​​**PUBHLTH 494CI**

**Public Health Sciences Capstone**

 **Assignment Cover Page**

**Team name:** Team 02: College Mental Health

**Date:** 03/31/2022

**Assignment:** Final Paper

**List team members by name below and give a description of each team member’s role and specific contribution(s) to the assignment.**

**Team member**

**1: Richa Jain** - Worked on describing the overall recommendation and talked about how it fits the criteria we looked at.

**2: Emma Smith** - Described possible challenges of recommendation, and wrote conclusion.

**Introduction**

 Mental health is a major public health problem; it encompasses the emotional, psychological, and social well-being of an individual (CDC, 2022). According to the CDC, 11.3% of adults struggle with feelings of worry or anxiety, 4.5% of adults struggle with feelings of depression, and there are 14 suicide deaths per 100,000. Nearly one in five adults in the United States live with a mental illness. Mental illness includes many different conditions and varies in degree of severity from individual to individual (CDC, 2022). Mental health problems are especially prevalent and increasing among college students (Hunt & Eisenberg, 2009). The primary student disorders at present are anxiety and depression with the main complaints of university students including anxiety, depressive moods, lack of self-esteem, psychosomatic problems, alcohol and substance abuse, and suicidality (Holm-Hadulla & Koutsoukou-Argyraki, 2015). In fact, depression, anxiety, and suicidality rates are rising among United States college students with suicide being the second leading cause of death for college students (Liu et al., 2018).

 The proportion of students reporting being diagnosed with depression has increased from 10% to 15% since 2000 (Hunt & Eisenberg, 2009).Although many college students have opportunities and a wide variety of campus resources, they are not immune to the suffering associated with mental illness (Hunt & Eisenberg, 2009). This is a problem because the growing mental health concerns do not equal growing support; in fact many students face barriers in asking for help or receiving proper treatment (Hunt & Eisenberg, 2009).More than one in three undergraduates reported feeling depressed and nearly one in ten reported considering suicide (Hunt & Eisenburg, 2009).More specifically, 37% of college students in the United States reported feeling overwhelming anxiety and 9% of college students reported attempting suicide in their lifetime (Holm-Hadulla & Koutsoukou-Argyraki, 2015).

 Battling mental illness carries a large burden for college students. This may include economic impacts. Although a study specific to college students has not been conducted, in the general population, poor mental health is related to risk of and duration of unemployment. In fact, poor baseline mental health was significantly associated with increased risk of experiencing subsequent unemployment. Poor mental health may also result in high treatment costs (Butterworth et al., 2011). We can extrapolate this idea onto our population of focus; college students struggling with mental illness may be subject to treatment costs if they seek treatment. Similarly to unemployment, if a student is struggling with a mental illness, they may miss class and fall behind. This could result in the need to stay at college longer which subjects the student to additional tuition payments. Along with economic burden, students may face social impacts. Mental health issues can lead to social isolation due to less communication and interaction. A student battling mental illness may also not be as involved within their community. This can reduce their quality of life, affect academic achievement, affect physical health, and impact relationships with family and friends (*Consequences of student*, n.d.).Overall, college students may face a heavy economic, financial, and/or social burden if they suffer from a mental disorder.

 Within the college population, students may be at risk for significantly higher prevalence of mental health problems due to a number of risk factors. For example, male undergraduate students are at higher risk for suicide while female undergraduates are more likely to screen positive for major depression and anxiety disorders (Hunt & Eisenberg, 2009). A possible explanation for this discrepancy is the stigma surrounding mental health which may result in males not seeking help or treatment as stigma may be greater among men (Seehuus et al., n.d.). Very few groups focus on mental health issues of men which may result in less reports of depression and anxiety and, rather, direct reports of suicide (Whitley, 2018). Overall, male and female undergraduate students suffer from mental health disorders; however, the lack of focus on men’s mental health results in higher rates of suicide.

Additionally, mental health prevalence varies based on race and ethnicity. Campus environments may be particularly stressful for minority students at predominantly white institutions (PWIs) resulting in poorer mental health. These students have more prevalent encounters of racism, discrimination, and racial stereotypes. Experiencing racism and discrimination on campus can have adverse effects on mental health outcomes. There is a concept called racial battle fatigue; microaggressions faced by African American students can result in physiological and psychological symptoms including stress, anxiety, and emotional and social withdrawal (McCready et al., 2021). In recent years, the suicide rate for African American college age males has more than doubled. The suicide rate for Asian American college age students are among the highest of their peers. Latino American students are at the highest risk for attempting suicide. These alarming rates are a result of stigma, prejudice, discrimination, intercultural conflict, and financial concerns (*Minority Students*, 2021).

