

TABLE OF CONTENTS

I. INTRODUCTION.....pgs. 3-14

EXECUTIVE SUMMARY

1.1 THE STATE OF MENTAL ILLNESS AND ITS STIGMA AT PENN STATE

1.2 OUR PLAN

1.3 THE HISTORY OF MENTAL ILLNESS AT PENN STATE

1.4 DEROGATORY WORDS & COMMON MISCONCEPTIONS OF MENTAL
ILLNESS

1.5 WHY IS THE DESTIGMATIZATION OF MENTAL ILLNESSES NECESSARY?

II. POLICY ONE: CAMPAIGN.....pgs. 15-23

2.1 INTRODUCTION

2.2 ADVERTISING

2.3 THE FESTIVAL

2.4 FUNDING

2.5 BUDGET LAYOUT

III. POLICY TWO: DOCUMENTARYpgs. 24-32

3.1 ABSTRACT

3.2 THE RISE OF VIDEO IN A DIGITAL MEDIA WORLD

3.3 DESTIGMATIZATION THROUGH VIDEOGRAPHY: HOW IT CAN WORK

3.4 ELEMENTS OF THE DOCUMENTARY

3.5 USE OF FOOTAGE

3.6 MAIN PURPOSE

IV. POLICY THREE: SUPPORTIVE SAFE SPACE GROUP.....pgs. 33-43

4.1 PURPOSE

4.2 WHAT IS WOCE

4.3 ACTIVE MINDS

4.4 ARE DISCUSSION GROUPS IMPACTFUL/SUCCESSFUL IN OTHER
COMMUNITIES

4.5 SUPPORTIVE SAFE SPACE GROUP CONCLUSION

V. CONCLUSION.....pgs. 44-50

5.1 OUR CALL TO ACTION TO REDUCE MENTAL ILLNESS STIGMA

5.2 REFERENCE LIST

INTRODUCTION

Executive Summary

This policy paper outlines the policies we researched, discussed, and created to provide a comprehensive program that Penn State University can implement in its goal to remove the stigma surrounding mental health discussion, issues, and disorders.

We plan to launch an interactive campaign, sponsored by various organizations on campus, that will encourage students at Penn State University to become involved in the issues surrounding mental health and illnesses and to become leaders in creating a safe campus for individuals who suffer from mental health issues.

By launching an interactive, weeklong campaign, we will bring awareness of mental health issues to campus and we will encourage and inspire students to be considerate of their fellow peers.

Our second policy involves a documentary that will explore the effects the stigma of mental illness has on those who suffer from mental health issues.

Finally, our third policy entails creating safe spaces, places where those who are suffering from mental health issues and who need support, around Penn State University's campus to continue the effort in destigmatizing mental illnesses and to continue providing support for those who need it.

THE STATE OF MENTAL ILLNESS AND ITS STIGMA AT PENN STATE

Penn State, like many other universities across the nation, is working to better their mental health services as service demands increase. However, at this time, little is being done to reduce the stigma associated with mental health related illnesses, with the exception of a mental health awareness week that has taken place every year since 2013 and few student-led efforts (Simpson, 2013). For example, Penn State is home to just one student organization (of the 800 in total that exist at Penn State) that relates to mental health. Active Minds is a national organization and the Penn State Chapter was launched just several short years ago, in 2010. The club currently meets every Tuesday from 8 to 9 PM, and works to not only create an environment for members to share their thoughts and struggles, but also to fight the stigma associated with mental illness at Penn State. According to John Wehler, a past member of Active Minds, the negative stigma that comes with mental illness is something much more widespread than just Penn State itself, and that it exists among all college campuses. The club's current president, Ashley Bello, echoed these concerns, and explained how she has had to deal with this stigma firsthand, being forced to watch as funding for other student organizations regularly took precedent over funding for on-campus mental health services (Kuznitz, 2016). A recently led exhibition by a single student, Cecilia McGough, was also wildly successful in enlightening Penn State students on the condition of schizophrenia. McGough, an astronomy and astrophysics major in the Schreyer Honors College, arranged her own educational, campus wide event to set things straight about schizophrenia in April of 2016. McGough held the event because she was tired of living in fear of what people thought of her, and believed that "people are afraid of what

they don't understand;" Her ultimate goal was to decrease the stigma associated with more serious mental illnesses (Woiner, 2016).

OUR PLAN

Our plan for bettering the conditions for those with mental health issues at Penn State goes far beyond numbers and resources; we have been tasked with changing an entire culture. To achieve this, we have narrowed our focus to address the following problem:

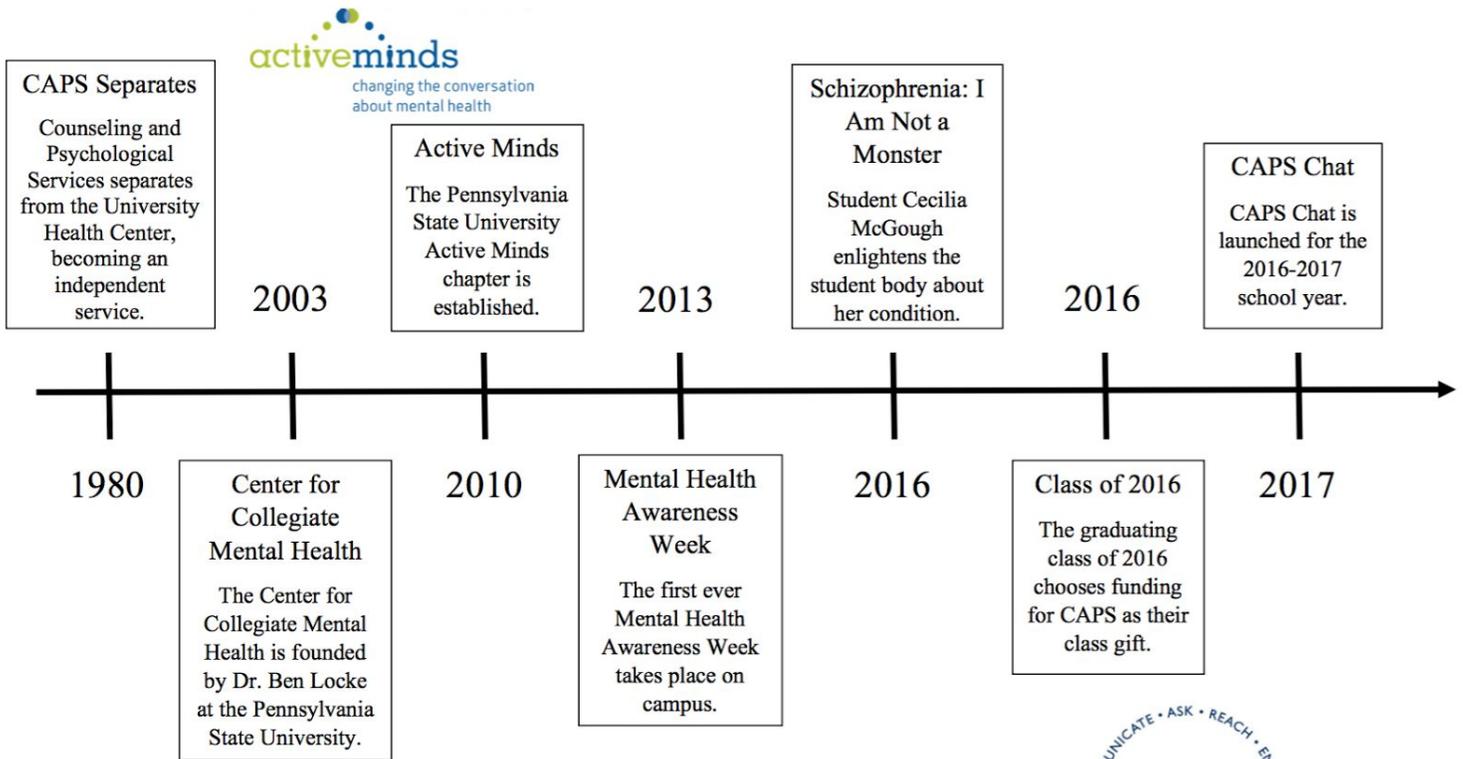
There currently exists a negative connotation associated with those with mental health illnesses and mental illness itself. This stigma is crucial to address, as it results in a partially closed-minded society where those with mental illness often feel like the "other." In addition, more often than not persons susceptible to mental illness will not seek help due to the stigma that currently exists.

To solve this problem, we have outlined the following goal:

We wish to inform others about mental health, to make it relatable, and to start the conversation about it. We intend to make those with mental illness feel more comfortable while also making those without mental illness more educated and understanding.

