Student Perspectives on the Adequacy of Mental Health Curriculum within the College of Health and Human Services at UNH

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Student Perspectives on the Adequacy of Mental Health Curriculum within the College of Health and Human Services at UNH

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University of New Hampshire

Department of Nursing
Introduction

The United States’ Surgeon General released an advisory on the mental health crisis among children, adolescents, and young adults in 2021. According to this document, persistent feelings of hopelessness and sadness were increased by 40% between 2009 and 2019 (Office of the Surgeon General, 2021). Many other sources corroborate this concern for mental illness in the United States. As of 2021, 14.1 million adults aged 18 or older experienced a serious mental illness in the past year (SAMSA, 2023). In relation to this, 4.8% of adults older than 18 and 12.7% of adolescents aged 12-17 experienced serious thoughts of suicide in 2021 (SAMSA, 2023). With the increased number of people experiencing mental health concerns, future healthcare professionals need to be able to comfortably interact with and treat these individuals.

Existing as a person with a mental health disorder and interacting with the healthcare system places an individual at great vulnerability to the staff involved in their treatment. For this reason, it is essential that those with mental illnesses be treated with respect and dignity. This is frequently not the case. The stigmatization of individuals with mental illnesses occurs often among healthcare professionals (Knaak et al., 2017; Riffel & Chen, 2020; Henderson et al., 2014). An example of stigma in healthcare is frequently seen with reports of professionals viewing patients with Schizophrenia as dangerous (Henderson et al., 2014; Riffel & Chen, 2020). This assumption is based on a stigma related to those with Schizophrenia in general, instead of an individual assessment for risk of harm to others. As a result of numerous stigmatizing beliefs, individuals with mental health conditions often feel discredited and demeaned by healthcare staff (Riffel & Chen, 2020). They also are likely to receive a lower quality of care for their physical conditions compared to those without a mental illness (Knaak et al., 2017). Diagnostic overshadowing or the incorrect attribution of physical assessment findings to an already present...
mental health condition is one example of this disparity in care (Henderson et al., 2014; Knaak et al., 2017). This disparity towards the treatment of mental health patients can be correlated to professional anxiety and fear of treating a person with a mental illness (Knaak et al., 2017).

Education on mental health is one potential method to reduce this stigma and ensure proper physical and mental care of patients with a mental health condition. A study conducted by Pinfold et al. (2003), examined the effect of educational workshops on students in the United Kingdom’s secondary schools. They found these workshops led to a positive, even though small, change in student view of people with mental illnesses (Pinfold et al., 2003). Furthermore, in a systematic review examining interventions to reduce mental health stigma, the authors reported that intervention in educational settings lead to stigma reduction and improved attitudes towards mental health (Waqas et al., 2020). Another article confirms these two previous studies by also reporting a reduction of stigma with the implementation of a mental health educational program (Simkiss et al., 2023). While education on mental health has been shown to reduce stigma in some educational settings, there is a lack of research regarding the education students are receiving specifically in health associated programs. It is important to examine how programs are educating students on mental health to detect a possible deficit that could create professional discomfort and stigma. This proposed study aims to examine the level of existing mental health education among students of the College of Health and Human Services at the University of New Hampshire. It also aims to understand education’s effect on these students’ feelings of confidence in treating or interacting with those who have mental illnesses.

The College of Health and Human Services contains a high number of undergraduate and graduate majors directed at the treatment of various individuals. Programs include occupational therapy, exercise science, social work, nursing, and many more. One unifying connection
between these future careers is their likelihood of interacting with or treating an individual with a mental illness. All of these students, therefore, need to be properly educated on information surrounding psychiatric illnesses.

