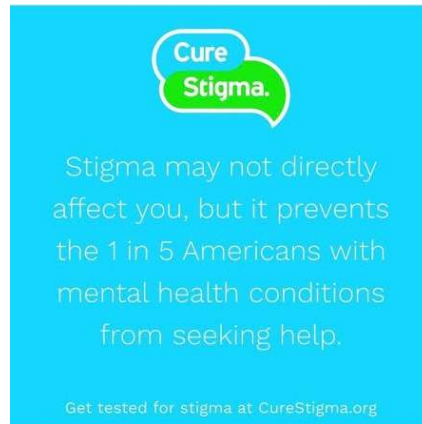
□ @AttnDotCom

#HowRU #EndTheStigma
#MentalHealthAwareness
#MentalHealthMatters #AntiStigmaCampaign
#DNPproject

To view the full video, go to <https://www.instagram.com/p/Bo>

[w1xQCAEyU/](http://www.CureStigma.org)

10/20/2019

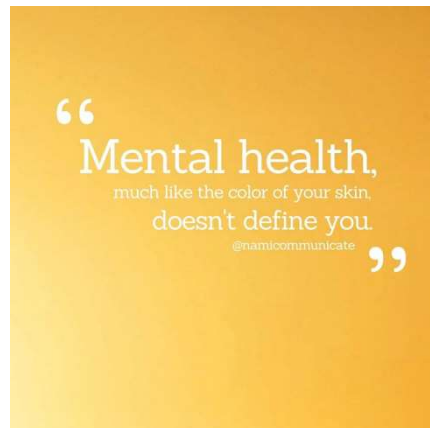


With 1 in 5 people experiencing a mental illness, mental health should matter to us all. To find out how you can #CureStigma, please go to www.CureStigma.org

□ @NAMIcommunicate

#HowRU #EndTheStigma
#MentalHealthAwareness
#MentalHealthMatters #AntiStigmaCampaign
#DNPproject

10/20/2019



Mental illness is taboo within many minority and marginalized communities, which can make it difficult to overcome the stigma and normalize mental healthcare.

It's important to remember that having depression or anxiety doesn't make you a failure; prioritizing your mental health doesn't make you weak; and having a diagnosis does not define who you are. #NotACharacterFlaw

□ @NAMIcommunicate

#HowRU #EndTheStigma
#MentalHealthAwareness
#MentalHealthMatters #AntiStigmaCampaign
#DNPproject

10/21/2019

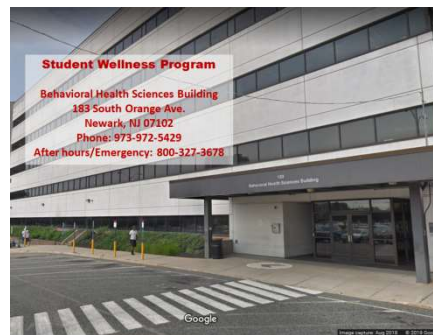


When “fine” doesn’t really mean “fine,” we’re here to talk.

Sometimes the hardest things to say are the words we need to say the most. You are not alone, and help is available. □

All [REDACTED] DNP students are eligible for ****FREE**** and ****CONFIDENTIAL**** counseling services from the Student Wellness Program #LetsTalk

#HowRU #FineDoesntReallyMeanFine
#EndTheStigma #MentalHealthAwareness
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#DNPproject



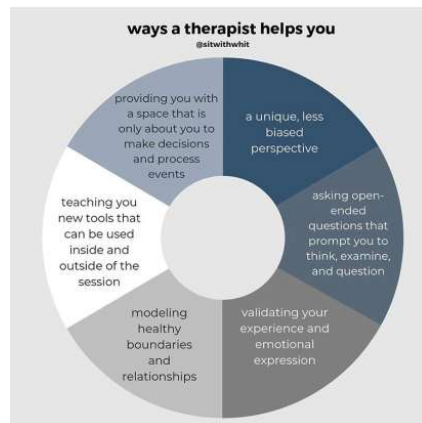
10/21/2019



Although there are many reasons that keep people from sharing their true feelings, fear and stigma should not be part of them. Let’s #EndTheStigma and #StartTheConversation

#HowRU #FineDoesntReallyMeanFine
#EndTheStigma #MentalHealthAwareness
#MentalHealthMatters #AntiStigmaCampaign
#DNPproject

10/22/2019



Not sure what to expect from a therapist or counselor? These are just a few examples of the many ways they can help.

□ @SitWithWhit

#HowRU #AskATherapist #EndTheStigma
#MentalHealthAwareness
#MentalHealthMatters #AntiStigmaCampaign
#DNPproject

10/22/2019



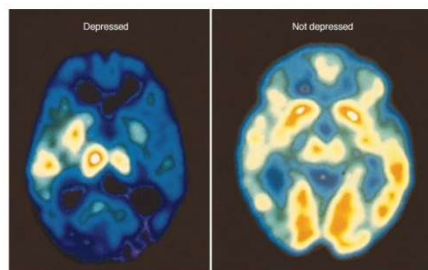
Mental health is more of a journey than a destination. There is no direct path to recovery, but there are many ways to learn how to navigate both the highs and lows. Let's #EndTheStigma and #StartTheConversation

□ @EndTheStigmaOrg

#HowRU #MentalHealthAwareness
#MentalHealthMatters #AntiStigmaCampaign
#DNPproject

10/23/2019

Depression IS a physical illness, too.



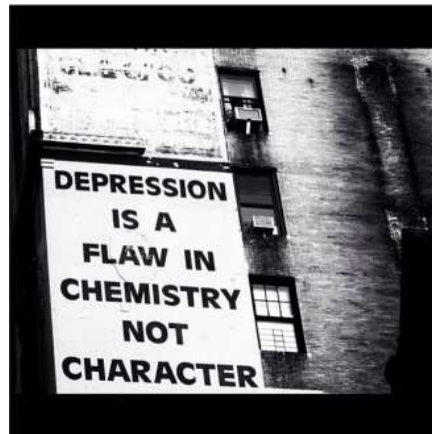
Pictured is a PET scan comparing the brain activity during a period of depression (left) with normal brain activity (right). The image on the left shows decreased brain activity due to depression.

Depression is not something a person can just “snap out of” any more than a person with epilepsy can stop a seizure on command.
#EndTheStigma

□ @MayoClinic

#HowRU #MentalHealthAwareness
#MentalHealthMatters #AntiStigmaCampaign
#DNPproject

10/23/2019



Having or seeking help for depression, anxiety, or any other mental illness is not a reflection of your character. It does not make you weak, attention seeking, or inferior to anyone else. #NotACharacterFlaw #EndTheStigma

#HowRU #MentalHealthAwareness
#MentalHealthMatters #AntiStigmaCampaign
#DNPproject

10/24/2019



When “fine” doesn’t really mean “fine,” we’re here to talk.

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#HowRU #FineDoesntReallyMeanFine
#EndTheStigma #MentalHealthAwareness
#MentalHealthMatters #AntiStigmaCampaign
#DNPproject

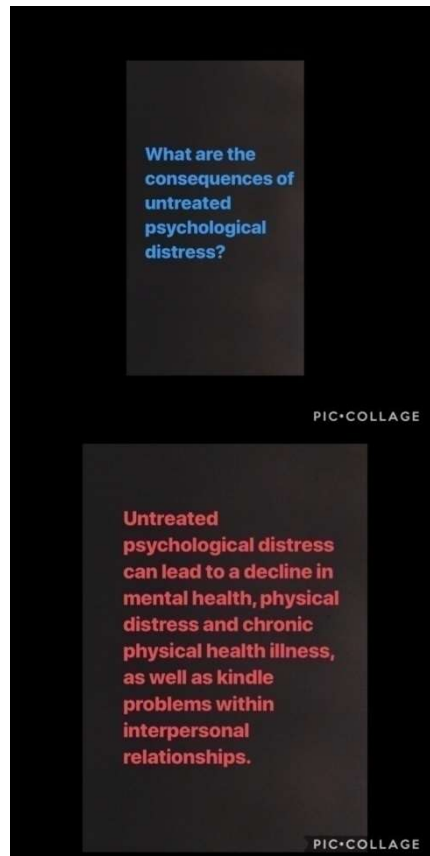
10/24/2019



No one is happy all the time. Feelings of sadness and anger are as natural as hope and joy. Don't feel pressured to put on a "happy face" because it's #OKnottobeOK

#HowRU #FineDoesntReallyMeanFine
 #EndTheStigma #MentalHealthAwareness
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 #DNPproject

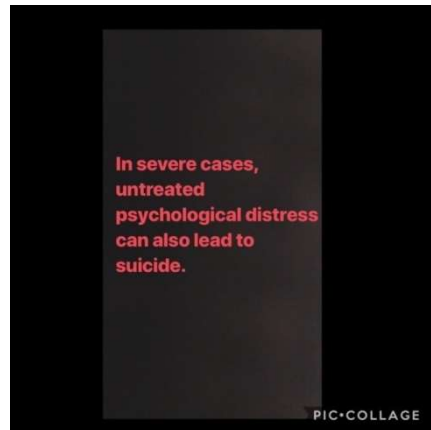
10/25/2019



Untreated psychological distress can manifest in many ways, such as physical illness, problems in personal relationships, and suicidal ideation. But it is never too late to get the care you need.

All [REDACTED] DNP students are eligible for ****FREE**** and ****CONFIDENTIAL**** counseling services from the Student Wellness Program. **To speak to someone or make an appointment, please call ☐ 972-973-5429.** #LetsTalk

#HowRU #AskATherapist #EndTheStigma
 #MentalHealthAwareness
 #MentalHealthMatters #AntiStigmaCampaign
 #DNPproject



10/26/2019

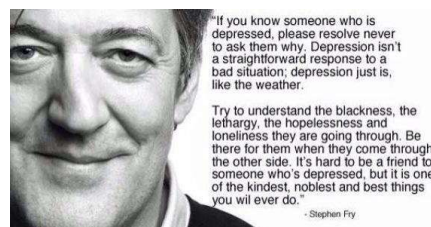


In recent years, Prince William and Prince Harry have spoken publicly about their individual struggles with mental illness, the importance of seeking treatment, and the extreme pressures to remain quiet about their feelings. Additionally, the royal couples have also created several mental health initiatives that provide resources and assistance to veterans, children and families, and men suffering from mental illness.

□ @HuffPost and @IAm1in4org

#HowRU #EndTheStigma
 #MentalHealthAwareness
 #MentalHealthMatters #AntiStigmaCampaign
 #DNPproject

10/26/2019



British actor and comedian Stephen Fry (@StephenFryActually) has been a mental health advocate and #StigmaFighter since his diagnosis with bipolar disorder over 20 years ago. He has been actively involved with the MIND Organization for better mental health, and examines living with a mental illness in

his 2006 documentary “The Secret Life of a Manic Depressive.”

#HowRU #EndTheStigma
 #MentalHealthAwareness
 #MentalHealthMatters #AntiStigmaCampaign
 #DNPproject

10/27/2019



Stigma about mental illness prevents many from receiving the help they need even though it affects as many as 44 million people a year. Get tested for stigma today at www.CureStigma.org. Learn ways you can help #CureStigma and support the people in your life struggling with mental illnesses like depression and anxiety.

□ @NAMImcommunicate

To view this GIF, go to <https://www.instagram.com/p/Bi6xYh2ST/>

#HowRU #FineDoesntReallyMeanFine
 #EndTheStigma #MentalHealthAwareness
 #MentalHealthMatters #AntiStigmaCampaign
 #DNPproject

10/27/2019



Therapy occurs behind closed doors, but the conversation around mental health shouldn't be. Let's #EndTheStigma and #StartTheConversation

□ @MentalHealthAmerica

#HowRU #MentalHealthAwareness
 #MentalHealthMatters #AntiStigmaCampaign
 #DNPproject

10/28/2019



When "fine" doesn't really mean "fine," we're here to talk.