THE HISTORY OF MENTAL HEALTH AT PENN STATE

Mental Health at Penn State (1980-2016)



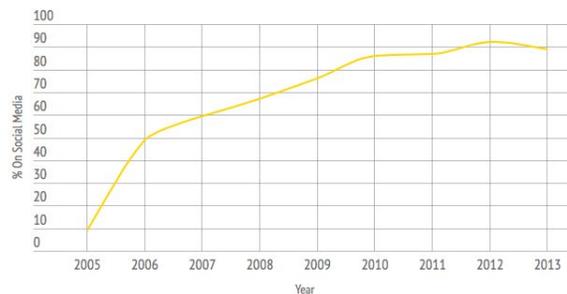
DEROGATORY WORDS AND COMMON MISCONCEPTIONS

Social media and the presence of public figures go hand in hand in influencing the minds of millennials. Negative portrayals of mental illness on social media and through the actions of public figures can oftentimes distort the public's perception of a very delicate and complex subject. These negative portrayals further contribute to the stigmas associated with mental health, therefore making it increasingly difficult to start a dialogue with millennials who have concerns about their mental health.

The media has proven to rein a great deal of influence over the public since its conception. With the rapid advances in technology that have taken place over the past decade or so, a nuanced form of media has emerged---social media. With this being said, the millennial generation has proven to be the prime consumers, as well as the target audience of social media.

It is important to note that under the umbrella of the millennial generation, in which spans from 1984 to 2004, a large portion of this group are college students. Many psychologists have concluded that college students are greatly influenced by social media (Karadkar 2015). Granted, studies have shown that there is a direct correlation between social media and mental health disorders that are common among college students such as stress, anxiety, and depression (Pantic 2014).

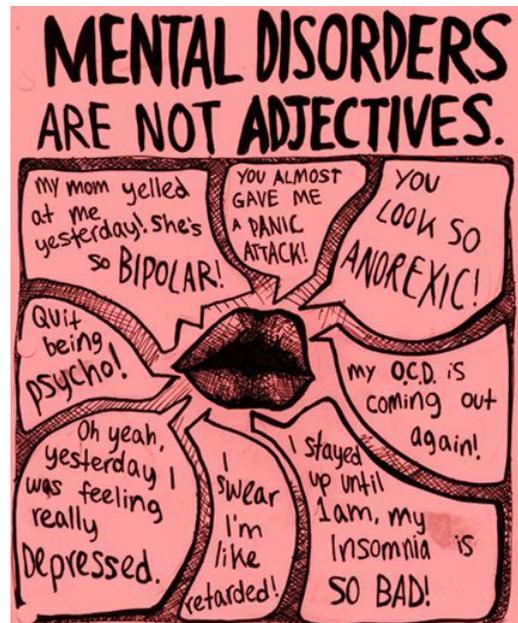
Social media usage among the 18-29 demographic



Source: The Pew Research / Riley Griffin/The Huffington Post 2015

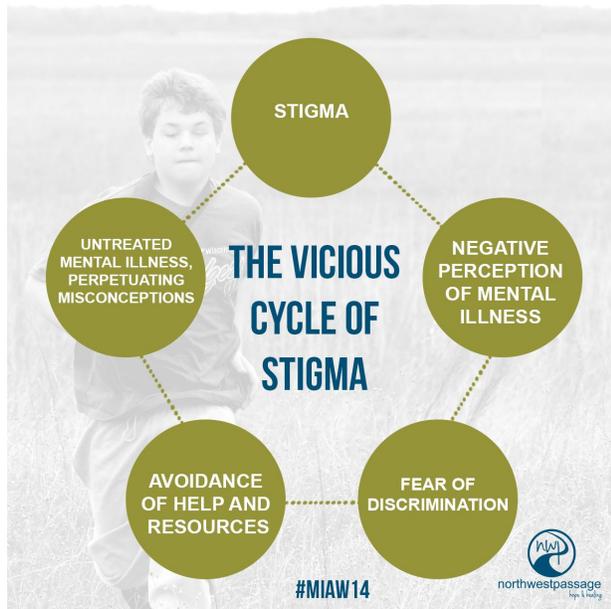
Studies have shown that heavy social media usage correlates with a higher likelihood of college students developing a mental health disorder. Social media has also proven to contribute to the competitive environment that college students are often exposed to, thus further contributing to the widespread finding of anxiety amongst college students. According to the American College Health Association, one in six students have been diagnosed or treated for anxiety (Griffin 2015). Furthermore, some have argued that social media usage among college students has served as a catalyst to the suppression of youth's self esteem, hindering their social skills and increasingly inciting anxiety among students. Social media has also been described as a way for students to engage in a counterfeit reality in which hinders them from learning how to deal with their circumstances (Griffin 2015).

The link between social media and the mental health of college students serves as another contributing factor to why the destigmatization of mental illnesses is needed. Due to the stigmas that surround mental illnesses, students may feel more reluctant to speak out about their mental health and seek treatment. More specifically, the words people use when they think of mental illnesses are usually very derogatory and inaccurate. In addition, people use mental illnesses to describe a person or situation, which devalues the severity and seriousness of having a mental illness. Students suffering from a mental illness already have to deal with the disability of having the illness and society adds discrimination and stereotypes on top of that. Our hope is that through the



destigmatization of mental illnesses, students will be more likely to seek help in order to learn how to cope with their mental health challenges.

Davey Graham is an expert in anxiety and a professor of psychology at the University of Sussex. He defines *social stigma* as “prejudicial attitudes and discriminating behaviour directed towards individuals with mental health problems as a result of the psychiatric label they have been given” (Graham, 2013). Most of the negative outlooks around mental health stem from American history. In the past, discussing mental illnesses was unheard of. Society characterized people with mental illnesses as being so different and dangerous that they needed special attention. As mentioned previously, the media is one of the biggest influences on the public’s perception of mental health. Often times, when you hear a news report about a person suffering from a mental illness, it is a violent story. In addition, many movies and tv shows portray individuals with mental illnesses as laughable, uncontrollable, or mass murderers. They also only show the more severe cases of mental illnesses, not recognizing that every single person has a



different experience and severity level (Graham, 2013). One popular example is the 2000 comedy *Me, Myself, and Irene*, where Jim Carrey plays a man with dissociative identity disorder.

Overtime, media has gotten better, but there is still more work to be done.

In reaction to these social stigmas, individuals’ perceptions about themselves can change and they can develop *self-stigmas*

(Corrigan & Watson, 2002). People struggling with their mental health may adopt a lower self-esteem or feel “righteous anger” (Corrigan & Watson, 2002). Lower self-esteem could lead towards increased isolation or abstaining from treatment, while anger can lead towards a stronger dedication to get better (Corrigan & Watson, 2002). Elyn Saks is a professor at the USC Gould School of Law that has suffered from schizophrenia for over thirty years. She describes her experience and opinion around these stigmas in her article “Why Is Mental Illness Still So Stigmatized?” by writing, “Friends sometimes looked confused or scared when I told them about my illness; and I lost some friends, which was very painful...Stigma is out there and it makes people feel damaged, lesser. It encourages people to be in the closet when being able to get help from friends, when one is suffering, is very important. Stigma’s worst effect is that it deters people from accepting their illness and agreeing to treatment. If mentally ill people didn’t have the added burden of stigma, maybe more of them would seek treatment” (Saks, 2011).

The stigmas surrounding mental health are endless and they often have detrimental effects. To combat these stigmas, Patrick Corrigan and Amy Watson (2002), two researchers at the University of Chicago Center for Psychiatric Rehabilitation and Chicago Consortium for Stigma Research, suggest society to do three major things: protest, educate, and interact. They state, “Groups protest inaccurate and hostile representations of mental illness as a way to challenge the stigmas they represent. These efforts send two messages. To the media: STOP reporting inaccurate representations of mental illness. To the public: STOP believing negative views about mental illness. Education provides information so that the public can make more informed decisions about mental illness. Interpersonal contact is further enhanced when the general public is able to regularly interact with people with mental illness as peers” (Corrigan &

Watson, 2002). Based on her own experiences, Elyn Saks (2011) also proposes, “More people coming forward to put a face on mental illness is important...the media should also report more positive and hopeful stories.” Is it imperative that as a society we do not alienate, but encourage individuals with mental illnesses to speak out about their mental health and understand that it does not make them inferior or an outcast.

WHY IS THE DESTIGMATIZATION OF MENTAL ILLNESSES NECESSARY?