Emphasis on the nursing population is important to include, since this large population of students will be involved in the study. Nurses in all specialties have a high chance of treating someone with a mental health diagnosis. The field of nursing contributes the greatest proportion of healthcare professionals, with 4.3 million registered nurses currently employed in a nursing career (American Association of Colleges of Nursing, 2023). This large population, along with the rest of future healthcare professionals, need to be properly prepared to interact with the psychiatrically disabled population. Nurses interact with many other professionals involved in healthcare, meaning that they can also educate others in the workplace with their knowledge. This study can have a positive impact on nursing science, with the goal of understanding the education all individuals associated with mental health care are receiving. It can allow nursing professionals to identify weak areas in the education of students. Principles of nursing include: beneficence, justice, nonmaleficence, fidelity, veracity, autonomy. Nursing science is developed with these principles in mind. Examining the extent to which future health professionals feel comfortable interacting with those who have mental disorders is essential to nursing science. This information is necessary in determining the possible barriers to proper treatment of this population across all of healthcare. Future nurses and healthcare professionals can not follow core ethical principles without understanding how to interact and treat this large population of individuals. An educational disparity can be addressed through nursing science and curriculum adjustments.

The long-term goal of this research study is to provide a source of information to
professors and other faculty at the University of New Hampshire for them to determine if curriculum needs to be altered within CHHS courses. If the results of this study show that students express a lack of education and comfort interacting with or treating people with mental disorders, then the college can adapt its plan to meet these needs in coming years. If the study finds that students are content with the level of education they are receiving and believe it impacts their confidence level positively, then the college can be aware of these benefits and the importance of keeping mental health education in the curriculum.

Methods

The type of design utilized for this study is quantitative, with the inclusion of two short-answer questions at the end of the survey. This design is chosen in relation to the information collected in this study. Likert scale questions are used to understand the levels at which students feel confident about addressing mental health conditions in their future careers. These questions also address the aim of understanding the relationship between their education and level of confidence. Putting this information along a numerical scale allows the researchers to interpret the information as a whole and draw conclusions from the data. The two short-answer questions are included for participants to expand on their answers, and they are analyzed with thematic analysis.

The participants of this study can be identified as adults, 18 years old or older, who are also undergraduate or graduate students in the College of Health and Human Services (CHHS) at the University of New Hampshire (UNH). The inclusion criteria consists of these two requirements. The exclusion criteria is the inverse of the inclusion criteria, meaning individuals under 18 or not enrolled in the educational program as described are not included. The rationale for this population selection stems from the study’s need to analyze potential future healthcare
professionals out of the whole of the UNH student body. Each program within CHHS is designed to prepare students for a career in healthcare or providing some type of health service. This is an essential quality of the population, as the study is aiming to understand education and confidence on mental health specifically in students looking to enter healthcare fields. This is not to claim that other UNH majors have no association with the health field. Other colleges with some health-related majors were excluded because the sample would be too broad and difficult to analyze. The sample is made completely of adults due to the ability of this population to consent for themselves. The total sample size is 94 participants, but the number of responses per question differs.

The recruitment of these participants was done through emails sent from various sources at UNH. Academic program coordinators were initially emailed the survey and requested to distribute it among faculty and club members. The recruitment method was later adjusted when the survey was not meeting the desired number of respondents. Emails were then sent directly to faculty members in each program of CHHS to request they send the survey to their students. Emails were not sent from anyone directly involved in this study. Similar to the emails, UNH clubs with a focus on mental health were identified and messaged to request distribution of the survey on their social accounts. Many clubs posted a digital flier with a QR code to the survey or claimed to mention it to their members. The researchers also attended CHHS courses and club meetings to distribute information about the survey. Lastly, print copies of the flier were posted around buildings where CHHS members would attend courses, eat meals, and spend their spare time on campus.

Participants in this study were not directly selected by the researchers. Voluntary response sampling, a type of non-probability sampling, was implemented. Many students within CHHS
were provided with the link to this survey, and they had the decision to complete it as they were willing. There was no requirement, incentive, or class credit associated with the completion of the survey. If the student decided to take the survey, then they either scanned the QR code or followed the link on the recruitment materials to the Qualtrics questionnaire. The first question of the survey certifies their understanding and consent to participation in the study. If they stated they do not agree or understand the terms, then the survey ended. If they agreed, then the survey followed with the inclusion criteria question. This question asks if they are in CHHS at UNH and are over the age of 18. If they responded "no" to this question, then the survey ended. If they responded "yes" then the survey continued into the study's main questions. They were able to skip any questions or end the survey at any point. The study's main questions include drop down choices, Likert scales, and write-in prompts. Survey completion was expected to take less than 15 minutes.