Sometimes the hardest things to say are the words we need to say the most. You are not alone, and help is available. □

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#HowRU #FineDoesntReallyMeanFine
#EndTheStigma #MentalHealthAwareness
#MentalHealthMatters #AntiStigmaCampaign
#DNPproject

10/28/2019



Sometimes we don't share our true feelings because we're afraid of rejection or judgment. However, hiding them can compound these feelings even further with shame and insecurity.

Instead, let's free ourselves of the stigma and talk more openly about our feelings and experiences with mental illness.
#EndTheStigma and #StartTheConversation

□ Artwork by @crazyheadcomics

#HowRU #FineDoesntReallyMeanFine
#EndTheStigma #MentalHealthAwareness
#MentalHealthMatters #AntiStigmaCampaign
#DNPproject

10/29/2019

questions to ask a potential individual therapist

1. What is your availability?
2. What is your therapy style?
3. Do you usually focus on the past, present, or future with clients?
4. What is your fee?
5. How often do you expect clients to come to therapy?
6. What can I expect in the first session?
7. Have you worked with people like me?
8. Do you provide homework or is everything done in session?
9. How long are the sessions?
10. How do you like to set up counseling goals?

@SITWITHWHIT

questions to ask a potential couple's therapist

1. What is your availability?
2. Do you use a specific therapeutic technique with couples?
3. Will you meet with us together or separately?
4. What is your fee?
5. Where did you receive training to work with couples?
6. What can we expect in the first session?
7. Have you been supervised working with couples?
8. Do you work with couples often?
9. How long are the sessions?
10. How do you structure your couples sessions?

@SITWITHWHIT

The client-therapist relationship is a two-way street. Try getting to know a potential therapist better by asking questions such as these or coming up with your own.

□ @SitWithWhit

#HowRU #AskATherapist
 #FineDoesntReallyMeanFine #EndTheStigma
 #MentalHealthAwareness
 #MentalHealthMatters #AntiStigmaCampaign
 #DNPproject

10/29/2019

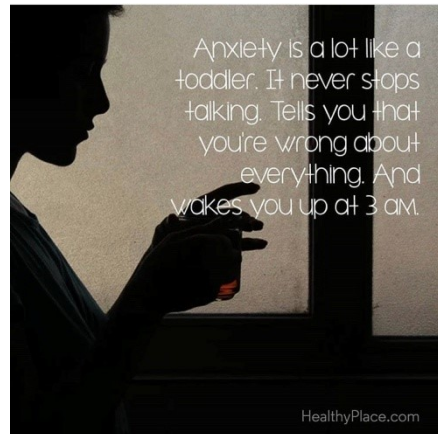


Here a few tips to get the most out of your therapy sessions, especially for those trying it for the first time.

□ Artwork by @crazyheadcomics

#HowRU #EndTheStigma
 #MentalHealthAwareness
 #MentalHealthMatters #AntiStigmaCampaign
 #DNPproject

10/30/2019



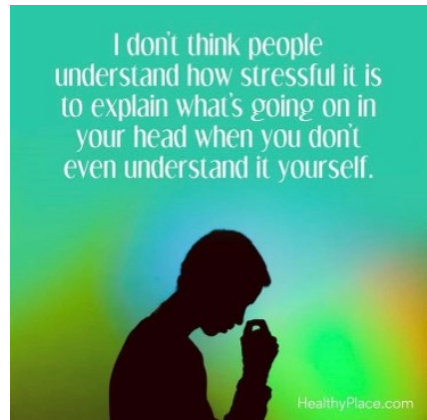
And similarly, anxiety requires much care, attention, and boundaries.

Learn new coping skills and stress-reduction strategies to strengthen your mental health at the Student Wellness Program. All [REDACTED] DNP students are eligible for ****FREE**** and ****CONFIDENTIAL**** counseling services. #LetsTalk

□ @HealthyPlace

#HowRU #EndTheStigma
#MentalHealthAwareness
#MentalHealthMatters #AntiStigmaCampaign
#DNPproject

10/30/2019

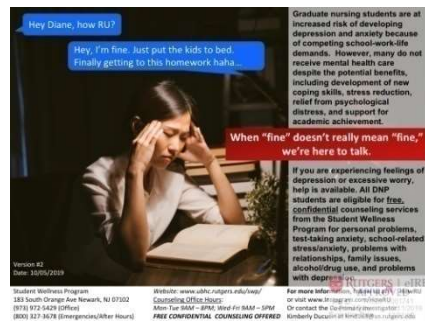


If someone you know is struggling with a mental illness but are having trouble talking about it, there are many other ways to support them. You can give them a hug or a shoulder to cry on. You can hold their hand or just sit quietly beside them. And when that person is ready to talk, they will know where to turn.

□ @HealthyPlace

#HowRU #FineDoesntReallyMeanFine
#EndTheStigma #MentalHealthAwareness
#MentalHealthMatters #AntiStigmaCampaign
#DNPproject

10/31/2019

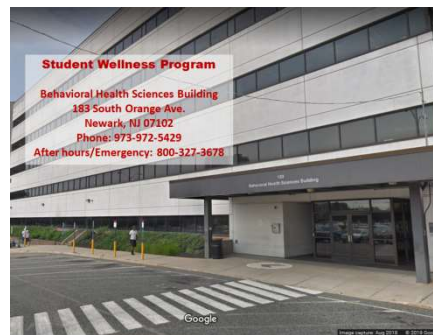


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#DNPproject



10/31/2019

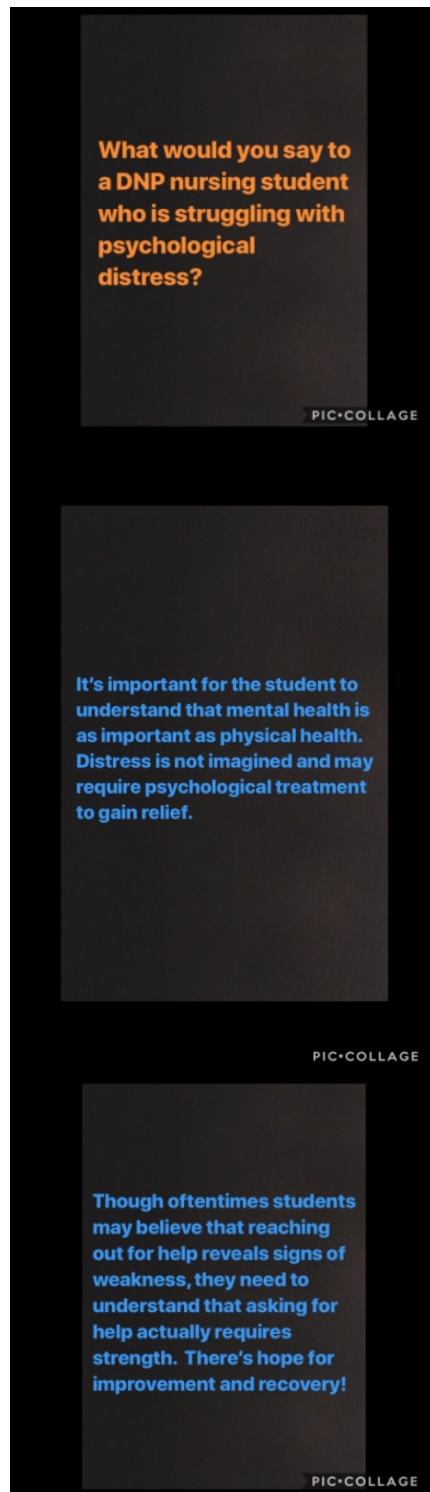


Sometimes it seems like we have to “look” happy all the time. Without realizing it, social media has become a highlight reel of peoples’ lives featuring only their best moments like birthdays, weddings, and vacations.

But in reality, no one is happy all the time. Just because people don’t post it doesn’t mean it doesn’t happen. Don’t feel pressured to put on a “happy face” because it’s
#OKnottobeOK

#HowRU #FineDoesntReallyMeanFine
#EndTheStigma #MentalHealthAwareness
#MentalHealthMatters #AntiStigmaCampaign
#DNPproject

11/01/2019



“There’s hope for improvement and recovery!”

Despite the availability of effective treatments for psychological distress, many do not seek help because of stigmas like appearing weak or overly emotional. However, depression and anxiety disorders are real; your emotions are valid; and recovery builds strength.

All [REDACTED] DNP students are eligible for ****FREE**** and ****CONFIDENTIAL**** counseling services from the Student Wellness Program. **To speak to someone or make an appointment, please call ☐ 972-973-5429.**
#LetsTalk

**#HowRU #AskATherapist #EndTheStigma
#MentalHealthAwareness
#MentalHealthMatters #AntiStigmaCampaign
#DNPproject**

11/02/2019



To view full clip, go to
<https://www.youtube.com/watch?v=j2vBYcICpPc&t=23s>

Following his own experiences with therapy, Shawn “Jay-Z” Carter has become a believer in the benefits and effectiveness of counseling to treat trauma and mental illness. He has spoken out against the stigma that prevents many, especially those in black communities, from receiving the care they need. He also advocates for schools to make mental health services available to children.

#HowRU #TherapyWorks #EndTheStigma
 #MentalHealthAwareness
 #MentalHealthMatters #AntiStigmaCampaign
 #DNPproject

11/02/2019



To view full video, go to
<https://www.instagram.com/p/BoCjZkPntRX/>

It’s important to remember that having depression or anxiety doesn’t make you a failure; prioritizing your mental health doesn’t make you weak; and having a diagnosis does not define who you are.

Support men showing vulnerability!

□ @AttnDotCom

#MensMentalHealthMatters
 #NoShaveNovember#AMillionLittleThings#
 HowRU #FineDoesntReallyMeanFine
 #EndTheStigma #MentalHealthAwareness
 #MentalHealthMatters #AntiStigmaCampaign
 #DNPproject

11/03/2019



With 1 in 5 people experiencing a mental illness, mental health should matter to us all.

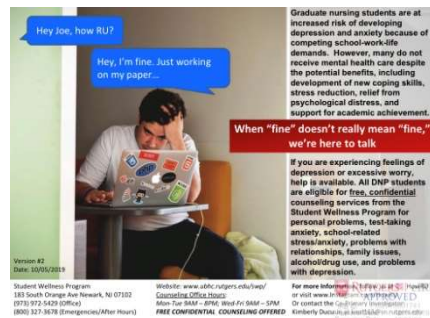
Together, we can fight the stigma and support each other through understanding, kindness, and acceptance.

Let's #EndTheStigma and #StartTheConversation

□ @NAMIcommunicate

#HowRU #MentalHealthAwareness
#MentalHealthMatters #AntiStigmaCampaign
#DNPproject

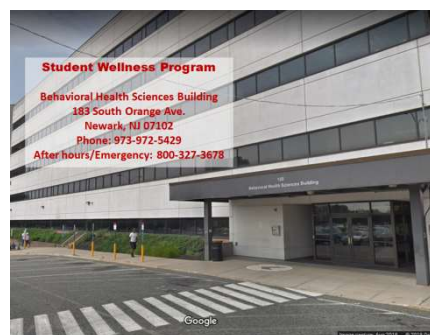
11/04/2019



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#MentalIllnessAwarenessWeek #HowRU
#FineDoesntReallyMeanFine #EndTheStigma
#MentalHealthAwareness
#MentalHealthMatters #AntiStigmaCampaign
#DNPproject

11/04/2019

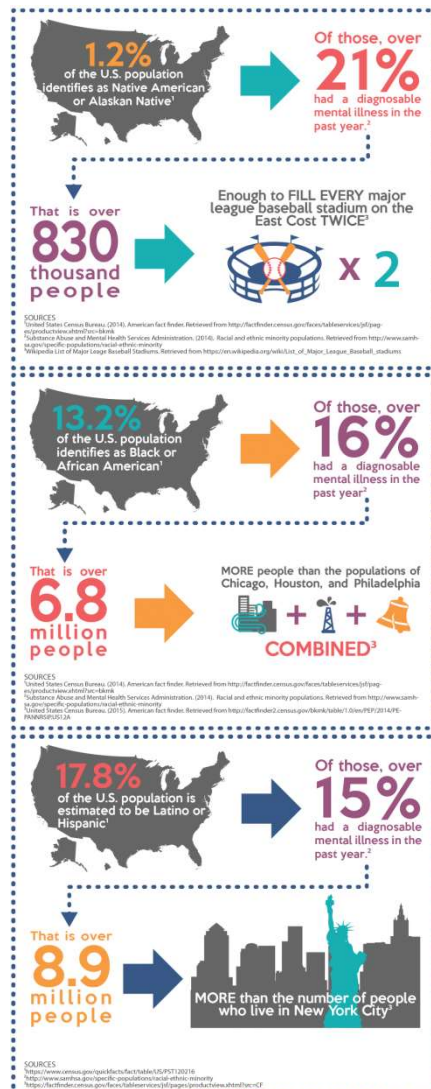


According to a British study of 2000 adults by the @MentalHealthFoundation, the average adult says “I’m fine” 14 times a week. However, only 19% actually mean it.