Considering the background information and history previously given regarding mental health and how society perceives mental health disorders, it is logical to argue that mental health can be a sensitive topic of discussion. As previously mentioned, a plethora of stigmas have long been associated with many mental illnesses, adding weight to an already hypersensitized topic. Bearing this in mind, students at Penn State that face challenges with their mental health may feel hesitant to speak up about their concerns for their personal mental health or potentially the mental health of their peers. This reluctance can be toxic to the well-being of students and thus can suppress the potential of the students at this university. Nationally, forty percent of college students do not seek help for their mental health challenges (NAMI 2016). Thus, the prejudice and misunderstandings conveyed through the negative stigmas that are associated with mental illness may drive the hesitancy in students to acknowledge their issues and seek services to help them through their challenges. The stigmas associated with mental illnesses often cause individuals to postpone treatment (Gronley 2016). In a 2014 National College Health Assessment 33 percent of students surveyed said that they believed that they have developed severe depression since starting college. Within that same survey, 55 percent reported feeling overwhelming anxiety and 9 percent seriously considered suicide over the past year (Holterman 2016). Given this information, it is probable that due to the competitive academic nature at Penn State some students may feel an overwhelming pressure to succeed in which may onset some common mental disorders mentioned above. With this in mind, it is critical that Penn State establish a social atmosphere that encourages students to feel comfortable in addressing their

mental health. It is also important to consider the well being of students who may suffer from more severe mental illnesses and the challenges that are associated with these disorders. Thus regardless of what part of the mental health spectrum students fall into, it is important that the university is accommodating to all students. In order to make students aware of this sense of support, the destigmatization of the mental health community is absolutely necessary.

Reducing the stigmas associated with mental illnesses will boost the morale of the university as well as result in an array positive benefits for Penn State students. Some of these benefits include helping students more readily recognize mental illness and therefore divert them from making assumptions about people that suffer from mental illness. Also, destigmatizing mental illnesses will empower those suffering from mental illnesses to seek out the resources necessary to help them through their challenges.

Overall students should be encouraged to seek mental health services if necessary without the fear of being judged by their peers or staff members. With this in mind, the destigmatization of mental illnesses is a major key to achieving these goals through the actions laid out in the policy that we have created for the university. The ultimate goal of these policies is to make mental health a much less taboo topic of discussion regardless of the severity of the mental illness that a student may be faced with. In return we hope to gradually create an environment that openly supports students that may be suffering from a mental illness as well as motivate students to face mental health concerns with a head-on, judgment-free attitude.

POLICY ONE: CAMPAIGN

INTRODUCTION

In order to destigmatize, one has to first draw awareness to the issue. With this in mind, we propose a kick-off day to spread awareness for the “destigmatizing mental illness” week put together by UPUA and Active Minds. The purpose of this kick-off day would not only be to spread awareness of mental illnesses among our student body, but also to bring a different connotation to mental illness. Often - even more so than physical illnesses - mental illnesses are met with negative connotations and misunderstandings. However, it is important that this societal misconception is changed. When movements such as breast care awareness first took off, people greeted the movement with a true sense of community and positivity. The goal of our campaign is to elicit a similar, positive response to a movement toward mental health awareness by tying entertainment to its everyday effects on mental health.

The campaign consists of an advertising and promotion activity in the HUB in the week leading up to the main event. The main event will be a day-long affair held on the HUB lawn including performances from guests speakers and bands, craft and art therapy activities, animals, and a large wall where students can write their thoughts and feelings. Each of these aspects will be implemented with a specific purpose in mind. Research shows that the above components are effective means to destigmatize and increase positive mental health.

ADVERTISING

The first source of advertising is the video created by our time which will be addressed later. Then, as both a destressing activity as well as a means to promote the main event, a HUB table space will be rented out. Over a period of two or three days, members of this team will ask students to anonymously write down a “secret,” which will then be placed in a box. This secret

can be anything weighing on their mind, from the most trivial of topics to more serious, personal ones. The inspiration for this activity stems from artist Frank Warren's *PostSecret* in which people anonymously mail secrets on postcards, which Warren then posts on a community blog. His project has reached more than 200 million people over the course of its existence (Fox, 2015). The hope and goal of our event is to bring the same peace of mind and strength his project has provided for millions to our Penn State community. Links are also shown between physically transcribing a source of stress and improved mood and reduced stress levels. Writing down stressors adds a therapeutic value by allowing participants to *actively choose* to see the source of their troubles in black and white, diminishing the ambiguity present within their heads (Ciotti, 2016).

THE FESTIVAL

One of the main components of the festival will be music. A DJ will be hired to control the music and will be provided with a script of lines to say between every few songs that explain the positive impact of music on mental health. Budget allowing, as a supplement to the DJ, a band(s), student-run or established, will perform an hour-long concert. For example, a moderately well-known, California-based band, Hate Drugs, offered to perform for a lower fee. Music has been proved to reduce stress and anxiety; it is more than just a way to bring people together. A study found that patients who listened to music before a scheduled surgery had lower levels of anxiety and stress than those who took stress reducing medication prior to surgery (Bringman, Giesecke, Thörne & Bringman, 2009). This study proves that music can and has been utilized as a stress and anxiety reducer. Therefore, providing music throughout the

campaign serves as a means to reduce stress for those participating in the campaign as well as those passing through.

Throughout the campaign there will be gaps filled with guest speakers. Providing a platform for those who would like to express their thoughts and feelings regarding either their personal mental health journey or mental health in general can progress destigmatization. The speakers will consist of mental health professionals from the community, certain staff from CAPS, and students from Penn State. The purpose of guest speakers is twofold. One purpose of the guest speakers would be to comfort the audience. Often, people assume that the way they feel is rare or “weird.” People are often silent about mental health struggles because they fear being seen as the “other,” which stigmatizes mental health. The hope is that mental illnesses will become normalized by providing a safe space where mental illnesses are validated and understood. Another purpose of having guest speakers during the campaign is to provide vital information regarding the psychology and symptoms of certain mental illnesses, and where to go for resources. With both of these objectives in effect, we hope to destigmatize mental health by addressing it head-on.

Another component of the campaign will be catered food. There are two main reasons behind the significant part food will play. First, the food will contribute to attracting college students to the event. Whether they have a tight budget or not, most college students are enticed by the thought of a free meal. While the theme is incredibly important to the health of this campus, and many people will recognize that, drawing in students who might not attend otherwise is key, as well. Secondly, in relevance to the campaign, food has proved to have both positive and negative effects on mental health. In short, the types of foods people eat on a daily

basis affect, for good or bad, the way they feel. In turn, the way they feel has an enormous impact on their overall mental health (Dangerfield, 2013). To promote the connection between healthy eating and mental health, we will have signs next to each food we serve that explains the health benefit of that food. This way, students will not only be educated about the connection between the food they eat and how they feel, but can come away with new ideas and inspiration for their diets.

Across the lawn a series of tables will offer therapeutic crafts. These will mainly consist of activities that require physical movement and mental discipline to complete. Such activities include making a personal stress ball and creating sand glass bottles that include a positive message within. Games, such as frisbee, cornhole, and volleyball, will also be available. These activities illustrate the importance of physical activity and exercise on mental health. Informational articles will be placed sporadically around the area outlining the factual information behind both the crafts and the activities, specifically drawing attention to studies that have proved that exercise often treats moderate to severe depression and anxiety as effectively as medication (Robinson, Segal & Smith, 2016).

As another common non-medicinal treatment, animals have been known to benefit people in many ways, from lowering blood pressure to even increasing lifespan. Most importantly, however, studies have found animal interactions actually increase the hormone oxytocin in the human body which “helps us feel happy and trusting...and predisposes us to an environment in our own bodies where we can be healthier.” Using animals as a therapy tool dates back nearly 150 years, and new research only supports the method further (Rovner, 2012). For this reason, a small petting zoo will be provided from a university-approved company such as Shaggy

Mountain Farm Petting Zoo. Similar to the Schreyer PAWS day, another option lies in partnering with CAPS' Caring Canines Day since it also took place in October of this year. Not only would a partnership lower costs, but it would also show support of the festival by an established campus entity.

Lastly, as a tribute to the progress society has made, as well as a representation of the progress yet to come, a large structure made of corrugated plastic, similar to a bulletin board, will be built. On one side, this board will display the anonymous secrets filled out by students earlier in the week. By allowing people to share in each other's secrets, a community of acceptance and comfort is built; it promotes a greater understanding of one another without causing feelings of embarrassment or shame. On the other side, stigmatizing words will be positioned about the board. Buckets of various colors of green paint will be placed at the base. Since green is the color of mental health awareness, students will dip their hands in green paint and proceed to cover a stigmatizing word with their handprints, representing a 'stop' to the use of such vocabulary.

FUNDING

As the budget depicts on the following page, this feat will not be a cheap one. The festival will total anywhere between \$3500 and \$15500. A large portion of this, such as the table rental, petting zoo, and sound system, will be funded by UPAC. The rest will be covered through various means, such as PLA and Schreyer co-sponsorships, or, if necessary, the Jana Marie Foundation and Penn State's Health Promotion and Wellness. UPAC allows funding for the event because we are not directly receiving a grade by actualizing the festival. However, one

must be a registered student organization to rent the hub lawn, therefore we will collaborate with the Schreyer Student Council in order to do so.

Steps for funding:

1. Go through program registration
2. Meet with Galen Chupko, UPAC's Administrative Support Assistant to outline the logistics of the festival
3. Rent the HUB lawn through the Schreyer Student Council
4. Provide an updated budget with exact details to UPAC and other funding outlets

All aspects of the festival - such as catering, paint, and animals, among other things - will have to be authorized by the risk management department by hiring university-approved companies and through contracts.