This study is very minimally invasive. It involves a large sample size with no collection of directly identifiable information. The survey questions are unlikely to provoke any negative feelings from the participants. There is no risk of stress or invasion of privacy since the participant can refuse to respond to the survey or certain questions. The few risks are the loss of time for survey completion, and the possible indirect identification of participants. While this study is low risk, there are also no direct benefits to the participants. However, participation in this research project will help contribute to increased knowledge to identify any gaps in education which could be detrimental to the population of those with mental health conditions. There are also many measures to reduce the already low risk. Data is stored on USNH IT secure cloud storage (i.e., SharePoint), with only three designated researchers who have access. Data was not shared with any third-party data processors. Only once data is aggregated may it be used
for future studies at UNH or may be shared with other researchers. Furthermore, all groups with sample sizes less than 10 were reported only in combination with like or similar groups, to avoid identification. Open-ended responses are also represented by themes with exemplar quotes for this reason.

The Qualtrics questionnaire serves as the empirical data collection tool in this study. The aim of the study is to understand the correlation between CHHS educational curriculum and the students’ confidence level in treating patients with mental health issues. There are a few questions regarding demographic data which the survey asks. These questions are used to collect data that might show important trends related to the study’s core questions. Following these questions, four likert scale questions are prompted to the participant. The data from these scales provides information related to the aims of the study. The scales for all four questions are zero through five, with one being “strongly disagree” and five being “strongly agree.” The first likert scale question asks the participants to rate their confidence interacting with those who have mental health conditions. Then, the second one asks them to rate how much their major courses have contributed to this confidence. The following two likert scales are designed to detect if the participants’ confidence has any relation to other UNH courses or personal experience, two confounding factors that need to be addressed. This is for the purpose of determining how well specifically CHHS is preparing students for future interaction with people who have mental health diagnoses. The survey technique will provide reliability and validity through the large sample size and lack of incentive for response.

This study is primarily descriptive, so the data from the survey questions is analyzed with descriptive statistics. Descriptive statistics helps to interpret the quantitative data gathered from the Likert scales and demographic questions. The survey's two open-ended questions are
analyzed with thematic analysis. Themes, based on the responses, are formed to describe the overall trends seen. This analysis allows for the description of students in CHHS and determines how comfortable they feel when interacting with someone with a mental health disorder. The data analysis of comfort levels rated on the Likert scale, combined with demographic and background data (major, year, etc.), allows the identification of any patterns or themes. The open-ended question thematic analysis facilitates a more complete understanding of how the students feel their education on mental health is preparing them for their future. This leads to a better understanding of the student perspectives on this issue.

**Results**

The survey was opened on February 2nd, 2024 and remained open until March 3rd, 2024. During this time a general total of responses ended up to be 94 individuals. Female students offered a much higher response rate, consisting 90% of total responses. The other 10% identified as either male, nonbinary, or preferred not to respond. Half of the participants identified as having a personal history of mental illness, while 70% of respondents reported a history of familial mental illness. For the selection of programs, 12 programs out of the total 42 offered in the dropdown question had responses. These programs included: Communication Sciences and Disorders (B.S.) and (M.S.), Health Management and Policy (B.S.), Human Development and Family Studies (B.S.), Nursing (B.S.), Occupational Therapy (B.S.) and (M.S.), Recreation Management and Policy (B.S.) and (M.S.), Nursing (D.N.P.), and Social Work (M.S.). Among the total sample, there was a relatively equal representation of individuals from each year. 21 of respondents were freshmen, 19 were sophomores, 21 were juniors, and 33 were seniors or enrolled in graduate studies. Across all of these programs and grade levels, only 21 out of 94 students reported taking a class focused on mental health outside of their major requirements.
The demographics of the sample can put in perspective the characteristics of individuals who responded to the core questions of the study. The four main Likert scale questions, answered by the participants, can yield important data on the relationship between confidence and education. The data from these questions is presented in Table 1. The first question allows for a control of how confident the students feel treating and interacting with people who have a mental health diagnosis overall. Students respond to the statement, “I am confident in treating and interacting with people who have a mental health diagnosis” by selecting a value from 0 to 5. Selecting a 0 indicates they very strongly disagree with the statement, while a 5 indicates they strongly agree. The rest of the values fall across the continuum in between 0 and 5. The mean to this question was 3.60, indicating that the sample overall felt somewhat confident interacting with those who have mental illnesses. The three following questions tried to pick out where exactly this confidence originated. An average response of 3.18 was recorded attributing confidence to their course curriculum. A low average of 1.92 was recorded for confidence coming from courses outside of their majors. Then, an average of 3.26 was recorded for confidence resulting from their lived mental health experience. The low average for courses outside of their major curriculum can be correlated to the lower number of individuals who claimed to have taken a class outside of their major related to mental health.