Although there are many reasons that keep people from sharing their true feelings, fear and stigma should not be part of them. Let’s #EndTheStigma and #StartTheConversation

#HowRU #FineDoesntReallyMeanFine
#MentalHealthAwareness
#MentalHealthMatters #AntiStigmaCampaign
#DNPproject

11/05/2019

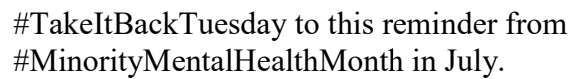
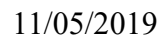


Despite the availability of effective treatment options, racial and ethnic minorities are at increased risk of mental illness due to stigmatic beliefs, limited access to mental health services, and likelihood of poorer quality healthcare.

Let’s #EndTheStigma and advocate for equal access and quality of mental health services for all.

□ @NAMImcommunicate

#HowRU #MentalHealthAwareness
#MentalHealthMatters #AntiStigmaCampaign
#DNPproject



Depression and anxiety disorders have many faces. They can affect anyone regardless of age, gender, race, education, or socioeconomic status. Instead of looking at the illness or label, let's support the person going through it.

Let's #EndTheStigma and #StartTheConversation

□NAMCommunicate

#MinorityMentalHealthMonth#HowRU
#FineDoesntReallyMeanFine
#EndTheStigma#MentalHealthAwareness
#MentalHealthMatters#AntiStigmaCampaign
#DNPproject

11/06/2019



Don't wait until you think you're "sick enough" or in crisis to seek help. Just like with physical health, prevention and early treatment are keys to preventing complications and maintaining good mental health.

□ Artwork by @CrazyHeadComics

#HowRU #EndTheStigma
#MentalHealthAwareness
#MentalHealthMatters #AntiStigmaCampaign
#DNPproject

11/07/2019



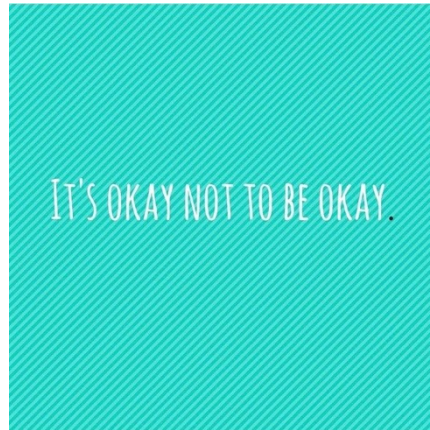
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#DNPproject

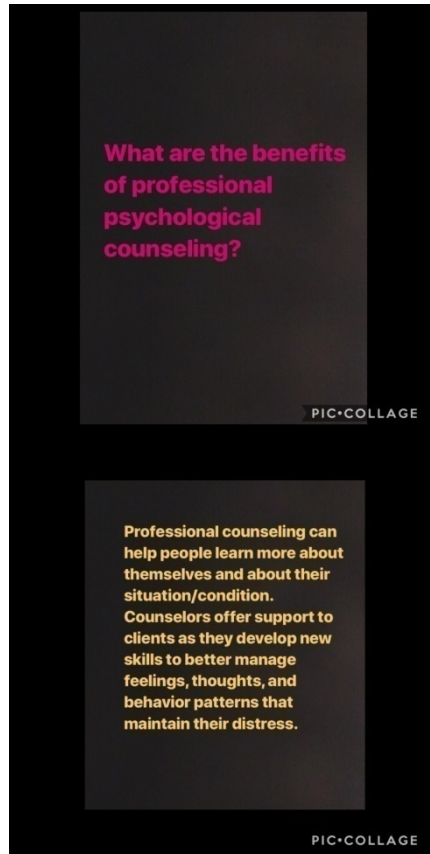
11/07/2019



No one is happy all the time. Feelings of sadness and anger are as natural as hope and joy. Don't feel pressured to put on a "happy face" because it's #OKnottobeOK

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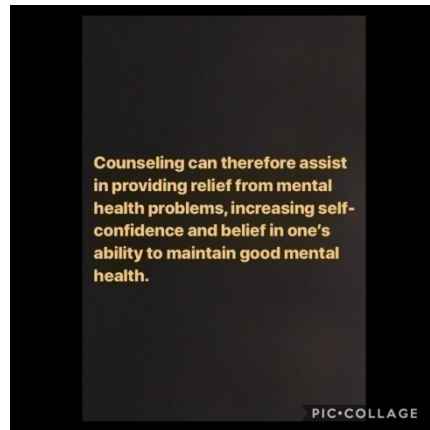
11/08/2019



Everyone has different reasons for going to therapy, but these are a few examples of the benefits that can be gained from counseling and strengthening your mental health.

Counseling services are available to all [redacted] DNP students and their household family members from the Student Wellness Program. For more information, please visit www.ubhc.rutgers.edu/SWP or ☐ 973-972-5429 #LetsTalk

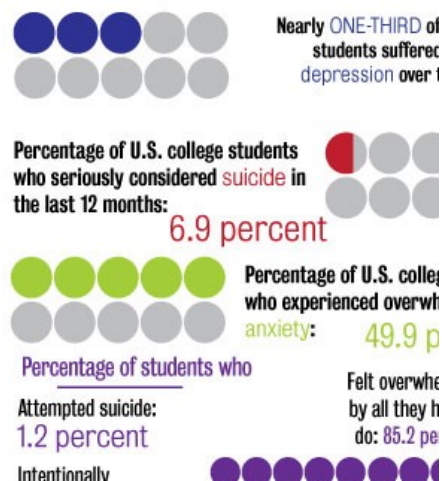
#HowRU #AskATherapist #EndTheStigma
 #MentalHealthAwareness
 #MentalHealthMatters #AntiStigmaCampaign
 #DNPproject



11/08/2019

MENTAL HEALTH CONCERNS IN US COLLEGES

Thousands of students at UC campuses and millions of students nationwide experience mental health concerns while in college.

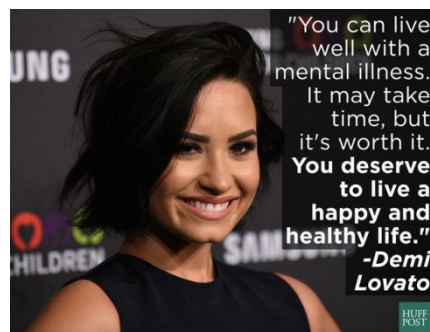


Despite the prevalence of depression and anxiety in college students and access to on-campus health services, many do not receive the care they need due to barriers like stigma. Let's take the first step to mental wellness together by talking more openly about our feelings and experiences.

#EndTheStigma and #StartTheConversation

#HowRU #FineDoesntReallyMeanFine
 #MentalHealthAwareness
 #MentalHealthMatters #AntiStigmaCampaign
 #DNPproject

11/09/2019



Singer and actress Demi Lovato (@DDLovato) has been honest about her struggles with bipolar disorder and substance abuse. Instead of hiding her mental illnesses, she has embraced them and uses her experiences as inspiration for much of her music. Her music gives a unique insight into the challenges of living with mental illness and the strength of recovery.

□ @HuffPost

#HowRU #EndTheStigma
 #MentalHealthAwareness
 #MentalHealthMatters #AntiStigmaCampaign
 #DNPproject

11/09/2019



To view the full clip, go to
https://www.youtube.com/watch?v=y_T9Jg0U2DA

“‘Hey, it’s gonna be okay, it’s gonna be okay.’ I wish I knew that.”

After being cut from the Canadian Football League, Dwayne “The Rock” Johnson (@TheRock) fell into a deep depression. One of the biggest lessons he learned was holding on to the faith that “on the other side of your pain is something good.”

#HowRU #EndTheStigma
 #MentalHealthAwareness
 #MentalHealthMatters #AntiStigmaCampaign
 #DNPproject

11/10/2019



To view full video, go to
www.Curestigma.org

Stigma about mental illness prevents many from receiving the help they need even though it affects as many as 44 million people a year. Get tested for stigma today at www.CureStigma.org. Learn ways you can help #CureStigma and support the people in your life struggling with mental illnesses like depression and anxiety.

□ @NAMIcommunicate

#HowRU #EndTheStigma
 #MentalHealthAwareness
 #MentalHealthMatters #AntiStigmaCampaign
 #DNPproject

11/11/2019



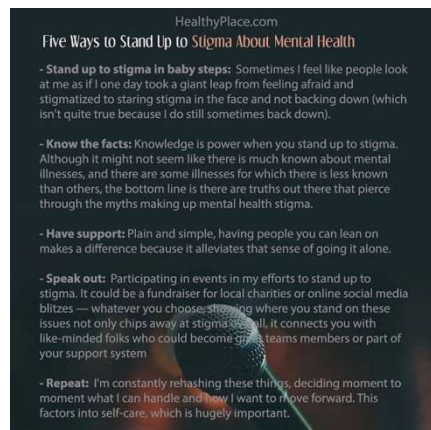
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#HowRU #FineDoesntReallyMeanFine
#EndTheStigma #MentalHealthAwareness
#MentalHealthMatters #AntiStigmaCampaign
#DNPproject

11/11/2019



Stigma prevents many people living with mental illness from receiving the treatment they need. These are a few examples of ways we can stand up to stigma and support our communities.

Let’s #EndTheStigma and #StartTheConversation

□ @HealthyPlace

#HowRU #EndTheStigma
#MentalHealthAwareness
#MentalHealthMatters #AntiStigmaCampaign
#DNPproject

11/12/2019



Not sure what to expect from a therapist or counselor? These are a few examples of qualities to look for when starting therapy with someone new.

□ Artwork by @CrazyHeadComics

#HowRU #AskATherapist #TherapyWorks
#EndTheStigma #MentalHealthAwareness
#MentalHealthMatters #AntiStigmaCampaign
#DNPproject

11/12/2019

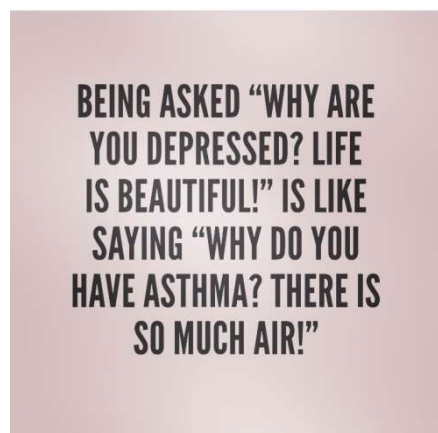


Don't wait until you think you're "sick enough" or in crisis to seek help. Just like with physical health, prevention and early treatment are keys to preventing complications and maintaining good mental health.