BUDGET LAYOUT¹

Component	Cost	Notes
HUB Table Space	\$0	
HUB Lawn Rental	0	
DJ	500	
Band	7500-9000	
If Student-Based	0-100	
If Established	1000	
PA System	2000	
Stage	3000	Necessary for guest speakers, as well
Lights	700	
Generator	2000	
Guest Speakers	0	
Catered Food	2000	
Therapy Activities	220	
Stress Ball Materials	35	
Sand Bottle Materials	185	150 Glass bottles (\$120), 100 lb. of sand (\$65)
Games	0	Provided by team members
Tables	0	Provided by team members
Animals	0-200	

¹ All costs displayed on the budget are educated estimates based on past event costs. Specific, detailed components and exact numbers will be provided in light of implementing the project next year. Many of these costs will be established by UPAC after definitively beginning work with them.

If Petting Zoo	150-200	
If CAPS puppies	0	
Constructing the Billboard	500	
Construction Materials	300	3 pieces of corrugated plastic
Paint	200	
Total Cost	3500-15500	

POLICY TWO: DOCUMENTARY

ABSTRACT

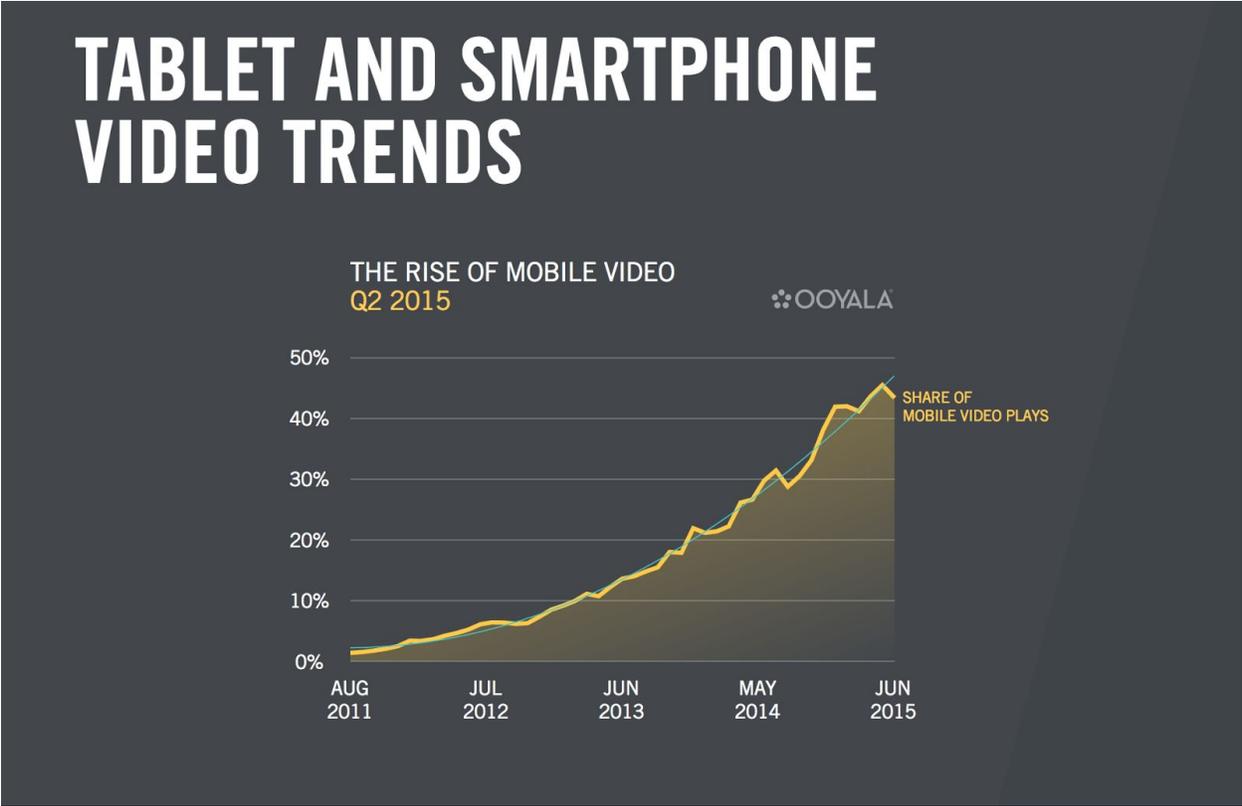
A critical element to any destigmatization process is presenting the stigma and its effects to an audience for all to see and absorb, preferably in a visual manner. Committed to this proposition, we will produce a documentary showcasing Penn State and its community members that will highlight not only the stigma of college student mental illness but its current presence here in Happy Valley. In addition to producing a documentary, we will consolidate the key pieces of footage to create short videos that are made specifically for an online platform. The documentary and series of short videos will promote our campaign as well as directly paint a visual picture of the state in which our community lives in terms of acknowledging college student mental illness.

THE RISE OF VIDEO IN A DIGITAL MEDIA WORLD

The tech-savvy world in which millennials live is abundant with videography. Online video platforms such as Snapchat, Vine and Netflix have boomed with popularity over the past decade. News networks have begun posting recap videos within their articles published online. Facebook newsfeeds have continued to include mass amounts of videos both professionally produced and shot on mobile devices. We, as college students, have become naturally prone to tapping our thumbs and focusing our attentions to a screen to receive information.

Digital marketing has recently made several pivotal advances in the world of business and advertising. In April of 2015, an average of 4 billion videos were played each day on Facebook. By September of the same year, this number doubled to 8 billion videos watched per

day. (Afshar, 2016). In the summer months of 2015, mobile video plays exceeded 44%, an increased 74% from 2014 and a staggering 844% increase since 2012.



(O'Neill, 2015)

The multinational technology corporation Cisco has predicted that 80% of all Internet traffic will be streaming video content by 2019, a staggering 64% rise from 2014. According to a 2015 research report conducted by Demand Metric, 74% of B2B marketers reported that video now converts better than other online medium, proving it's an option worth utilizing (Afshar, 2016).

Several aspects of videography have contributed to its extreme technological growth. Videos can easily be shared and posted via social media, especially on heavily used platforms such as Facebook, Twitter and YouTube. With the simple click of a button, a video can travel

instantaneously around the world. Whether it's directly sent to a specific person or shared on a social media profile, a video has the capability of being seen by anyone with essentially no limits.

The facts speak for themselves: producing videos is clearly an effective and smart way to share messages of any kind. When targeting millennials who comfortably live in a digital world to destigmatize student mental illness, it makes sense to produce a video.

DESTIGMATIZATION THROUGH VIDEOGRAPHY: HOW IT CAN

WORK

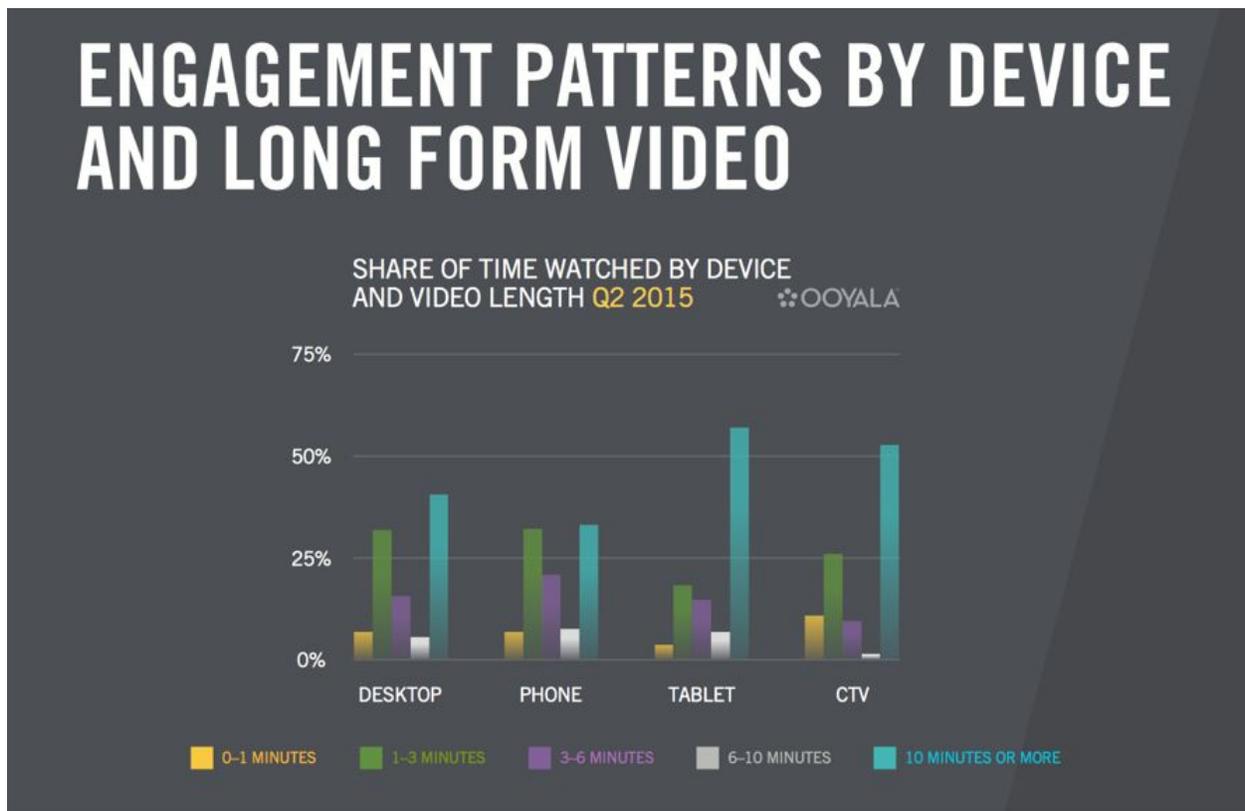
At the beginning of the semester, our class was given the opportunity to watch Schreyer Scholar Cecilia McGough's inspiring video on her life's journey with Schizophrenia. This video launched our class's discussion on college student mental illness and specifically resonated with our group for McGough, herself, had opened up about the stigma of Schizophrenia. Just as McGough utilized the power of videography to capture our hearts and trigger our perspectives, so too do we want to take advantage of the mass-sharing capabilities that videography has to offer.