### Table 1

**Likert Scale Results**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Min</th>
<th>Max</th>
<th>Mean</th>
<th># of Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Confidence</td>
<td>1.00</td>
<td>5.00</td>
<td>3.60</td>
<td>88</td>
</tr>
<tr>
<td>Major Curriculum</td>
<td>0.00</td>
<td>5.00</td>
<td>3.18</td>
<td>85</td>
</tr>
<tr>
<td>Outside Major</td>
<td>0.00</td>
<td>5.00</td>
<td>1.92</td>
<td>78</td>
</tr>
<tr>
<td>Lived Experience</td>
<td>0.00</td>
<td>5.00</td>
<td>3.26</td>
<td>77</td>
</tr>
</tbody>
</table>

*Note.* This table provides the unanalyzed results gathered from the Qualtrics survey.
This data gathered through the likert scales was analyzed with descriptive statistics as shown above. For a more in-depth analysis, a regression was also performed on the data through Excel. This data is reflected in Table 2. The results confirmed a significant relationship between overall confidence and confidence gained from students’ course curriculum, with a p-value of 0.02. It also suggested a significant relationship between a students’ overall confidence and their confidence from lived experience, with a p-value of 0.03. There was no statistically significant relationship between confidence from outside course curriculum and overall confidence. The regression also reported a coefficient value of 0.26 for major curriculum. This indicates that for every one value increase in major curriculum confidence on the likert scale, a 0.26 increase was seen in overall confidence. Lived experience yielded a coefficient of 0.20. A correlation was also performed through Excel to determine if there was a relationship between a high rating of lived experience confidence and a high rating of major curriculum confidence. The results, shown in Table 3, indicated no significant correlation between these variables, meaning that confidence from the major curriculum had a significant effect on overall confidence independently from the other variables described. This is the end of the quantitative data analysis.

Table 2

Regression Analysis of Likert Scale Question

<table>
<thead>
<tr>
<th>Variable</th>
<th>Coefficient</th>
<th>SE</th>
<th>P-value</th>
<th>Lower 95%</th>
<th>Upper 95%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intercept</td>
<td>1.74</td>
<td>0.42</td>
<td>0.00</td>
<td>0.90</td>
<td>2.58</td>
</tr>
<tr>
<td>Major Curriculum</td>
<td>0.26</td>
<td>0.11</td>
<td>0.02</td>
<td>0.04</td>
<td>0.48</td>
</tr>
<tr>
<td>Outside Major</td>
<td>0.13</td>
<td>0.10</td>
<td>0.18</td>
<td>-0.06</td>
<td>0.32</td>
</tr>
<tr>
<td>Lived Experience</td>
<td>0.20</td>
<td>0.09</td>
<td>0.03</td>
<td>0.02</td>
<td>0.38</td>
</tr>
</tbody>
</table>

Note. This table provides the data gathered from the regression run through Excel. SE stands for Standard Error. P-value < 0.05 is statistically significant.
Table 3

Correlation of Variables

<table>
<thead>
<tr>
<th>Variable</th>
<th>Overall Confidence</th>
<th>Major Curriculum</th>
<th>Outside Major</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Confidence</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Major Curriculum</td>
<td>0.36</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Outside Major</td>
<td>0.26</td>
<td>0.21</td>
<td>1</td>
</tr>
<tr>
<td>Lived Experience</td>
<td>0.31</td>
<td>0.10</td>
<td>0.08</td>
</tr>
</tbody>
</table>

Note. < 0.30 indicates no significant correlation.