□ @SitWithWhit

#HowRU #EndTheStigma
#MentalHealthAwareness
#MentalHealthMatters #AntiStigmaCampaign
#DNPproject

11/13/2019

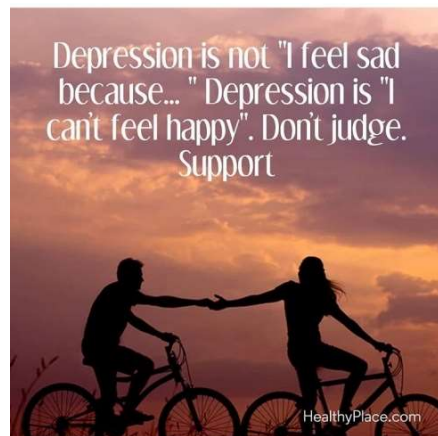


Seeking help for depression or anxiety should be as normal as seeking help an asthma attack. Mental health is as important as physical, and each have a significant impact on the other.

#EndTheStigma and #StartTheConversation

#HowRU #MentalHealthAwareness
#MentalHealthMatters #AntiStigmaCampaign
#DNPproject

11/13/2019



Depression is not a choice, or a matter of “looking at the bright side.” It’s a medical condition requiring treatment that may include therapy and medication. Let’s #EndTheStigma and #StartTheConversation

□ @HealthyPlace

#HowRU #EndTheStigma
#MentalHealthAwareness
#MentalHealthMatters #AntiStigmaCampaign
#DNPproject

10/14/2019



When “fine” doesn’t really mean “fine,” we’re here to talk.

Sometimes the hardest things to say are the words we need to say the most. You are not alone, and help is available. □

All [REDACTED] DNP students are eligible for ****FREE**** and ****CONFIDENTIAL**** counseling services from the Student Wellness Program #LetsTalk

#HowRU #FineDoesntReallyMeanFine
#EndTheStigma #MentalHealthAwareness
#MentalHealthMatters #AntiStigmaCampaign
#DNPproject

11/14/2019

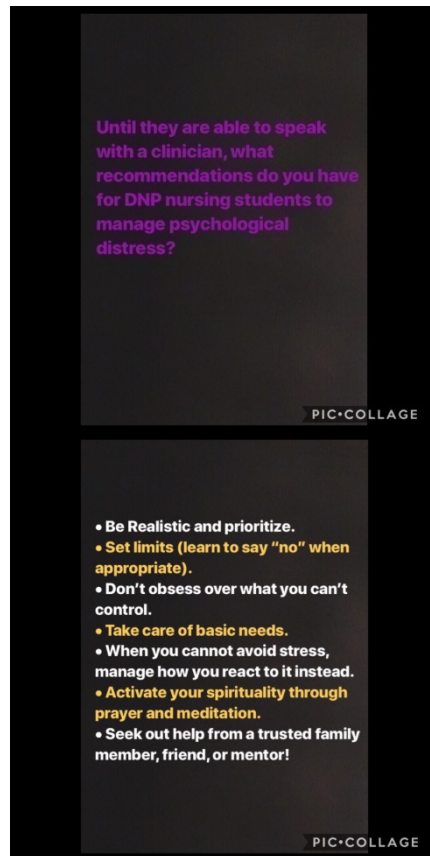
*It's OK To
Not Be OK*

It's okay to have a bad day. It's okay to have a bad month. It's okay to take your time, and it's okay to talk about it now. It's

#OKnottobeOK

#HowRU #FineDoesntReallyMeanFine
#EndTheStigma #MentalHealthAwareness
#MentalHealthMatters #AntiStigmaCampaign
#DNPproject

11/15/2019



These are some recommendations for ways to manage psychological distress until you see a clinician. The Student Wellness Program offers Counseling services to all [REDACTED] DNP students and their household family members.

For emergencies, you can call the Student Wellness Program at ☐ 1-800-327-3678. You can also call the National Suicide Prevention Hotline at ☐ 1-800-273-8255, or go directly to the nearest Emergency Room.

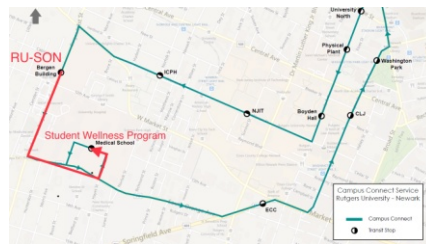
#LetsTalk #HowRU #AskATherapist
#EndTheStigma #MentalHealthAwareness
#MentalHealthMatters #AntiStigmaCampaign
#DNPproject

There are a list of community resources list on the SWP webpage

<https://ubhc.rutgers.edu/swp/index.html>

which the students can utilize for immediate help.

11/15/2019



The Student Wellness Program is located just a 5 minute drive from the Stanley S. Bergen building.

Have the perfect parking spot? You can also take the [REDACTED] Campus Connect shuttle ☐ for 1 stop to the Student Wellness Program.

The shuttle will pick you up outside the front entrance (Bergen St.) and drop you off at the corner of the Behavioral Sciences Building where the SWP is housed. For live tracking, go to <http://www.nextbus.com> or download the official [REDACTED] mobile app! Don't forget to show your [REDACTED] ID to the driver when boarding.

#HowRU #EndTheStigma
#MentalHealthAwareness
#MentalHealthMatters #AntiStigmaCampaign
#DNPproject

11/16/2019



Depression and anxiety disorders can affect anyone regardless of age, gender, race, education, or socioeconomic status. However, stigma prevents many people living with mental illness from receiving the treatment they need. Let's take the first step to mental wellness together by normalizing mental healthcare for all.

#InternationalSurvivorsofSuicideDay#HowRU
 #FineDoesntReallyMeanFine
 #EndTheStigma #MentalHealthAwareness
 #MentalHealthMatters #AntiStigmaCampaign
 #DNPproject

11/17/2019



Mental health conditions do not discriminate based on race, color, gender or identity. Anyone can experience the challenges of mental illness regardless of their background.

Get tested for stigma at CureStigma.org

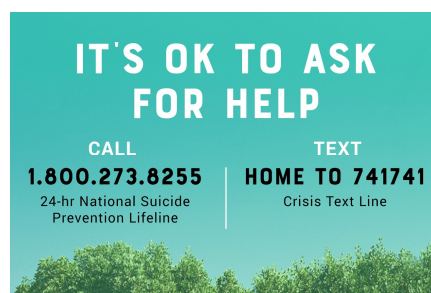
Depression and anxiety disorders have many faces. They can affect anyone regardless of age, gender, race, education, or socioeconomic status. Instead of looking at the illness or label, let's support the person going through it.

Let's #EndTheStigma and
 #StartTheConversation

□ @NAMImcommunicate

#CureStigma #HowRU EndTheStigma
 #MentalHealthAwareness
 #MentalHealthMatters #AntiStigmaCampaign
 #DNPproject

11/17/2019



For anyone experiencing severe mental distress or thoughts of suicide or self-harm, do not hesitate to reach out for help. Get in touch with trained professionals by calling or texting the above. You can also call 911 or visit your local Emergency Room.

#InternationalSurvivorsofSuicideDay#HowRU
 #EndTheStigma #MentalHealthAwareness

#MentalHealthMatters #AntiStigmaCampaign
#DNPproject

11/17/2019



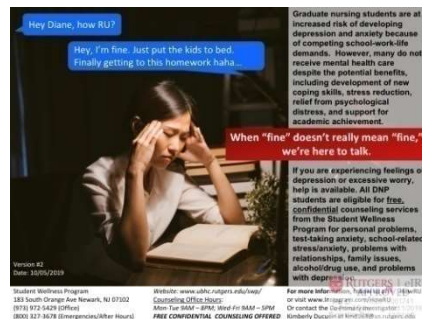
Many people with psychological distress feel forced to suffer silently due to fears of rejection or judgment in their personal and/or professional lives. However, hiding them can compound these feelings even further with shame and insecurity.

Together, we can fight the stigma and support each other through understanding, kindness, and acceptance. Let's #EndTheStigma and #StartTheConversation

□ Artwork by @CrazyHeadComics

#HowRU #EndTheStigma
#MentalHealthAwareness
#MentalHealthMatters #AntiStigmaCampaign
#DNPproject

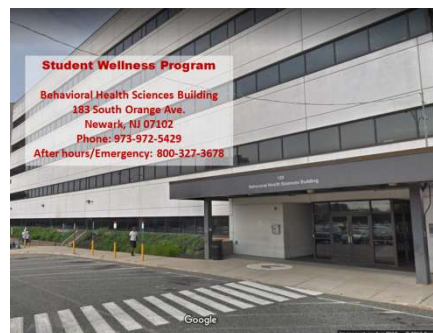
11/18/2019



When “fine” doesn’t really mean “fine,” we’re here to talk.

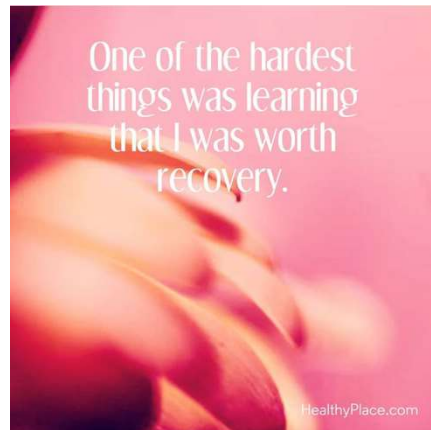
Sometimes the hardest things to say are the words we need to say the most. You are not alone, and help is available. □

All [REDACTED] DNP students are eligible for ****FREE**** and ****CONFIDENTIAL**** counseling services from the Student Wellness Program #LetsTalk



#HowRU #FineDoesntReallyMeanFine
#EndTheStigma #MentalHealthAwareness
#MentalHealthMatters #AntiStigmaCampaign
#DNPproject

11/19/2019

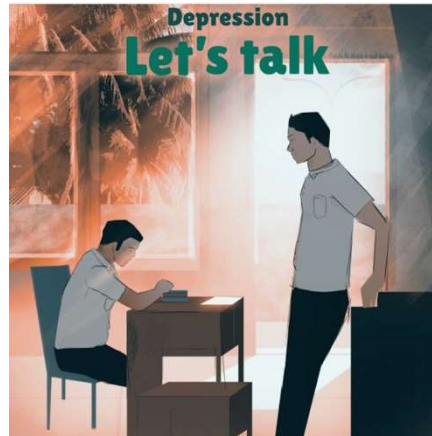


Treat yourself with the same patience, kindness, and empathy that you show others. You are stronger, braver, and more talented than you give yourself credit.

□@HealthyPlace

#HowRU #EndTheStigma
#MentalHealthAwareness
#MentalHealthMatters #AntiStigmaCampaign
#DNPproject

11/19/2019



If you're not sure who to talk to, experienced clinicians are available at the Student Wellness Program. Counseling services are available to all [REDACTED] DNP students and their household family members.

For more information, please visit www.ubhc.rutgers.edu/SWP or □ 973-972-5429 #LetsTalk

□@WHO

#HowRU #FineDoesntReallyMeanFine
#EndTheStigma #MentalHealthAwareness
#MentalHealthMatters #AntiStigmaCampaign
#DNPproject

11/20/2019

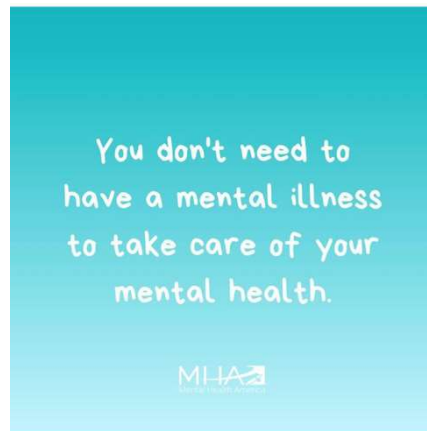


There is no shame in having a mental illness or taking care of your mental health. Together we can normalize the conversation. Just like any other medical condition, seeking help and receiving treatment is all part of adopting a healthy lifestyle.

□ Artwork by @CrazyHeadComics

#HowRU #EndTheStigma
#MentalHealthAwareness
#MentalHealthMatters #AntiStigmaCampaign
#DNPproject

11/20/2019



You do not need to be diagnosed with a mental illness or be in crisis to seek out mental healthcare. Just like with physical health, prevention and early treatment are keys to maintaining good mental health.