Logistically speaking, no costs would be incurred to produce, edit, or market both a documentary and a series of short videos. Because this project is associated with our class, the cost to rent any equipment from the University Libraries would be free for 3 day periods. Maura Shea, the Associate Department Head of Film-Video & Media Studies in the College of Communications at Penn State, has graciously agreed to collaborate with our project and act as our main source of expertise behind the physical filming and editing of the documentary. By

solely using social media platforms to post and share our films, the cost of marketing would be free as well.

While our documentary will serve as the main source of visual destigmatization, our series of short videos will earn a considerable portion of the spotlight for they will embody the phenomenon of video engagement in correlation with the consumers' preferred use of mobile phone screens over television screens for videos less than 10 minutes long.

According to Ooyala's Q2 2015 Index, mobile phones remain dominant over tablets, desktops and televisions in their usage by consumers for watching 0-9 minute videos. Specifically, users spend 67% of their time with content less than 10 minutes long on mobile devices, while desktops receive 60% of usage. Compared to the previous quarter, the use of mobile devices increased by 3%, whereas desktop usage decreased by 5%.



(O'Neill, 2015)

According to Neilson's Q4 2015 Total Audience Report, millennials (ages 18-34) spend an average of 85.2 hours on mobile devices per month (Lynch, 2016). With this knowledge, we can project that millennials will be responsive to our 0-9 minute destigmatization videos catered towards the screen of a mobile device.

A key benefit of producing video footage to destigmatize mental illness is the fact that it can last forever and can be viewed countless times, thereby upholding a limitless capability of sharing its powerful, noteworthy message to anyone anywhere for years to come. In order to effectively uproot the deeply planted stigma of mental illness, a sustainable, durable message must be shared, and utilizing both a documentary and a series of short videos as its vehicles can effectively drive its mass reach and impact on campus.

ELEMENTS OF THE DOCUMENTARY

Every element of the documentary will serve a purpose in reflecting the mission of destigmatizing mental illness, particularly the music used. Research suggests that music can both mentally and physically relieve pain and support the overall health of a person.

Physically, music can:

- Positively affect the performance, endurance, and recovery of a workout
- Improve the quality of sleep
- Promote better eating habits
- Enhance blood vessel function
- Ease physical pain by reducing the perception of its intensity

Mentally, music can:

- Significantly decreases levels of anxiety
- Reduce stress
- Induce therapeutic effects
- Alleviate symptoms of depression
- Elevate mood
- Improve cognitive performance

(Christ, 2013)

The slower a music beat is, the slower brainwave speeds may become, so much as to replicate the sensation of meditation and even hypnosis. Such mental tranquility can significantly reduce stress (Schwecherl, 2012). Further research has shown that music can allow people to get in touch with their feelings and tap into their sense of self; coupled with arousal and mood regulation, these effects of music can significantly improve mood (Christ, 2013). With the proven knowledge that slow, instrumental music can improve mental health, the documentary will include such music in an effort to further connect the film with its mission.

The documentary will be comprised of interviews, voiceovers and the sights and sounds of the Penn State campus. Those to be interviewed are as follows: students who struggle with mental illness who are open about their journeys and experiences, students who are close to people with a mental illness, students who have had very minimal to no interaction with mental illness, and Penn State faculty members² knowledgeable on the subject. This range of perspectives will add depth and credibility to the film as well as ensure that the message is strongly maintained in the Penn State community. Interviews will vary from being anonymous to identified, which will add a layer authenticity to the film. Personal stories, raw thoughts and

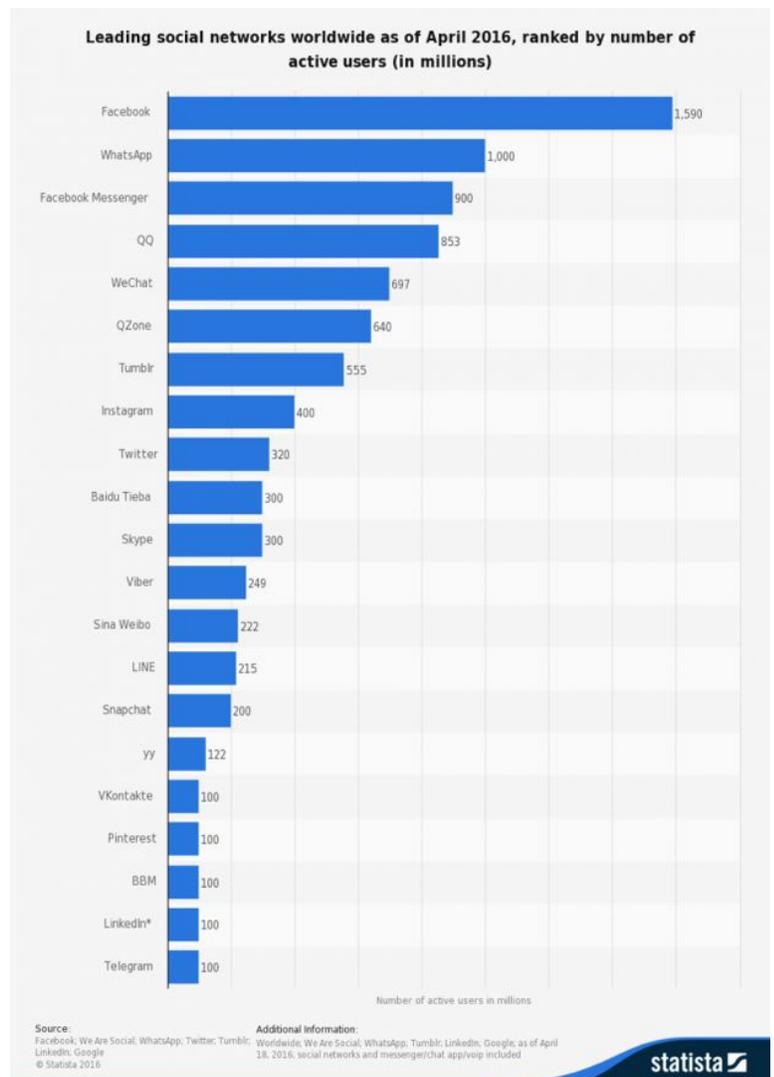
² *Michael Wolff, the Assistant Director of the Psychological Clinic at Penn State, has confirmed his interest in participating in the documentary

experienced insights will be shared by all participants. A voiceover will be laced throughout the framework of the film and will offer facts and commentary, all appropriately related to the topics at hand. Both indoor and outdoor ambiances on campus will be captured to paint pictures that can be related to by our student audience.

USE OF FOOTAGE

The documentary and series of short videos will serve two main purposes: to be shared online and to act as a component of the campaign. The documentary and series of short videos will first be uploaded to YouTube, which will allow hyperlinks to be created. These links will then be posted on Facebook and Twitter.