The qualitative data was analyzed with thematic analysis. For the question asking if they feel their curriculum meets their educational needs in regards to future interaction with the mentally ill population, 43 responded “yes,” 22 responded “no,” and 22 reported they were “unsure.” The question following this was a short-answer asking them to explain their response, if desired. A total of 14 individuals wrote a response to this prompt. The other short-answer question asked them if there was anything they would want to learn more about related to mental health in their program. This question gathered 20 responses. Two major themes could be identified from all of the written responses: students desire to know more specific information about mental illnesses and they want to have real-world clinical knowledge. One student's response that best exemplifies the theme of wanting more specifics is “I wish there was more taught about each subject so there’s a better understanding of everything.” Other responses are similar in that they either want to know more specific to their major or more specifics in general like treatments offered and signs or symptoms to look for in their settings. The theme of wanting more clinical knowledge is best displayed with the response, “I want real resources we can give patients concerning mental health.” The student responses often express the want for real world interactions and information about those with mental illness, in addition to basic general psychiatric knowledge. There are only a few written responses that do not fall into this theme, as
they are more related to wanting more time in their programs to adequately answer the short-answer questions.

**Discussion**

The results of this survey show that UNH’s College of Health and Human Services is doing an adequate job of providing education to future healthcare professionals on mental illnesses. This education is having a positive effect on their confidence in interacting with individuals who have mental health diagnoses. The survey shows a significant relationship between a student's confidence from major curriculum and overall confidence. This allows UNH faculty to recognize the importance of this education, so as to keep it in the curriculum in the future. The results also present some areas where students want more information in relation to mental health. Faculty can recognize these gaps and provide more specific real-world information on the treatment of those with mental health conditions.

An interesting finding in this study is the lack of confidence students gather from their outside major courses. This study questions confidence related to interacting with or treating individuals with mental health concerns, so it is possible that the respondents are gaining some confidence but not enough to treat these individuals. In future studies it would be interesting to solely examine student confidence solely on interacting with these individuals. All students at UNH need a basic understanding and ability to confidently interact with individuals who have mental health conditions. Mental illness is prevalent in all aspects of society, and UNH discovery courses are required for all majors, so these courses should be providing education on mental health. The extent to which they are providing this information would be interesting to further examine.

Another interesting finding to discuss is that the mean confidence rating from major
The curriculum for graduate students was lower (2.89) than the other classes, even the freshman at 3.23. One would think that as education increased, then they would feel more confident. Why does the confidence drop at the graduate level, when at the senior level is the highest (3.55). Is this because more mental health education is at the beginning of the major and it is not being carried into higher education? Or is it because these students are at a higher level of thinking and they do not feel confident due to the harder material? For instance, Bloom's Taxonomy theory of education provides a triangle students work through in education. The base is remembering and understanding (lower order thinking skills), while the higher-order thinking skills at the top of the triangle include analyzing and evaluation (Adams, 2015). Do the graduate students rate lower in confidence because they are less confident with more difficult material, while the freshman feel confident due to the less complicated material? Another theory for this finding could be that the graduate students have already entered the clinical field, which may have resulted in them realizing they were not prepared as they thought during their undergraduate education. Also, the sample size for graduate students is the smallest in relation to the other majors, could this skew the results? These questions could be analyzed through another study specifically focusing on graduate students. This would provide further insight into why graduate students in this study rated their confidence much lower than the other students.

Some limitations of this study include the sample size of only 94 individuals who answered the majority of the questions. Some of these individuals also did not answer all of the likert scale questions which complicated data analysis. In repetition of this study, it would be important to require respondents to answer all four likert scale questions in order to move forward with the survey. Another limitation is the leaning of the sample towards female students and those enrolled in the nursing program. This limitation was difficult to avoid due to the
researchers association with the nursing major and the high number of female nursing students. However, all majors were contacted and offered the same opportunity to complete the survey. Another limitation was the phrasing of the likert questions. The questions asked confidence interacting with and treating these individuals, in repetition of this study, it would be beneficial to have a likert question solely on interaction and another solely on treatment. For the purpose of this study, the data was able to be analyzed combined, as students entering the future healthcare field need to feel confident in both aspects, and they often go hand-in-hand.