□ @MentalHealthAmerica

#HowRU #EndTheStigma
#MentalHealthAwareness
#MentalHealthMatters #AntiStigmaCampaign
#DNPproject

11/21/2019



Calling a woman “crazy” or asking, “Is it that time of the month?” when she expresses her feelings is another example of stigma that prevents women from receiving appropriate mental healthcare. This stereotype dismisses valid emotions and experiences of women, and mistakenly attributes symptoms of mental illness to PMS or a hormonal imbalance.

Let’s support everyone affected by mental illness by working to #EndTheStigma together.

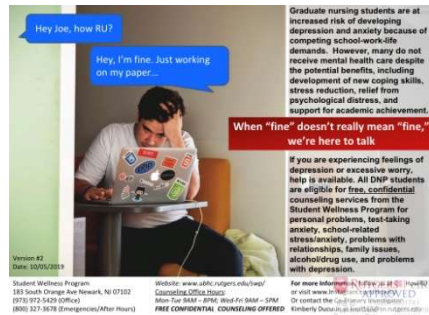
To view the full video, go to

<https://www.instagram.com/p/BpNNbdwFJPP/>

□ @AttnDotCom

#HowRU #EndTheStigma
#MentalHealthAwareness
#MentalHealthMatters #AntiStigmaCampaign
#DNPproject

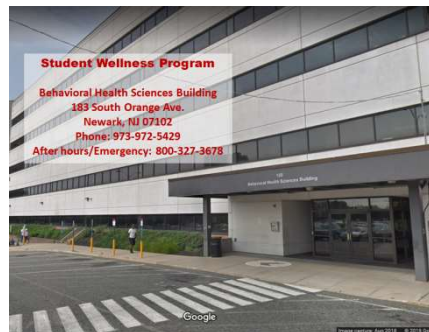
11/21/2019



When “fine” doesn’t really mean “fine,” we’re here to talk.

Sometimes the hardest things to say are the words we need to say the most. You are not alone, and help is available.

All [REDACTED] DNP students are eligible for ****FREE**** and ****CONFIDENTIAL**** counseling services from the Student Wellness Program #LetsTalk



#MentalIllnessAwarenessWeek #HowRU
#FineDoesntReallyMeanFine #EndTheStigma
#MentalHealthAwareness
#MentalHealthMatters #AntiStigmaCampaign
#DNPproject

11/21/2019

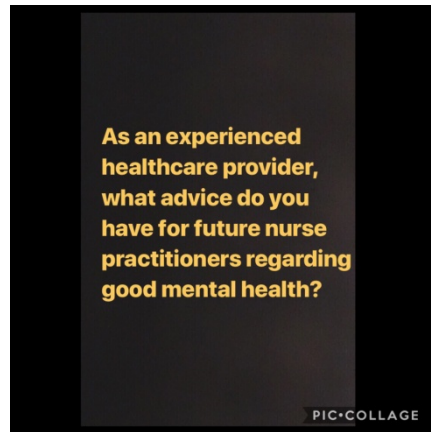
it's ok
to Not be
OK

You may not be fine today, but have faith that you will be. Not because it'll resolve itself or that all your problems will suddenly go away, but because #YouAreNotAlone. There are resources available to help you, and people who want you to succeed.

Let's #EndTheStigma and
#StartTheConversation

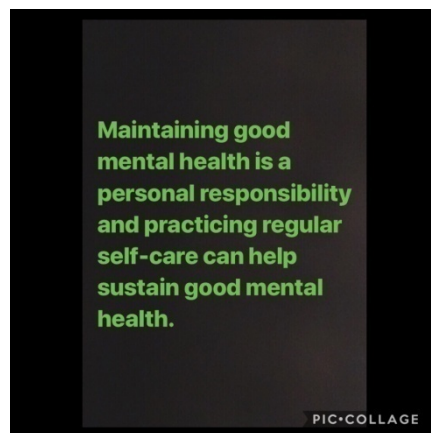
#HowRU #FineDoesntReallyMeanFine
#EndTheStigma #MentalHealthAwareness
#MentalHealthMatters #AntiStigmaCampaign
#DNPproject

11/22/2019

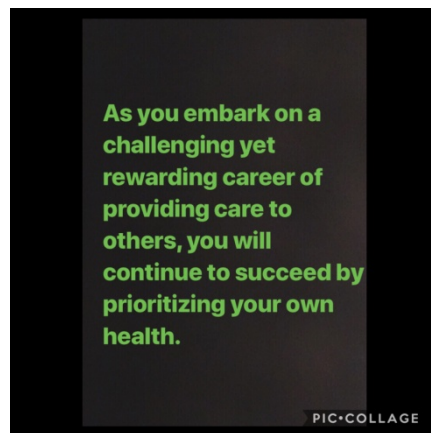


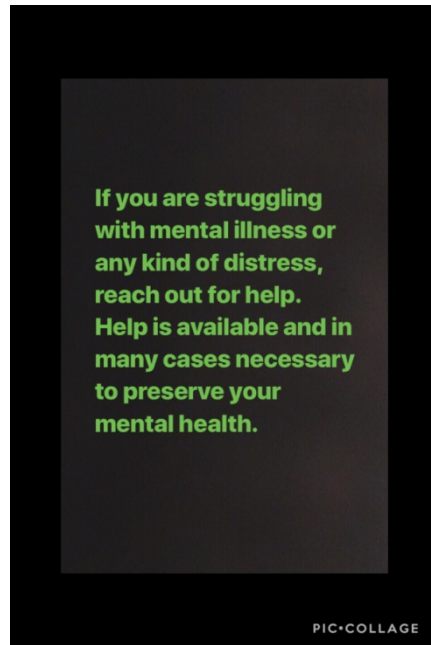
As future nurse practitioners, let's strive to role model and normalize good mental health practices like regular self-care and professional help-seeking during times of distress.

All [REDACTED] DNP students are eligible for ****FREE**** and ****CONFIDENTIAL**** counseling services from the Student Wellness Program. For more information, please visit www.ubhc.rutgers.edu/SWP or ☐ 973-972-5429 #LetsTalk



#HowRU #AskATherapist #EndTheStigma
#MentalHealthAwareness
#MentalHealthMatters #AntiStigmaCampaign
#DNPproject





11/22/2019

Student Wellness Program

The Student Wellness Program (SWP) is a **free and confidential** counseling service which helps students deal effectively with stressors and pressures related to school, as well as personal problems that may affect their well-being, their home lives and/or their academic performance.

What services are offered?

- Free confidential counseling.
- Short term and focused individual, couples and family counseling.
- Crisis Intervention.
- Prevention oriented [groups and workshops](#) on relevant topics, e.g. stress management.
- Assessment and referral for specialized substance abuse treatment.
- Training and consultation to peer support counselors, faculty & staff.

If you have any questions about the Student Wellness Program, please visit www.ubhc.rutgers.edu/SWP to learn more about available services. You will also find self-screening tools, a list of community resources, and archive of the SWP newsletter.

Or if you prefer a more personal touch, call ☐ 972-973-5429. #LetsTalk

#HowRU #EndTheStigma
 #MentalHealthAwareness
 #MentalHealthMatters #AntiStigmaCampaign
 #DNPproject

How confidential is the SWP? ^

Confidentiality is paramount to providing effective student services. Therefore, information regarding a student will not be released to anyone without written consent from the student. Additionally, because the SWP is independent from school, the SWP doesn't share any university-wide databases and/or central filing systems.

Who is eligible for services? ^

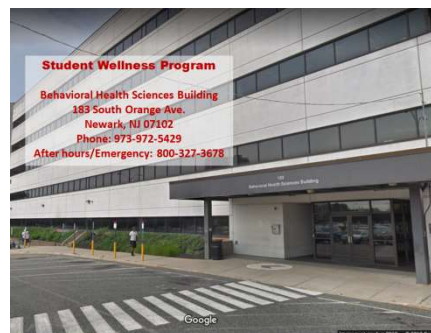
The Student Wellness Program services are available to all students enrolled in academic programs at participating schools on the Piscataway, Stratford/Camden and Newark campuses. Additionally, services are available to family members who reside within your household.

What types of concerns might warrant a student using the SWP? ^

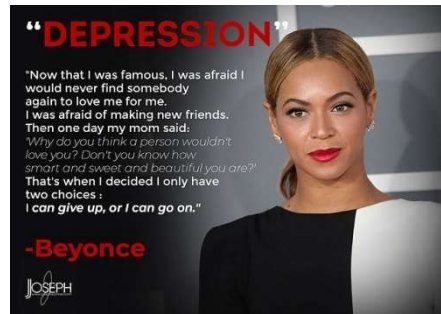
The SWP provides assessment, counseling and referral services. Areas that the SWP can help with include, but are not limited to the following: personal problems, test taking anxiety, school related stress/anxiety, problems with relationships, family issues, alcohol & drug use, and problems with depression.

Is there a fee for using the SWP? ^

"NO". The SWP services are free to you as a student, and to those members of your household who reside with you.



11/23/2019



To shed light on the importance of mental healthcare, @Beyonce has spoken out about her own personal experiences with depression, and encourages women to prioritize good mental health.

#HowRU #EndTheStigma
 #MentalHealthAwareness
 #MentalHealthMatters #AntiStigmaCampaign
 #DNPproject

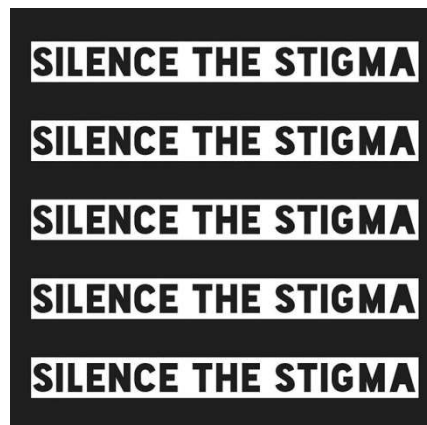
11/24/2019



Singer and actress Demi Lovato (@DDLovato) has been honest about her struggles with bipolar disorder and substance abuse. Instead of hiding her mental illnesses, she has embraced them and uses her experiences as inspiration for much of her music. Her music gives a unique insight into the challenges of living with mental illness and the strength of recovery.

#HowRU #EndTheStigma
 #MentalHealthAwareness
 #MentalHealthMatters #AntiStigmaCampaign
 #DNPproject

11/24/2019

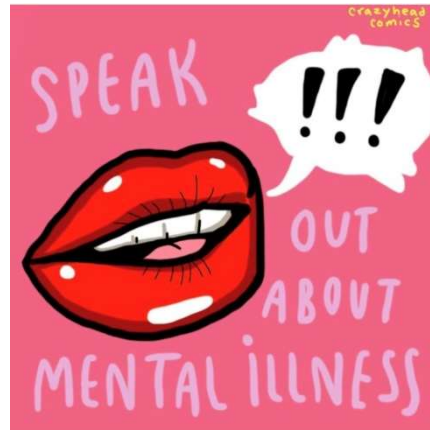


People living with mental illness have suffered in silence for too long. It's time to #SilenceTheStigma and speak up about mental health.

Let's #EndTheStigma and
 #StartTheConversation

#HowRU #MentalHealthAwareness
 #MentalHealthMatters #AntiStigmaCampaign
 #DNPproject

11/24/2019



People living with mental illness have suffered in silence for too long. It's time to #SilenceTheStigma and speak up about mental health.

Let's #EndTheStigma and #StartTheConversation

□ Artwork by @CrazyHeadComics

#HowRU #MentalHealthAwareness
#MentalHealthMatters #AntiStigmaCampaign
#DNPproject

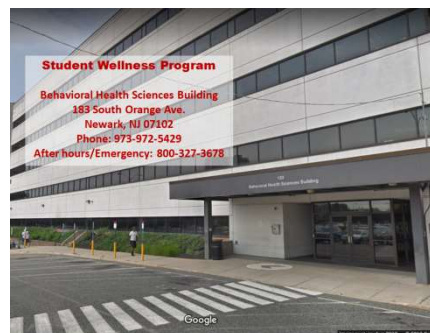
11/25/2019



When "fine" doesn't really mean "fine," we're here to talk.