A 2016 study conducted by Statista revealed Facebook as the leading social media platform, towering over Twitter by 1,270 million active users (Chaffey, 2016). Despite this statistic, Twitter remains a top platform used for sharing hyperlinks, and thus we will utilize its capabilities. With that being said, we will target Facebook as our main source of sharing the links to the documentary and the series of short videos. Additionally, we will share the links via e-mail, text messages (SMS, EMS, MMS, etc.) and instant messages. We will



specifically target GroupMe, a mobile group messaging app owned by Microsoft used by a significant population of Penn State students, to share the links as well (GroupMe.com). (Chaffey, 2016)

In addition to sharing the links to the documentary and series of short videos, we will also incorporate the films into our campaign. We not only aim to show the documentary during the campaign, but we also would like to combine its presence online with the student body's interaction with the campaign itself. With every "Like" on Facebook and/or "Favorite" on Twitter, a student will earn one raffle ticket. With every personal Facebook and/or Twitter post made containing the videos' hyperlinks, a student will earn two raffle tickets. We will track these posts by using the hashtag #DestigmatizePSU. These raffle tickets will enter the students into winning a "DestigmaPrize," which will consist of guaranteed access to all events held during the campaign, a chance to meet with the guest speaker and band, and unlimited play-time with the animals.

MAIN PURPOSE

By producing a documentary and a series of short videos that aim to destigmatize college student mental illness, we will present our fellow Penn State community members with visual sources from which they can receive an emotional, personal and educational experience that may motivate them to alter their previous perceptions and misconceptions of students who struggle with mental illness. We project that the documentary and series of short videos will effectively reduce the alarmingly abundant amount of misconceived notions that cloud the reality of college student mental illness here on Penn State's campus.

POLICY THREE: SUPPORTIVE SAFE SPACE GROUP

PURPOSE

For many students choosing to transfer or enroll in a college for the first time, the institution's sense of community and overall social environment is a very

"You need someone to understand where you are coming from in order for you to understand your new environment."

important deciding factor. Most college students want to feel a connection to their school since it will essentially be their home for the next couple of years. In 1986, social psychologists McMillan & Chavis defined a sense of community as "a feeling that members have of belonging, a feeling that members matter to one another and to the group, and a shared faith that members' needs will be met through their commitment to be together" (Wright, 2004). McMillan & Chavis also claim that this community is established through membership, influence, integration and fulfillment of needs, and shared emotional connection (Wright, 2004). Therefore, communities are established through shared history and values, off topic discussions, sense of belonging, emotional safety, and empowerment (Wright, 2004).

The sense of community a student establishes on a college campus is important to their social and academic life. Students who have a strong sense of community on campus are less likely to feel lonely. In addition, these students will identify more closely with the institution because they will feel that their existence matters to the overall identity of the institution. This will create a better college experience overall and could potentially lead to greater accomplishments in higher education. Leah A. Barrett (2014), the Assistant Vice President for Student Affairs at The College at Brockport, State University of New York, writes in her dissertation, "A sense of community on the college campus is shown as one factor that positively

influences students' retention, satisfaction and persistence to graduation in higher education...a sense of community is described as a construct that includes three variables: sense of belonging, college social activities, and social support network." The struggles students face in college from day to day become more tolerable when students feel that they have a support network.

Most communities on Penn State's campus have at least one, but usually more, organization or club that allows them to express their culture and raise awareness about their societal issues. For example, Caribbeans have Caribbean Student Association, Ecuadorians have Ecuadorian Student Association, Koreans have Korean International Student Association, etc. More specifically, these different communities have discussion groups where they can



congregate together to discuss their similar struggles and relate to members of the same community. These discussion groups serve as safe spaces for individuals to speak freely, outlets away from school, areas to self-reflect, havens for students when they feel lonely, and a genuine

bonding experience. There are 1,034 student organizations on Penn State's Campus and there is only one that focuses on college student mental health: Active Minds (Student Organization Directory, 2016). Yet, Active Minds does not provide a discussion group for students struggling with their mental health. Counseling and Psychological Services (CAPS) does offer therapy groups and clinics, but many of them are more formal and more specialized than our proposed discussion group (Group Therapy and Discussion Groups, 2016). They also tailor towards

individuals with more severe cases of mental health (Group Therapy and Discussion Groups, 2016). Therefore, our group proposes implementing a supportive discussion group that can serve as a safe haven for individuals to discuss their experiences with any severity of mental health while attending an institution like Penn State.

WHAT IS WOCE

Women of Color Empowerment Group (WOCE) is a bi-weekly discussion group for minority women to share their experiences and discuss their attitudes about attending a predominantly white institution. WOCE is not a therapy group, but can be considered a sisterhood and an open supportive environment where minority women can be themselves, bond with other females who experience some of the same issues, and learn what a women of color really means to them. Discussion topics range from colorism, cultural appropriation, self-image, media representation, romantic relationships, relationships between women of color, impact of current events, etc. (L. Briscoe, personal communication, Nov 17, 2016).

Laura Briscoe is a Staff Psychologist at Penn State's CAPS. She says she had the passion to start WOCE after realizing that the "Black Male Empowerment, Blends of Traditional Heritage, and Asian American Students in Action affinity groups were up and running out of the Multicultural Resource Center (MRC) but there was no current group for women of color" (L. Briscoe, personal communication, Nov 17, 2016). She learned that "groups for women of color existed at points in the past, but were then defunct after the facilitators moved on from the university" (L. Briscoe, personal communication, Nov 17, 2016). With the support of CAPS, she reached out to Dr. Moses Davis, the Multicultural Resource Center director, who was open to

collaborating on a discussion group (L. Briscoe, personal communication, Nov 17, 2016). The group officially began in Spring 2015 and averaged a group of about 10 students (L. Briscoe, personal communication, Nov 17, 2016). The current facilitators are Drs. Dayze Florencio and Laura Briscoe.

Dr. Briscoe describes the success of the group saying, “Since then, it has grown in diverse representation and number. We currently average about 15-20 women per meeting. The women span in class standing- from first year up to doctoral level students in various majors and fields. The women are also from various ethnic backgrounds e.g. Black/African American, East Asian/Pacific Islander, Hispanic/Latinx, Mexican, African, Indian/South Asian, Caribbean, Multiracial or Mixed, etc” (L. Briscoe, personal communication, Nov 17, 2016).

The goal of our proposed supportive safe space group is to allow students struggling with any form of mental health to come and just talk. We also want to decrease the amount of students who attend CAPS if their issues do not require immediate and frequent attention. The group would be similar to WOCE with facilitators and some discussion topics. However, because some students might have more severe cases of mental illnesses, they would need professional attention. Therefore, we propose having a licensed psychologist attending the discussions. The licensed psychologist would be there not only to facilitate, but to point students in the direction of CAPS if necessary. We propose also having a graduate student, majoring in the perspective field, as the other facilitator. This way students may feel more comfortable because they can relate to the graduate student.

CAPS currently has interpersonal groups specifically for life with a new baby, anxiety, eating disorders, losing a loved one, etc. (Group Therapy and Discussion Groups, 2016). These

groups are regulated and very specific, which can be good for creating a stronger sense of community. However, these groups are for individuals who truly need it. Our proposed group is for college students who also might not have a mental illness or need constant therapy every week. It is essentially a supportive space to hear other people's experiences and share common struggles, but also a bridge to determine whether students need professional help or not. In addition, students can attend as they please. Having students who do and do not have mental illnesses can also help to destigmatize mental illnesses because we are encouraging the interaction, while forcing the conversation. Even though everyone's severity is different, if students could see how they relate to student with mental illnesses, they would be able to empathize more.



ACTIVE MINDS

Prior to hearing the vice president of Active Minds, Taylor Klein, speak, we only knew one thing about active minds: they are the only approved student ran organization on Penn State's campus that focuses on mental health. Admittedly, we were not aware of the group until this semester and were not informed on how they advocated for mental health on campus. We were concerned that our safe space group would interfere or just be a replication of a discussion group that they had already established.

Fortunately, Active Minds is NOT a support group. They are a non-profit national organization that focuses on changing the conversation around mental health through educational activities such as presentations, panels, etc. (Kline, 2016). The group has meetings and socials, but these are for members of the organization (Kline, 2016). The meetings only average about seven members on a busy week, and about fifteen people a on a good week (Kline, 2016). Therefore, plenty of students with mental health issues are not attending for various different reasons. During their meetings, the group alots half of their time to discuss fundraising, activities, etc. and the other half to discuss their “highs and lows” of the week (Kline, 2016). The time for “highs and lows” is limited and usually concludes the meeting because it is not the most important aspect of their meetings (Kline, 2016). Although the the “highs and lows” can get personal, the group encourages education and professional support like CAPS (Kline, 2016). This is a completely different environment than the one we want for our safe space group. Therefore, the implementation of our safe space group would not be imitating any student organization already on Penn State’s campus.

ARE DISCUSSION GROUPS IMPACTFUL/SUCCESSFUL IN OTHER COMMUNITIES?