**Conclusion**

This study shows students gain a significant amount of confidence interacting and treating individuals with mental health conditions through their major curriculum and lived experience. In future studies, it would be interesting to test the actual knowledge these students have versus their confidence level. This includes looking into why they are confident and what information their major courses are providing is increasing this confidence. In addition, it would be important to study if this confidence and education leads to a lower level of stigma once they actually enter the healthcare field or do they develop stigma due to the real-world healthcare environment. However, it is important to note that this study confirms the importance education serves in increasing student confidence and, therefore, potentially lowering the professional anxiety and fear healthcare professionals may feel interacting with these individuals. Individuals with mental illnesses need the best treatment possible and this can be improved with education of future healthcare professionals. UNH CHHS is doing an adequate job in providing this education.
References


https://doi.org/10.1186/s12889-023-15922-2


https://doi.org/10.1007/s11126-020-09751-4
Appendix A

Qualtrics Survey

This appendix consists of the survey questions participants were asked in this study. There were 16 questions total, including an initial consent question, inclusion criteria question, demographic questions, likert scale questions, and short-answer questions. The survey was distributed through a QR code and anonymous link. No individually identifiable data was recorded or reported in the study.

Question 1: CONSENT FORM
My name is Brianna Meyer and I am a Student in the Department of Nursing at the University of New Hampshire. This study is titled Student Perspectives on the Adequacy of Mental Health Curriculum within the College of Health and Human Services at UNH (IRB # IRB-FY2024-53).

WHAT IS THE PURPOSE OF THIS FORM? This consent form is used to provide you with the essential information related to the study, including your potential contribution. It also presents possible risks and benefits of your participation. Please read the following information in its entirety. Please contact the research team with any clarifications you need to feel comfortable if you would like to participate in this study. Do not agree to complete this survey until all of your concerns or questions have been addressed by this research team. Only agree to participate in this study if you do feel completely comfortable providing responses to our questions. Understand that participation entails completing this survey which should take no longer than 15 minutes to complete. Understand that the potential risk associated with your participation includes a breach of confidentiality or re-identification. WHAT IS THE PURPOSE OF THIS STUDY? The purpose of this study is to develop an understanding of the adequacy of CHHS course curriculum among future professionals who may come across individuals with mental health conditions. This will be measured by the confidence students feel in this subject area, related to their core major curriculum. The study will include approximately 300 people. WHAT DOES YOUR PARTICIPATION IN THIS STUDY INVOLVE? Participation in this survey can occur if the individual is over the age of 18 and enrolled in the College of Health at Human Services at the University of New Hampshire. Participants will be prompted to answer questions displayed on a survey within Qualtrics. These questions will include information about the participant’s gender identity, previous mental health experiences, specific CHHS major, and year of enrollment. Participants will also be asked to provide information on their confidence related to treating or interacting with an individual who has a mental health condition. They will then be asked to measure where this confidence was developed on a scale of 0-5 for three different categories: confidence from major required CHHS courses, confidence from other UNH courses, and
confidence from lived mental health experience. The length of time to complete this survey is estimated to be less than 15 minutes. Please only complete the survey once, with the truthful and accurate answers. The research team may exclude your data if you do not meet the described eligibility criteria. For questions related to your eligibility and participation, contact the research team listed at the end of this form. **WHAT ARE THE POSSIBLE RISKS OF PARTICIPATING IN THIS STUDY?** While the research team has made efforts to prevent identification of the study participants or re-identification, these are still possible risks for participation. Information directly identifying you will not be collected through this survey, but your answers may risk indirectly linking you to this survey. However, data will be reported in aggregate, to not single out an individual as prevention for this risk. **WHAT ARE THE POSSIBLE BENEFITS OF PARTICIPATING IN THIS STUDY?** There are no direct benefits towards the participation in this survey. Participation benefits the research regarding safe and proper treatment of those struggling with mental health concerns. The information collected in this survey will allow us to understand if future professionals in health related fields are being provided with education on how to interact with individuals with mental health concerns. **IF YOU CHOOSE TO PARTICIPATE IN THIS STUDY, WILL IT COST YOU ANYTHING?** There are no costs associated with participation in this study aside from the time for survey completion. **WILL YOU RECEIVE ANY COMPENSATION FOR PARTICIPATING IN THIS STUDY?** There will be no compensation for participation in this study. **DO YOU HAVE TO TAKE PART IN THIS STUDY?** Your participation in this study is completely voluntary. At any point, you may exit the survey and end your participation. You may skip questions you do not want to answer and still be able to complete the survey. You will not be penalized in any way for not participating in this survey. **CAN YOU WITHDRAW FROM THIS STUDY?** If you agree to participate in the study and begin answering questions and change your mind, you can end your participation at any point. Any data collected as part of your participation will remain part of the study records. You will not be penalized for not completing the survey if you begin and decide against participation. **HOW WILL THE CONFIDENTIALITY OF YOUR RECORDS BE PROTECTED?** The confidentiality of all data you provide will be maintained throughout this study. However, survey completion over an internet site poses a minimal risk of a breach of confidentiality. To help protect the confidentiality of your information, data will be stored on USNH IT secure cloud storage (i.e., SharePoint). The Primary Investigator, Brianna Meyer, and co-investigator, Samantha Arnold, will be the only individuals with access to this data. Aggregate data will be accessed by solely approved study personnel. Data will not be shared with any third-party data processors. Once data is aggregated, it may be used for future studies or may be shared with other researchers. Results will be reported in aggregate and in descriptive tables, with all individually identifiable data removed. All groups with sample sizes less than 10 will be reported only in combination with similar groups. The purpose of this is to reduce any possibility of identifying individuals with unique identities. In addition, the open-ended responses will be coded and represented as themes with exemplar quotes. The results may be used in reports, presentations, and publications.
WHOM TO CONTACT IF YOU HAVE QUESTIONS ABOUT THIS STUDY If you have any questions pertaining to the research you can contact Brianna Meyer; (Brianna.Meyer@unh.edu, 603-717-5157) or Samantha Arnold MSN-Ed, RN; (Samantha.arnold@unh.edu, 603-957-0243) to discuss them. If you have questions about your rights as a research subject you can contact Melissa McGee in UNH Research Integrity Services.