Sometimes the hardest things to say are the words we need to say the most. You are not alone, and help is available. □

All [REDACTED] DNP students are eligible for ****FREE**** and ****CONFIDENTIAL**** counseling services from the Student Wellness Program #LetsTalk



#HowRU #FineDoesntReallyMeanFine
#EndTheStigma #MentalHealthAwareness
#MentalHealthMatters #AntiStigmaCampaign
#DNPproject

11/25/2019

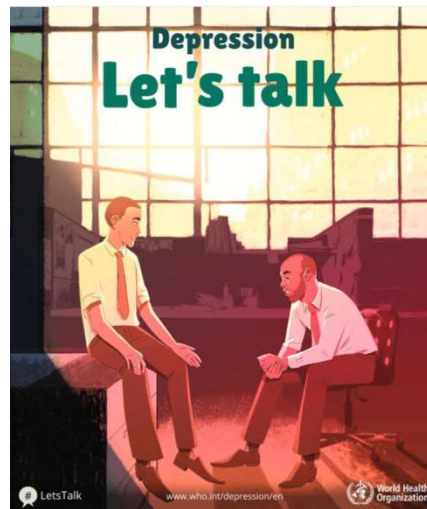


Although there are many reasons that keep people from sharing their true feelings, fear and stigma should not be part of them. Let's #EndTheStigma and #StartTheConversation

□ Artwork by @CrazyHeadComics

#HowRU #EndTheStigma
#MentalHealthAwareness
#MentalHealthMatters #AntiStigmaCampaign
#DNPproject

11/26/2019



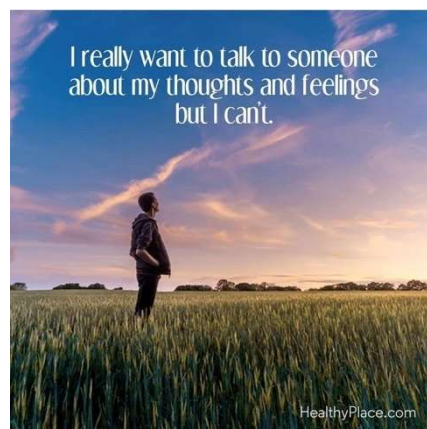
If you're not sure who to talk to, the Student Wellness Program offers ****FREE**** and ****CONFIDENTIAL**** counseling services to all [REDACTED] DNP students and their household family members.

For more information, please visit www.ubhc.rutgers.edu/SWP or □ 973-972-5429 #LetsTalk

□ @WHO

#HowRU #FineDoesntReallyMeanFine
#EndTheStigma #MentalHealthAwareness
#MentalHealthMatters #AntiStigmaCampaign
#DNPproject

11/26/2019



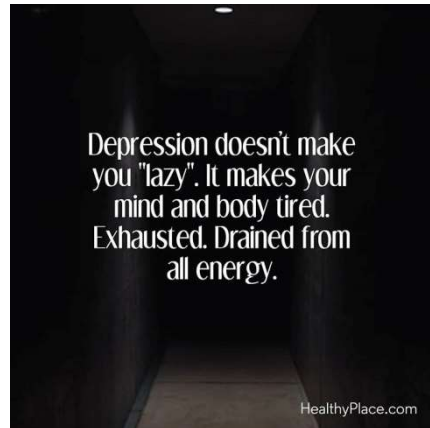
If someone you know is struggling with a mental illness but are having trouble talking about it, there are many other ways to support them. You can give them a hug or a shoulder to cry on. You can hold their hand or just sit quietly beside them. And when that person is ready to talk, they will know where to turn.

□ @HealthyPlace

#HowRU #EndTheStigma
#MentalHealthAwareness
#MentalHealthMatters #AntiStigmaCampaign

#DNPproject

11/27/2019



Depression is an invisible illness characterized by lack of motivation, fatigue, and loss of interest or pleasure in things previously enjoyed. The stigma that people with depression are “lazy” can lead to hiding their illness, increased feelings of depression and worthlessness, and delayed treatment.

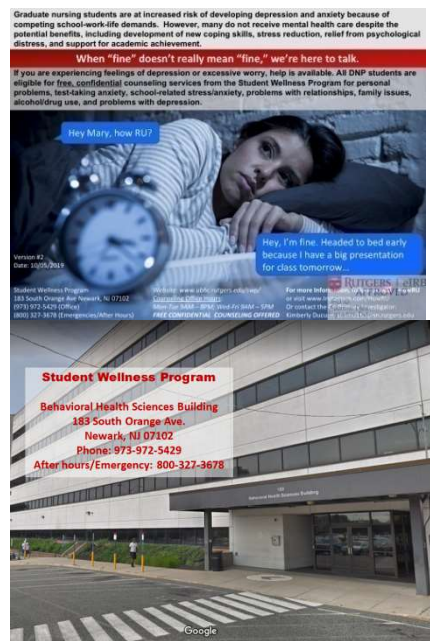
Together, we can fight the stigma and support people living with a mental illness through understanding, kindness, and acceptance.

#EndTheStigma and #StartTheConversation

□ @HealthyPlace

#HowRU #EndTheStigma
#MentalHealthAwareness
#MentalHealthMatters #AntiStigmaCampaign
#DNPproject

11/28/2019



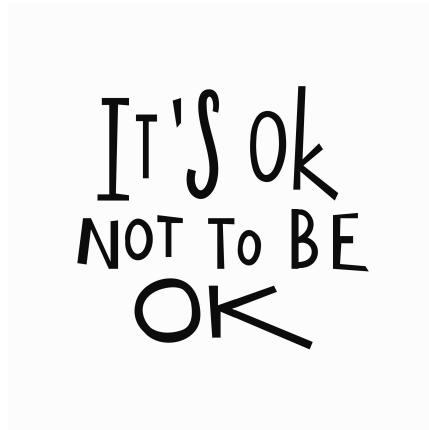
When “fine” doesn’t really mean “fine,” we’re here to talk.

Sometimes the hardest things to say are the words we need to say the most. You are not alone, and help is available. □

All [REDACTED] DNP students are eligible for *FREE* and *CONFIDENTIAL* counseling services from the Student Wellness Program #LetsTalk

#HowRU #FineDoesntReallyMeanFine
#EndTheStigma #MentalHealthAwareness
#MentalHealthMatters #AntiStigmaCampaign
#DNPproject

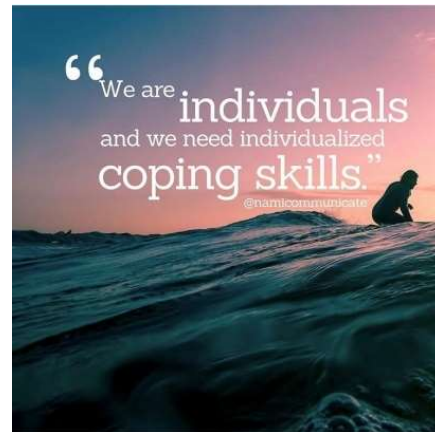
11/28/2019



No one is happy all the time. Feelings of sadness and anger are as natural as hope and joy. Don't feel pressured to put on a "happy face" because it's #OKnottobeOK

#HowRU #FineDoesntReallyMeanFine
 #EndTheStigma #MentalHealthAwareness
 #MentalHealthMatters #AntiStigmaCampaign
 #DNPproject

11/29/2019



Mental illness affects almost 45 million people every year, yet it is unique to each and every individual. Therapy is an individualized treatment option where you can learn new coping skills, gain perspective, and strengthen your mental health specific to your goals and circumstances.

□ @NAMIcommunicate

#HowRU #TherapyWorks #EndTheStigma
 #MentalHealthAwareness
 #MentalHealthMatters #AntiStigmaCampaign
 #DNPproject

11/29/2019



Taking care of your mental health may be easier said than done, but is worth the time, effort, and commitment you put into it. Prioritizing your mental health and practicing regular self-care will help manage mental illness, reduce stress, and improve your quality of life.

□ @HealthyPlace

#HowRU #EndTheStigma
 #MentalHealthAwareness
 #MentalHealthMatters #AntiStigmaCampaign
 #DNPproject

11/30/2019

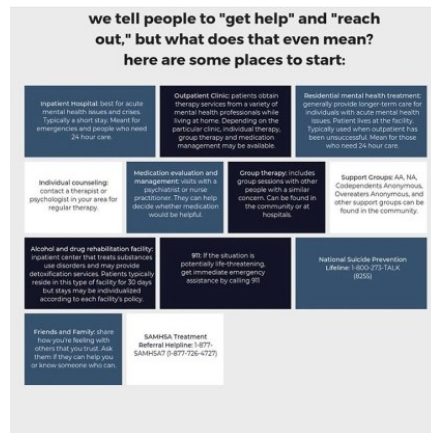


Today will be the last posts for this DNP project. I encourage you all to continue prioritizing your mental health, and never feel ashamed of the progress you've made.

□ @HealthyPlace

#HowRU #EndTheStigma
#MentalHealthAwareness
#MentalHealthMatters #AntiStigmaCampaign
#DNPproject

11/30/2019



These are some suggestions for additional mental health services and resources that you can access locally and nationally. Recovery from mental illness is not linear, but is always possible.

Together let's #EndTheStigma and #StartTheConversation

□ @SitWithWhit

#HowRU #AskATherapist #TherapyWorks
#EndTheStigma #MentalHealthAwareness
#MentalHealthMatters #AntiStigmaCampaign
#DNPproject

Music used in stories include:

- “Recovery” by James Arthur
- “Who You Are” by Jessie J
- “1-800-273-8255” by Logic, Juanes, Alessia Cara, Khalid
- “Say” by John Mayer
- “In My Blood” by Shawn Mendes
- “Lean on Me” by Bill Withers

Appendix L

Instagram Invitation E-mail



Hello my fellow DNP students,

My name is Kimberly Ducusin, and I am in the Family DNP program. I am conducting a [REDACTED] IRB-approved DNP research study that examines the effects of an on-campus anti-stigma campaign to increase help-seeking for psychological distress among DNP students.

You are invited to follow the “How RU” anti-stigma campaign on Instagram @HowRU_campaign or go to www.instagram.com/HowRU_campaign. The campaign will share information about psychological distress, on-campus mental health services and other resources, and advocacy and support for those affected by mental illness. Your choice to follow and/or engage with the Instagram account is **voluntary**, and you are free to unfollow at any time.

For any questions, please contact me by email at [REDACTED] or phone at [REDACTED]-[REDACTED]-[REDACTED]. Your time and contribution to nursing research are greatly appreciated. Thank you.



Sincerely,

Kimberly Ducusin

Appendix M

Pre- and Post Intervention Survey



RUTGERS
School of Nursing

This project aims to examine the effects of an on-campus anti-stigma campaign to increase help-seeking for psychological distress among DNP students. This survey will ask questions about your attitudes and intentions about professional psychological help-seeking for depression and anxiety. It will take 10-15 minutes to complete. This survey is **voluntary**, **anonymous**, and **confidential**. You may stop taking the survey and withdraw from the project at any point. Your time and participation is greatly appreciated.

INSTRUCTIONS: Please read each question or statement carefully and select the response that best describes you.