In order to gain a better understanding of how impactful discussion groups are on Penn State’s campus, we interviewed two Penn State students that actively participate in discussion groups. Yasmine Jones is a junior majoring in African American Studies and Psychology and minoring in English and Spanish. She is the Vice President of Queer and Trans People of Color (QTPOC) and a regular attendee of Color Me Queer, a discussion group held by the LGBTQ

Resource Center (Y. Jones, personal communication, 2016). Oluwatoyin Oresanya is a junior majoring in Geoscience and a team member on the public relations committee for African Student Association (ASA) (O. Oresanya, personal communication, 2016). Each student was given a brief overview of the proposed policy and asked to discuss the influence their particular discussion group has had on their college experience. The responses have been paraphrased (direct quotes are in quotation marks), but both students have approved what is written.

When are your meetings held? And are these meeting open to nonmembers?

Yasmine Jones: QTPOC meetings are held every Sunday at 3pm and are open to all students. Color Me Queer meets every Wednesday at 3pm. However, Color Me Queer is a closed group. Therefore, members must be a person of color and a member of the LGBTQA+ community.

Oluwatoyin Oresanya: General body meetings are held every other Friday and are open to people who are not a part of ASA. The general body meetings are mainly for announcements, planning events, etc. so some of our discussions are held outside of the actual general body meetings and during the actual events.

How are topics chosen?

Yasmine Jones: I collaborate with the President of QTPOC, Alexis Scott, to create the topics. We go off of current topics and events that are happening in our social circles (i.e. the election). Color Me Queer is facilitated by two graduate students, Jasmine Dillon and Courtnee Eddington. Both students are a part of the LGBTQA+ community and people of color. The grad students choose the discussions.

Oluwatoyin Oresanya: Every Eboard member has to come up with an event or a fundraiser. So most topics arise through someone's idea for an event. We also collaborate with other organizations such as Caribbean Student Association (CSA), Black Student Union (BSU), Black Caucus, and Latino Caucus. This helps bring discussions outside of our organization and gain different perspectives.

Can you give an example of a discussion topic you've had or will be having in the future?

Yasmine Jones: For National Coming Out Day, QTPOC discussed everyone's coming out stories. Color Me Queer's topic for last week was dating and this week's is gender sexuality and terminology. We will be discussing the different terms used to identify different sexual orientations and gender identities.

Oluwatoyin Oresanya: Last week, we watched Hotel Rwanda and had an intense discussion afterward. We discussed how Americans view Africans and the accuracy of the movie.

Was is your experience like during these discussions? How impactful or useless are these discussions?

Yasmine Jones: Both groups are impactful because a lot of us are not use to having a space where we can have a voice. In other communities, our issues are often brushed to the side. A lot of queer people who are from different minority backgrounds feel that if they attend clubs like Black Caucus, etc., they have to hide the queer part of them because it is not accepted or appreciated. In addition, the LGBTQA+ organizations at Penn State are usually full of white students and their specific experiences, which are very different from ours. So a lot of people of color do not feel comfortable in these spaces either. The whole purpose of QTPOC is for LGBTQA+ members of color to have a safe space where both their culture and sexuality are appreciated. Our club/organization is different from some of the other ones because we are a safe space group. "Every single meeting is a safe space." There are even rules you have to follow when you attend. With Color Me Queer is it nice because people can ask questions and get advice from the grad students. "Having a space where you can discuss things and have different opinions helps you learn more about the community. It strengthens the ties within the community and it makes us feel more welcomed at Penn State because we have a place where we belong."

Oluwatoyin Oresanya: The discussions are most impactful for those that are actually international and come from Africa, so not born here in America. The discussions educate you and open your eyes to different views and perspectives. For example, I did not know that Hotel Rwanda was based on a true story. Africans do not talk about these things that much back home so it is good to have it here on campus.

Would it be different if the discussion were not with people of the same minority group?

Yasmine Jones: Yes, it would be. "The homogenous atmosphere makes people feel safe because when people are with people that they assume are like minded, they feel like their opinions are going to be valued more, not judged, and they respect the input that other people offer more than if the person was not a part of the community." For example, there is an ally that comes to the QTPOC meetings and the group listens respectfully, but their opinions are not always valued as much. This is because we feel like in everyday life we are always surrounded by opinions of people that we do not identify with. Therefore, during those specific discussion times, we tend to connect more with our peers that are of the same demographic.

Oluwatoyin Oresanya: Nigeria does not have racism. Experiencing racism here was different because I did not know how to react. It is good to be around people who have the same mentality as you because they can let you know how American society operates and what my experience will be like. It would also be different because of social connotations around certain words. In

Nigeria, “mad” means insane, but here “mad” mean angry."You need someone to understand where you are coming from in order for you to understand your new environment."

Although ethnicity and sexual orientation are not the same as having a mental illness, all three groups struggle with social stigmas and adjusting to a campus like Penn State. An African would not want to be called an “African booty scratcher” just as much as a person with a mental illness does not want to be called a “nutcase.” Some members of the LGBTQA+ community still have a difficult time coming out just like some people with mental illnesses fear talking about their mental health and asking for help. Based on the interview, it can be concluded that supportive discussion groups are beneficial in these other communities so it would be beneficial for students struggling with their mental health.

CONCLUSION

Why should we do this when CAPS already has a problem with funding, services, and space? A safe space discussion group could possibly deter students away from immediately going to CAPS.

"Having a space where you can discuss things and have different opinions helps you learn more about the community. It strengthens the ties within the community and it makes us feel more welcomed at Penn State because we have a place where we belong."

They would have a different outlet and could possibly solve their problems before attending CAPS. In addition, the discussion group could be held in a location outside of CAPS (classroom, meeting room, etc.).. However, the facilitators would be a more complex issue due to CAPS already being low on staff. The

discussion group would also be difficult to implement because of mental health concerns and students who actually need therapy and other professional needs. It might possibly work better if these types of group were present in communities that greater stigmatize mental illnesses or regard mental health as a taboo topic (i.e. the black community). Maybe a new discussion group is not necessary, but the ones currently in place must at least be advertised more.

CONCLUSION

OUR CALL TO ACTION TO REDUCE MENTAL HEALTH STIGMA

So why does it matter? If CAPS is already expanding, the university may be curious as to why it would be necessary to sponsor a campaign; however we believe we need to launch a campaign in order to inspire those who *do not* care about mental health issues to care and to actively become leaders and advocates for mental illness awareness in the world. Without the cooperation of those who are ignorant or oblivious to the problem of the negative stigma towards mental illness, we cannot advance. Furthermore, those who need to be made most aware are those who do not seek to inform themselves and who may contribute to the stigma in their everyday lives without knowing they do so. We need a campaign that will get college students, specifically those of Penn State, to care about their fellow peers when it comes to mental health, because no matter how much CAPS can help students who suffer from mental illnesses or disorders, once a student steps outside the safe space of CAPS, he or she must deal with the constant jokes about mental health or may be subjected to the negativity surrounding mental health issues, and the therapy session from CAPS will have been for nothing. We need to urge our fellow peers to truly care about issues beyond themselves in order to create a community of students who, despite being directly, indirectly, or not at all affected by an issue, will fight for the right of all students to feel safe and welcome at Penn State University.

REFERENCE LIST

- (n.d.). Retrieved November 10, 2016, from <https://groupme.com/>
- Active Minds Logo [Digital image]. (n.d.). Retrieved November 7, 2016, from <https://www.guidestar.org/profile/20-0587172>
- Afshar, V. (2016, January 13). How Video Marketing Will Change the Game for Marketers in 2016. Retrieved November 10, 2016, from http://www.huffingtonpost.com/vala-afshar/how-video-marketing-will-_b_8962102.html
- Anxiety and Depression Association of America. (n.d.). Understand the Facts. Retrieved November 17, 2016 from <https://www.adaa.org/understanding-anxiety>.
- Barrett, Leah A., "The College Union and a Sense of Community for Students in Public Higher Education: Is there a Relationship?" (2014). Education Doctoral. Paper 176.
- Bracken, S. (2016, August 31). CAPS Chat program puts counselors where the students are. Retrieved November 7, 2016, from <http://news.psu.edu/story/423568/2016/08/31/campus-life/caps-chat-program-puts-counselors-where-students-are>
- Bradley, B. (2014, November 10). Penn State Marks Mental Health Awareness Week. Retrieved November 7, 2016, from <http://news.psu.edu/story/334017/2014/11/10/penn-state-marks-mental-health-awareness-week>
- Brain & Behavior Research Foundation (n.d.). *Frequently Asked Questions About Schizophrenia*. Retrieved November 17, 2016 from <https://bbrfoundation.org/>
- Brain & Behavior Research Foundation (n.d.). *Frequently Asked Questions About Depression*. Retrieved November 17, 2016 from <https://bbrfoundation.org/>.
- Bringman, H. (2009, April 14). Relaxing music as pre-medication before surgery: A randomised controlled trial. Retrieved November 15, 2016, from <https://www.ncbi.nlm.nih.gov/pubmed/19388893>
- Bringman, H. (n.d.). Relaxing music as pre-medication before surgery: A randomised controlled trial. Retrieved November 3, 2016, from <https://www.ncbi.nlm.nih.gov/pubmed/19388893>
- Cambridge University Press (n.d.). Retrieved November 17, 2016 from <https://www.cambridge.org/core/journals/cns-spectrums>
- CAPS Chat [Digital image]. (n.d.). Retrieved November 7, 2016, from <http://studentaffairs.psu.edu/counseling/>
- Center for Collegiate Mental Health [Digital image]. (n.d.). Retrieved November 7, 2016, from <http://ccmh.psu.edu/>
- Chaffey, D. (2016, August 08). Global Social Media Statistics Summary 2016. Retrieved November 12, 2016, from