Question 2: Are you a student in the University of New Hampshire College of Health and Human Services over the age of 18?

☐ Yes
☐ No

Question 3: What is your gender identity?

☐ Female
☐ Male
☐ Transgender Female
☐ Transgender Male
☐ Non-binary/Non-conforming
☐ Prefer not to respond

Question 4: Do you identify as having a mental health diagnosis?

☐ Yes
☐ No
☐ Prefer not to respond

Question 5: Do you have a family member with a mental health diagnosis?

☐ Yes
☐ No
☐ Prefer not to respond

Question 6: Please select your program of study:

☐ Dropdown provided with all of the majors in CHHS

Question 7: Please select the year you are in your program:

☐ Undergraduate Freshman
☐ Undergraduate Sophomore
☐ Undergraduate Junior
☐ Undergraduate Senior
☐ Currently enrolled in Graduate Studies
☐ Other

Question 8: Have you taken any classes outside of your major requirements that had subject matter related to Mental Health? If so, please write the name of the course(s):

☐ Yes. Text Box here.
☐ No
Question 9: Please select a number between 0-5 based on the statement below:

![Question 9 Diagram]

Question 10: Please select a number between 0-5 based on the statement below:

![Question 10 Diagram]

Question 11: Please select a number between 0-5 based on the statement below:

![Question 11 Diagram]

Question 12: Please select a number between 0-5 based on the statement below:

![Question 12 Diagram]
Question 13: What topics have been discussed about mental health in your major courses? (Select all that apply)

- □ Stigma Related to Mental Illness
- □ Mood Disorders (includes but not limited to depression, bipolar, etc.)
- □ Anxiety Disorders
- □ Obsessive Compulsive Disorder
- □ Personality Disorders (any of the 10 covered by the DSM-5-TR)
- □ Trauma and Associated Disorders (includes but not limited to PTSD, dissociative disorders, etc.)
- □ Eating Disorders
- □ Thought Disorders (includes but not limited to schizophrenia, schizoaffective disorder, etc.)
- □ Substance Use Disorders
- □ None of the above
- □ Other, please explain: ____________

Question 14: Do you feel that your major curriculum meets your educational need for interaction with someone who has a mental health diagnosis in your future career?

- □ Yes
- □ No
- □ Unsure

Question 15: If desired, please explain your answer to question 14:

□ Text Box Here

Question 16: Is there anything you would want to learn more about related to mental health in your program?

□ Text Box Here