1. Which age group are you in?

☐ 18-24 years old ☐ 25-34 years old ☐ 35-44 years old ☐ 45-54 years old
☐ 55-64 years old ☐ 65-74 years old ☐ 75+ years old ☐ Prefer not to answer

2. Which gender do you best identify with?

☐ Male ☐ Female ☐ Transgender ☐ Prefer not to answer

3. Which race or ethnicity do you best identify with?

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Native Hawaiian or Other Pacific
<input type="checkbox"/> Asian	<input type="checkbox"/> Islander
<input type="checkbox"/> Black or African American	<input type="checkbox"/> White
<input type="checkbox"/> Hispanic or Latinx	<input type="checkbox"/> Identify with 2 or more races
	<input type="checkbox"/> Prefer not to answer

4. What is your marital status?

☐ Single (never married)
☐ Married or in a domestic partnership

☐ Divorced
☐ Widowed
☐ Separated

5. How many children do you have?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5+

6. What is your employment status?

☐ Full-time ☐ Part-time ☐ Per diem ☐ Self-employed
☐ Unemployed, looking for work ☐ Unemployed, not currently looking for work

7. Which DNP track are you enrolled in?

<input type="checkbox"/> Adult-gerontology acute care NP	<input type="checkbox"/> Leadership (Post-Master's)
<input type="checkbox"/> Adult-gerontology primary care NP	<input type="checkbox"/> Nurse anesthesia
<input type="checkbox"/> Family NP	<input type="checkbox"/> Women's Health NP
<input type="checkbox"/> Family NP in emergency care	<input type="checkbox"/> Nurse Midwifery Practitioner
<input type="checkbox"/> Pediatric NP	<input type="checkbox"/> Dual Women's Health/Nurse Midwifery Practitioner
<input type="checkbox"/> Psychiatric/mental health NP	<input type="checkbox"/> Practice (Executive model)
<input type="checkbox"/> Leadership (Post- Bachelor's)	

8. How many years have you been in the selected DNP track?

☐ 1 year ☐ 2 years ☐ 3 years ☐ 4 years ☐ 5 years ☐ 6+ years

9. Are you currently full-time or part-time student status? ☐ Full-time ☐ Part-time

INSTRUCTIONS: Read each statement carefully and indicate your degree of agreement using the scale below. In responding, please be completely candid. 0 = Disagree 1 = Partly disagree 2 = Partly agree 3 = Agree				
	0 = Disagree	1 = Partly disagree	2 = Partly agree	3 = Agree
10. If I believed I was having a mental breakdown, my first inclination would be to get professional attention.				
11. The idea of talking about problems with a psychologist strikes me as a poor way to get rid of emotional conflicts.				
12. If I were experiencing a serious emotional crisis at this point in my life, I would be confident that I could find relief in psychotherapy.				
13. There is something admirable in the attitude of a person who is willing to cope with his or her conflicts and fears without resorting to professional help.				
14. I would want to get psychological help if I were worried or upset for a long period of time.				
15. I might want to have psychological counseling in the future.				
16. A person with an emotional problem is not likely to solve it alone; he or she is likely to solve it with professional help.				
17. Considering the time and expense involved in psychotherapy, it would have doubtful value for a person like me.				
18. A person should work out his or her own problems; getting psychological counseling would be a last resort.				
19. Personal and emotional troubles, like many things, tend to work out by themselves.				
20. Seeing a psychologist for emotional or interpersonal problems carries social stigma.				

21. It is a sign of personal weakness or inadequacy to see a psychologist for emotional or interpersonal problems.				
22. People will see a person in a less favorable way if they come to know that he/she has seen a psychologist.				
23. It is advisable for a person to hide from people that he/she has seen a psychologist.				
24. People tend to like less those who are receiving professional psychological help.				

INSTRUCTIONS: Read each question carefully and indicate “yes” or “no” for each question.

25. Are you aware of any on-campus psychological services for DNP students at [REDACTED] School of Nursing? ____ Yes ____ No

26. Are you aware of any current anti-stigma campaign at [REDACTED] School of Nursing?
____ Yes ____ No

Appendix N

Table 4

Glossary of Instagram-related terminology, concepts, and definitions.

Term	Definition
Application	A program designed for a mobile device (such as a smartphone) (Merriam-Webster, 2019). It is also known as an “app” or “mobile app.” (TechTarget, 2019).
Bio	An area of a user’s profile designated to writing a 150-character description about the user or brand (Boot Camp Digital, n.d.).
Block	To prevent someone from finding or viewing a profile, posts, or stories on Instagram. People are not notified when you block them (Instagram, 2019).
Caption	“The explanatory comment or designation accompanying a pictorial illustration” (Merriam-Webster, 2019).
Collection	A feature that allows the user to organize saved posts (Instagram, 2019).
Comment	A text response on another user’s, or their own, photo” (Boot Camp Digital, n.d.; TechTarget, 2019).
Direct message	Allows a user to privately send a message or photo to a single user or group. This image does not appear on the news feed, search results, or on any users’ profile” (Boot Camp Digital, n.d.).
Like	“To electronically register one's approval of (something, such as an online post or comment) for others to see (as by clicking on an icon designed for that purpose)” (Merriam-Webster, 2019).
Emoji	“Any of various small images, symbols, or icons used in text fields in electronic communication (as in text messages, e-mail,

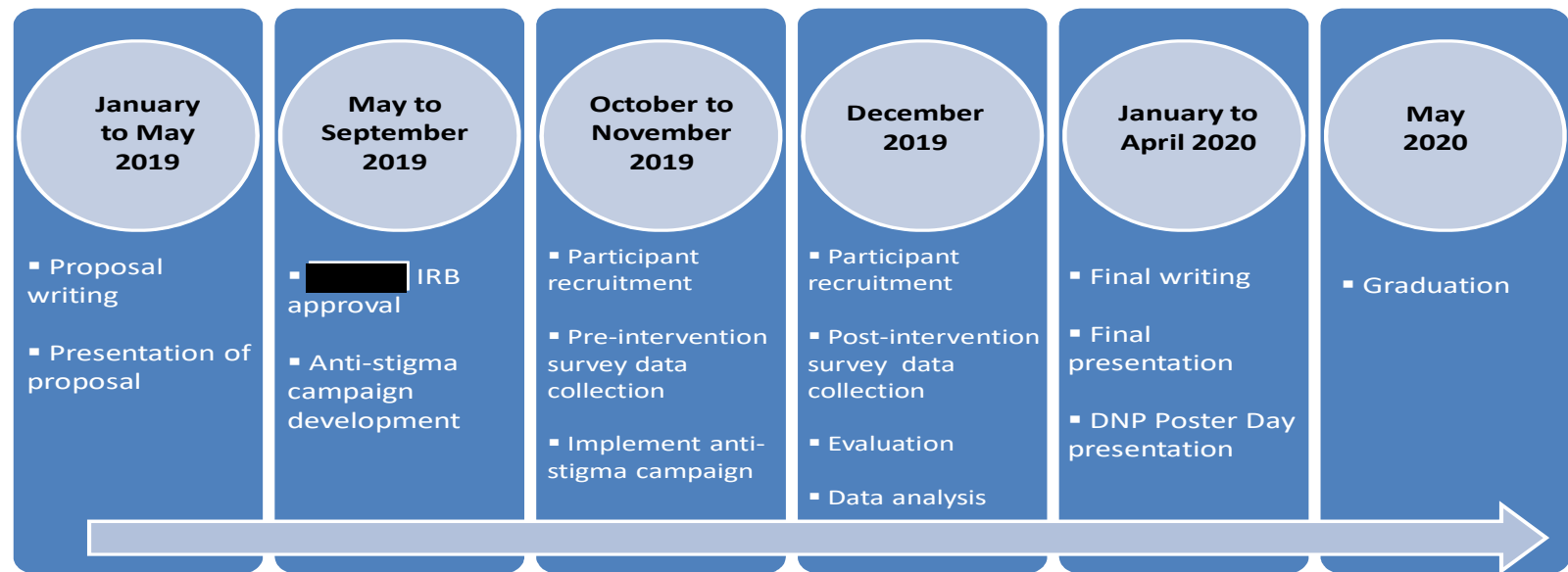
	and social media) to express the emotional attitude of the writer, convey information succinctly, communicate a message playfully without using words, etc.” (Merriam-Webster, 2019).
Feed	The content (photos and videos) that a user can see from people and hashtags followed, and suggested accounts based on the user’s activity and interests (Instagram, 2019).
Follow	“To subscribe to the feed of (someone or something) especially on social media” (Merriam-Webster, 2019).
Follower	“One who subscribes to a feed especially on social media” (Merriam-Webster, 2019).
Hashtag	“A word or phrase preceded by the symbol # that classifies or categorizes the accompanying text (such as a tweet)” (Merriam-Webster, 2019).
IGTV	Application for “watching long-form, vertical video” through the Instagram application or as a stand-alone application (Instagram, 2019).
Impression	“The total number of times allof your posts have been seen” (Instagram, 2019).
Influencer	“A person who is able to generate interest in something (such as a consumer product) by posting about it on social media” (Merriam-Webster, 2019).
Instagram	“A free, online photo-sharing application and social network platform that was acquired by Facebook in 2012” (TechTarget, 2019).
Live stream	“To stream (a live event) over the Internet” (Merriam-Webster, 2019).
Notification	Also called server push notification or push notification, is the delivery of information from a software application to a computing device without a specific request from the client (TechTarget, 2019).

Post	“To publish (something, such as a message) in an online forum (such as an electronic message board)” (Merriam-Webster, 2019).
Profile	“A concise biographical sketch” (Merriam-Webster, 2019).
Reach	“The number of unique accounts that have seen any of your posts” (Instagram, 2019).
Report	To notify Instagram of an account or content that violates the Community Guidelines or involves crime-related activity (Instagram, 2019; TechTarget, 2019).
Save	“A menu entry or icon on a computer that is usually created by the user and that serves as a shortcut to a previously viewed location (such as an Internet site)” (Merriam-Webster, 2019).
Scroll	“To move text or graphics up or down or across a display screen as if by unrolling a scroll” (Merriam-Webster, 2019).
Share	“To post (something) on a social media platform” (Merriam-Webster, 2019).
Social media	“Forms of electronic communication (such as websites for social networking and microblogging) through which users create online communities to share information, ideas, personal messages, and other content (such as videos)” (Merriam-Webster, 2019).
Story	A feature where users can capture, modify, and post related images and video content in a slideshow format (TechTarget, 2019).
Swipe	“To strike or move with a sweeping motion” (Merriam-Webster, 2019).
Tag	“To supply (something, such as a social media post) with a hashtag or username” (Merriam-Webster, 2019).
Trending	“To generate or attract a lot of interest or attention especially online and in social media”

Username	(Merriam-Webster, 2019). The name of a user's account for others to find and view their profile (Boot Camp Digital, n.d.).
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Appendix O

Figure 3

Project Timeline

Appendix P

Table 5

Project Budget

Expense	Cost	Total cost
Campaign flyers (color prints)	50 x \$0.25	\$12.50
Stock photos and licenses	\$29.00	\$29.00
“Preview” application subscription	\$7.99/month x 3 months	\$23.97
Pre-intervention surveys (black and white prints)	50 x \$0.10	\$5.00
Post-intervention surveys (black and white prints)	50 x \$0.10	\$5.00
“Thank You” candy bags		
Treat bags	\$8.90	\$8.90
Tootsie Roll candy	\$14.97	\$14.97
Jolly Rancher candy	\$10.48	\$10.48
Ballpoint pens	4 x \$7.49	\$29.96
“Mental Health Matters” stickers	2 x \$6.95	\$13.90
DNP project poster	\$20.00	\$20.00
Shipping and handling	\$5.99	\$5.99
TOTAL BUDGET		\$179.67

Appendix Q

Table 6

Descriptive statistics of new cases opened at the SWP by DNP students for professional psychological services.

Year	Total of New Cases per Year	<u>Range</u>		Mean	Median	Mode
		Minimum	Maximum			
2016	15	0	3	1.25	1	1
2017	7	0	3	0.58	0	0
2018	15	1.25	0	3	1	1
2019	14	0	5	1.17	1	1

Appendix R

Pre- and post-survey demographic data.

Table 7

Age groups of pre- and post-survey participants.

Age	<u>Pre-survey (n=55)</u>		<u>Post-survey (n=57)</u>	
	Frequency	Percent (%)	Frequency	Percent (%)
18-24 years	7	12.7%	4	7%
25-34 years	38	69.1%	37	64.9%
35-44 years	9	16.4%	14	24.6%
45-54 years	1	1.8%	2	3.5%
55-64 years	0	0%	0	0%
65-74 years	0	0%	0	0%
75+	0	0%	0	0%
Prefer not to answer	0	0%	0	0%

Table 8

Genders of pre- and post-survey participants.