- <http://www.smartinsights.com/social-media-marketing/social-media-strategy/new-global-social-media-research/>
- Christ, G. S. (2013). 20 surprising, science-backed health benefits of music. Retrieved October 24, 2016, from <http://www.usatoday.com/story/news/health/2013/12/17/health-benefits-music/4053401/>
- Ciotti, G. (2016, April 20). The Psychological Benefits of Writing. Retrieved November 1, 2016, from <https://www.helpscout.net/blog/benefits-of-writing/>
- Corrigan, P. W., & Watson, A. C. (2002). Understanding the impact of stigma on people with mental illness. *World Psychiatry, 1*(1), 16–20.
- Dangerfield, M. (2013, December 31). 10 Nutrients Scientifically Proven to Make You ... - Greatist. Retrieved November 14, 2016, from <http://greatist.com/happiness/nutrients-boost-mood>
- Dangerfield, M. (2013, December 31). 10 Nutrients Scientifically Proven to Make You ... - Greatist. Retrieved November 6, 2016, from <http://greatist.com/happiness/nutrients-boost-mood>
- Davey, G. (2013, August 20). Mental Health & Stigma. Retrieved November 17, 2016, from <https://www.psychologytoday.com/blog/why-we-worry/201308/mental-health-stigma>
- Fuller Torrey, E. (n.d.). Cognitive Behavioral Therapy for Psychosis and Schizophrenia. Retrieved November 17, 2016 from <http://www.schizophrenia.com/disease.htm>
- GLOBAL VIDEO INDEX Q2 2015 - go.ooyala.com. (n.d.). Retrieved October 25, 2016, from <http://go.ooyala.com/rs/447-EQK-225/images/Ooyala-Global-Video-Index-Q2-2015.pdf>
- Griffin, R. (n.d.). Social Media Is Changing How College Students Deal With ... Retrieved November 15, 2016, from http://www.huffingtonpost.com/entry/social-media-college-mental-health_us_55ae6649e4b08f57d5d28845
- Gronley, M. (n.d.). Destigmatizing Mental Illness. Retrieved November 15, 2016, from <https://psychiatristscottsdale.com/destigmatizing-mental-illness/>
- Group Discussion. (n.d.). Retrieved November 17, 2016, from <http://www.clipartkid.com/group-discussion-ty13Df-clipart/>
- Group Therapy and Discussion Groups. (2016). Retrieved November 17, 2016, from <http://studentaffairs.psu.edu/counseling/services/CurrentGroups.shtml>
- Holmes, L. (2016, June 16). 10 Male Celebrities Who Are Smashing Mental Health ... Retrieved November 15, 2016, from http://www.huffingtonpost.com/entry/male-celebrities-mental-health_us_5761b5a7e4b0df4d586f0cbe

- Holterman, A. (2016, August 25). Mental Health Problems for College Students Are Increasing. Retrieved November 15, 2016, from <http://www.healthline.com/health-news/mental-health-problems-for-college-students-are-increasing-071715>
- Karadkar, A. A. (2015, September 13). The impact of social media on student life. Retrieved November 15, 2016, from http://www.technicianonline.com/opinion/article_d1142b70-5a92-11e5-86b4-cb7c98a6e45f.html
- Kausch, K. (2015, October 05). 15 Celebs Who Are Shutting Down Stigmas About Mental Illness. Retrieved November 15, 2016, from <http://www.mtv.com/news/2289330/mental-illness-awareness-celebrities/>
- Kline, T. (2016, November 8). *Active Minds Information*. Reading presented in Schreyer Honors College, University Park.
- Kuznitz, A. (2016, January 26). Active Minds serves as the only mental health awareness group on campus. *The Daily Collegian*. Retrieved November 7, 2016, from http://www.collegian.psu.edu/news/campus/article_78470726-c39a-11e5-8779-0ba963e6bb3d.html
- Lynch, J. (2016, March 24). How Millennials Consume TV Depends on Which Stage of Life They're In. Retrieved November 1, 2016, from <http://www.adweek.com/news/television/how-millennials-consume-tv-depends-which-stage-life-theyre-170393>
- Marshall, J. (2016, May 16). Stop Using Mental Illnesses As Adjectives. Retrieved November 17, 2016, from <https://www.theodysseyonline.com/stop-downplaying-disorders>
- Mental Health Monday – Stigma of Counseling and Therapy [Web log post]. (2015, September 28). Retrieved November 17, 2016, from <https://jillianredefiningwellness.wordpress.com/2015/09/28/mental-health-monday-stigma-of-counseling-and-therapy/>
- Mentally Ill. (2016). Retrieved November 17, 2016, from <http://www.macmillandictionary.com/us/thesaurus-category/american/mentally-ill>
- National Institute of Mental Health. (n.d.). *Bipolar Disorder*. Retrieved November 17, 2016 from <https://www.nimh.nih.gov/health/topics/bipolar-disorder/index.shtml>
- National Institute of Mental Health (n.d.). *Eating Disorders: About More Than Food*. Retrieved from www.nimh.nih.gov/health/publications/eating-disorders-new-trifold/index.shtml.
- National Institute of Mental Health. (n.d.). *Schizophrenia*. Retrieved November 17, 2016 from <https://www.nimh.nih.gov/health/topics/schizophrenia/index.shtml>
- Pantic, I. (2014, October 01). Online Social Networking and Mental Health. Retrieved November 15, 2016, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4183915/>

- Pet Therapy: How Animals and Humans Heal Each Other. (2012, March 5). Retrieved November 10, 2016.
- PowerBrain (n.d.). *Depression May Shrink Brain's Memory Areas*. Retrieved November 17, 2016 from <http://www.powerbrainrx.com>,
- Proceedings of the National Academy of Sciences. (n.d.). Retrieved November 17, 2016, from <http://www.pnas.org/>.
- Saks, E. (2011, November 17). Why Is Mental Illness Still So Stigmatized? Retrieved November 17, 2016, from http://www.huffingtonpost.com/elyn-saks/post_1603_b_811249.html
- Schwecherl, L. (2012, March 5). The Unexpected Stress-Busting Power of Music | Greatist. Retrieved November 5, 2016, from <http://greatist.com/happiness/unexpected-stress-busting-power-music>
- Simpson, C. (2013, October 21). Mental Health Awareness Week Kicks Off Today. *Onward State*. Retrieved from <http://onwardstate.com/2013/10/21/mental-health-awareness-week-kicks-off-today/>
- Soriano, J. (2014). Mental Illness [Mental illness is like a battle with yourself that's why it's difficult.]. Retrieved November 14, 2016, from <http://www.voicesofyouth.org/en/posts/mental-illness-is-real-and-it-it-just-as-difficult-as-other-illnesses>
- Stauffer, A. L. (2016, November 9). CCMH Contact [E-mail to the author]. Student Organization Directory. (2016). Retrieved November 15, 2016, from <https://studentaffairs.psu.edu/hub/studentorgs/orgdirectory/search.aspx>
- The Mental Health Benefits of Exercise. (n.d.). Retrieved November 6, 2016, from <http://www.helpguide.org/articles/exercise-fitness/emotional-benefits-of-exercise.htm>
- Top 5 Mental Health Challenges Facing College Students. (2016). Retrieved November 15, 2016, from <http://www.bestcolleges.com/resources/top-5-mental-health-problems-facing-college-students/>
- U.S. Department of Health & Human Services (n.d.). Retrieved November 17, 2016, from <https://www.mentalhealth.gov/>
- WebMD. (n.d.). Types of Mental Illness. Retrieved November 17, 2016 from <http://www.webmd.com/mental-health/mental-health-types-illness>
- What Is Mental Health Stigma? (n.d.). Retrieved 2016, from <http://www.theravive.com/end-stigma/>
- Woiner, P. (2016, April 25). Penn State student Cecilia McGough puts a face to schizophrenia, spreads awareness. *The Daily Collegian*. Retrieved November 7, 2016, from http://www.collegian.psu.edu/news/campus/article_811850aa-0a5b-11e6-a97a-d360b5c9702e.html

Wright, S. P. (2004). *Exploring Sense of Community in Living-Learning Programs and in the University as a Whole* (Doctoral dissertation, University of Maryland, College Park) (pp. 6-17). College Park, MD: Digital Repository at the University of Maryland.