Gender	<u>Pre-survey (n=55)</u>		<u>Post-survey (n=57)</u>	
	Frequency	Percent (%)	Frequency	Percent (%)
Male	4	7.3%	4	7%
Female	51	92.7%	53	93%
Transgender	0	0%	0	0%
Prefer not to answer	0	0%	0	0%

Table 9

Races/ethnicities of pre- and post-survey participants.

Race/ethnicity	<u>Pre-survey (n=55)</u>		<u>Post-survey (n=57)</u>	
	Frequency	Percent (%)	Frequency	Percent (%)
American Indian or Alaska Native	0	0%	0	0%
Asian	15	27.3%	16	28.1%
Black or African American	12	21.8%	13	22.8%
Hispanic or Latinx	8	14.5%	8	14%
Native Hawaiian or Other Pacific Islander	0	0%	0	0%
White	17	30.9%	16	28.1%
Identify with 2 or more races	1	1.8%	3	5.35%
Prefer not to answer	2	3.6%	1	1.8%

Table 10

Marital statuses of pre- and post-survey participants.

Marital Status	<u>Pre-survey (n=55)</u>		<u>Post-survey (n=57)</u>	
	Frequency	Percent (%)	Frequency	Percent (%)
Single (never married)	33	60%	26	45.6%
Married or in a domestic partnership	17	30.9%	28	49.1%
Divorced	5	9.1%	3	5.3%
Widowed	0	0%	0	0%
Separated	0	0%	0	0%

Table 11

Number of children of pre- and post-survey participants.

Number of Children	<u>Pre-survey (n=55)</u>		<u>Post-survey (n=57)</u>	
	Frequency	Percent (%)	Frequency	Percent (%)
0	37	67.3%	31	54.4%
1	6	10.9%	9	15.8%
2	7	12.7%	10	17.5%
3	5	9.1%	6	10.5%
4	0	0%	1	1.8%
5+	0	0%	0	0%

Table 12

Employment statuses of pre- and post-survey participants.

Employment Status	<u>Pre-survey (n=55)</u>		<u>Post-survey (n=57)</u>	
	Frequency	Percent (%)	Frequency	Percent (%)
Full-time	39	70.9%	38	66.7%
Part-time	10	18.2%	8	14%
Per diem	6	10.9%	9	15.85
Self-employed	0	0%	0	0%
Unemployed, looking for work	0	0%	0	0%
Unemployed, not currently looking for work	0	0%	2	3.5%

Table 13

DNP tracks of pre- and post-survey participants.

DNP Track	<u>Pre-survey (n=55)</u>		<u>Post-survey (n=57)</u>	
	Frequency	Percent (%)	Frequency	Percent (%)
Adult-gerontology acute care NP	7	12.7%	4	7%
Adult-gerontology primary care NP	7	12.7%	9	15.8%
Family NP	28	50.9%	37	64.9%
Family NP in emergency care	6	10.9%	2	3.5%
Pediatric NP	0	0%	0	0%
Psychiatric/mental health NP	1	1.8%	4	7%
Leadership (Post-Bachelor's)	0	0%	0	0%
Leadership (Post-Master's)	0	0%	0	0%
Nurse anesthesia	0	0%	0	0%
Women's health NP	2	3.6%	0	0%
Women's health/nurse midwifery	0	0%	0	0%
Dual Women's Health/Nurse Midwifery Practitioner	4	7.3%	1	1.8%
Practice (executive model)	0	0%	0	0%

Table 14

Years in DNP track of pre- and post-survey participants.

Years in DNP Track	<u>Pre-survey (n=55)</u>		<u>Post-survey (n=57)</u>	
	Frequency	Percent (%)	Frequency	Percent (%)
1 year	31	56.4%	20	35.1%
2 years	13	23.6%	5	8.8%
3 years	6	10.9%	12	21.1%
4 years	5	9.1%	16	28.1%
5 years	0	0%	4	7%
6+ years	0	0%	0	0%

Table 15

Student statuses of pre- and post-survey participants.

Student Status	<u>Pre-survey (n=55)</u>		<u>Post-survey (n=57)</u>	
	Frequency	Percent (%)	Frequency	Percent (%)
Full-time	14	25.9%	22	38.6%
Part-time	40	74.1%	35	61.4%

Appendix S

Table 16

Frequency and percentage of pre-survey participants' responses to the Attitudes Toward Seeking Professional Psychological Help Scale-Short Form (ATSPPHS-SF).

Survey Item		Disagree	Partly Disagree	Partly Agree	Agree	No Response
If I believed I was having a mental breakdown, my first inclination would be to get professional attention.	Pre-survey	19 (34.5%)	7 (12.7%)	14 (25.5%)	15 (27.3%)	0 (0%)
	Post-survey	15 (26.3%)	8 (14%)	17 (29.8%)	17 (29.8%)	0 (0%)
The idea of talking about problems with a psychologist strikes me as a poor way to get rid of emotional conflicts.	Pre-survey	40 (72.7%)	7 (12.7%)	7 (12.7%)	1 (1.8%)	0 (0%)
	Post-survey	35 (61.4%)	12 (21.1%)	6 (10.5%)	4 (7%)	0 (0%)
If I were experiencing a serious emotional crisis at this point in my life, I would be confident that I could find relief in psychotherapy.	Pre-survey	4 (7.2%)	13 (23.6%)	21 (38.2%)	17 (30.9%)	0 (0%)
	Post-survey	4 (7%)	7 (12.3%)	29 (50.9%)	17 (29.8%)	0 (0%)
There is something admirable in the attitude of a person who is willing to cope with his or her conflicts and fears without resorting to professional help.	Pre-survey	15 (27.3%)	17 (30.9%)	12 (21.8%)	11 (20%)	0 (0%)
	Post-survey	14 (24.6%)	17 (29.8%)	13 (22.8%)	13 (22.8%)	0 (0%)

I would want to get psychological help if I were worried or upset for a long period of time.	Pre-survey	3 (5.5%)	4 (7.2%)	15 (27.3%)	33 (60%)	0 (0%)
	Post-survey	2 (3.5%)	4 (7%)	13 (22.8%)	38 (66.7%)	0 (0%)
I might want to have psychological counseling in the future.	Pre-survey	11 (20%)	8 (14.5%)	19 (34.5%)	17 (30.9%)	0 (0%)
	Post-survey	13 (22.8%)	7 (12.3%)	15 (26.3%)	21 (36.8%)	1 (1.8%)
A person with an emotional problem is not likely to solve it alone; he or she is likely to solve it with professional help.	Pre-survey	9 (16.4%)	15 (27.3%)	20 (36.4%)	11 (20%)	0 (0%)
	Post-survey	7 (12.3%)	16 (28.1%)	19 (33.3%)	15 (26.3%)	0 (0%)
Considering the time and expense involved in psychotherapy, it would have doubtful value for a person like me.	Pre-survey	17 (30.9%)	21 (38.2%)	11 (20%)	5 (9.1%)	1 (1.8%)
	Post-survey	28 (49.1%)	16 (28.1%)	10 (17.5%)	3 (5.3%)	0 (0%)
A person should work out his or her own problems; getting psychological counseling would be a last resort.	Pre-survey	28 (50.9%)	11 (20%)	8 (14.5%)	8 (14.5%)	0 (0%)
	Post-survey	29 (50.9%)	10 (17.5%)	15 (26.3%)	3 (5.3%)	0 (0%)
Personal and emotional troubles, like many things, tend to work out by themselves.	Pre-survey	22 (40%)	16 (29.1%)	14 (25.5%)	3 (5.5%)	0 (0%)
	Post-survey	20 (35.1%)	21 (36.8%)	13 (22.8)	2 (3.5%)	1 (1.8%)

Pre-survey: n=55. Post-survey: n=57.

Table 17

Descriptive statistics of pre- and post-survey participants' responses to ATSPPHS-SF.

Descriptive Statistics	Pre-survey	Post-survey
Mean	19.454545	19.929825
Standard Error	0.7398326	0.7694266
Median	21	21
Mode	21	12
Standard Deviation	5.4867456	5.8090436
Range	22	25
Minimum	6	5
Maximum	28	30
Sum	1070	1136
Count	55	57
Confidence Level (95.0%)	1.4832751	1.5413467

Appendix T

Table 18

Frequency and percentage of pre-survey participants' responses to the Social Stigma of Receiving Psychological Help Scale (SSRPHS).

		Disagree	Partly Disagree	Partly Agree	Agree	No Response
Seeing a psychologist for emotional or interpersonal problems carries social stigma.	Pre-survey	10 (18.2%)	12 (21.8%)	11 (20%)	22 (40%)	0 (0%)
	Post-survey	4 (7%)	8 (14%)	26 (45.6%)	19 (33.3%)	0 (0%)
It is a sign of personal weakness or inadequacy to see a psychologist for emotional or interpersonal problems.	Pre-survey	1 (1.8%)	6 (10.9%)	9 (16.4%)	39 (70.9%)	0 (0%)
	Post-survey	42 (73.7%)	9 (15.8%)	6 (10.5%)	0 (0%)	0 (0%)
People will see a person in a less favorable way if they come to know that he/she has seen a psychologist.	Pre-survey	26 (47.3%)	12 (21.8%)	12 (21.8%)	4 (7.3%)	1 (1.8%)
	Post-survey	24 (42.1%)	15 (26.3%)	10 (17.5%)	8 (14%)	0 (0%)
It is advisable for a person to hide from people that he/she has seen a psychologist.	Pre-survey	34 (61.8%)	11 (20%)	8 (14.5%)	1 (1.8%)	1 (1.8%)
	Post-survey	38 (66.7%)	10 (17.5%)	7 (12.3%)	2 (3.5%)	0 (0%)

People tend to like less those who are receiving professional psychological help.	Pre-survey	30 (54.5%)	10 (18.2%)	12 (21.8%)	2 (3.6%)	1 (1.8%)
	Post-survey	37 (64.9%)	8 (14%)	7 (12.3%)	5 (8.8%)	0 (0%)

Pre-survey: n=55. Post-survey: n=57.

Table 19

Descriptive statistics of pre- and post-survey participants' responses to SSRPHS.

Descriptive Statistics	Pre-survey	Post-survey
Mean	9.2727273	9.6315789
Standard Error	0.4345783	0.3915073
Median	9	9
Mode	10	8
Standard Deviation	3.2229188	2.955815
Range	12	12
Minimum	4	5
Maximum	16	17
Sum	510	549
Count	55	57
Confidence Level (95.0%)	0.871277	0.7842833

Appendix U

Table 20

Descriptive statistics of Instagram interactions related to the anti-stigma campaign

Engagement Type	Total Sum	<u>Range</u>		Mean	Median	Mode
		Minimum	Maximum			
Likes	653	0	29	5.72	4	3
Comments	13	0	2	0.11	0	0
Reach	2498	3	228	21.91	40	24
Impressions	8791	3	269	77.11	55	46, 47
Profile Visits	24	0	4	0.21	0	0
Follows	3	0	1	0.02	0	0
Saved	56	0	6	0.49	0	0
Shares	42	0	6	0.37	0	0

Appendix V

Table 21

Survey Item 25: Are you aware of any on-campus psychological services for DNP students at [REDACTED] School of Nursing?

	<u>Pre-survey (n=55)</u>		<u>Post-survey (n=57)</u>	
	Frequency	Percent (%)	Frequency	Percent (%)
Yes	12	21.8%	28	49.1%
No	43	78.2%	28	49.1%
Unanswered	0	0%	1	1.8%

Table 22

Survey Item 26: Are you aware of any current anti-stigma campaign at [REDACTED] School of Nursing?

	<u>Pre-survey (n=55)</u>		<u>Post-survey (n=57)</u>	
	Frequency	Percent (%)	Frequency	Percent (%)
Yes	5	9.1%	34	59.6%
No	50	90.9%	23	40.4%