The COVID-19 pandemic situation has increased the vulnerability of college students. When an individual’s environment changes, they tend to feel anxious and unsafe. The COVID-19 pandemic has left people with feelings of hopelessness, despair, grief, and loss while also negatively impacting social behaviors (Usher et al., 2020). The pandemic situation and measures such as lockdowns and stay at home orders have negatively impacted college students’ lives. Students are struggling with a number of factors including their health and health of loved ones, difficulty concentrating, disruption to sleep patterns, increased social isolation, concerns about academic performance, disruptions to eating patterns, changes in living environments, financial difficulties, increased workload, and depressive and suicidal thoughts (Son et al., 2020).

Another underlying factor that is playing a role in college student mental health is the use of technology and social media. The combined effects of smartphone and social media use may negatively affect well-being. Social media can affect happiness and self-esteem when viewing the “curated” lives of others. It results in social comparisons and the fear of missing out (FOMO). College students especially may be affected by this as it results in envy, depression, and reduced happiness. Additionally, frequent phone use is associated with higher stress, sleep disturbances, and depression (Cain, 2018).

In addition to these predominant risk factors, there are several other risk factors that play into impacting students. Students encounter new experiences, relationships, and living situations while exploring their race, ethnicity, gender, and sexual identities. This increases stress experiences that impact mental health during college. Financial instability is a major problem for many students; students from lower socioeconomic backgrounds are at higher risk for depression and anxiety symptoms (Liu et al., 2018). Other barriers student face include low social support and victimization by sexual violence (Liu et al., 2018).

Students face barriers to seeking help which may amplify the effects of mental illnesses. There may be a lack of time, privacy concerns, lack of emotional openness, financial restraints, difficulties accessing proper care on campus, and skepticism of efficacy of care. This is made worse due to the fact that students have recently begun seeking mental health services more, but campus communities find themselves unable to keep up with the demand (Lattie et al., 2019).

On the other hand, many protective factors have been suggested for students to improve their mental health on campus. For example, greater mindfulness and social support is associated with positive psychological health and less depression (Haliwa et al., 2021).

Since social media has played such a big part in affecting students’ mental health, many of the protective factors we found focus on targeting students using social media. Unfortunately, since COVID-19 has made it so that much of school is online, college students have suffered the heightened effects of negative mental health outcomes linked to screen usage. The researchers in an article from the National Institute of Health (NIH) report in their findings that some protective factors could include some behaviors as simple as dialectic thinking, mindfulness, and optimism in the midst of a largely online academic world (Haddad et al., 2021). Although social media has been shown to contribute to higher levels of anxiety and depression, the researchers in the same article also suggest that social media can be beneficial to college students in difficult times, such as during COVID-19 (Haddad et al., 2021). Therefore, the use of social media may be a protective factor as well as a risk factor. Haddad et al. reveal that there are preventative screenings and scales to measure the scope of someone’s unhealthy social media usage (2021). These screenings - such as the Young’s Internet Addiction Test, Online Social Support Scale, Bergen Social Media Addiction Scale, Smartphone Addiction Scale, Internet Gaming Disorder Scale, and Instagram and Well-Being Questionnaire - can potentially be used by clinicians to assess a patient’s social media habits during a check-up (Haddad et al. 2021). Social media has both a positive and negative impact on the mental health of college students. As seen in Table 1, during COVID-19 it especially played a role for students in a number of ways (Haddad et al., 2021).

*Table 1.* Pros and cons of social media during the COVID-19 pandemic



For students of color, there appear to be certain protective factors that increase good mental health. For example, according to a study done by McClain et al., they found that more training for college counselors on mental health for students of color is needed - especially pertaining to social media [(McCready et al., 2021)](https://www.zotero.org/google-docs/?OjHPht). Additionally, in the article by McCready et al., the writers also found a positive association between ethnic identity - as opposed to racial identity - and better mental health (McClain et al., 2016). Their findings mean that the more of an ethnic identity the student has, the better their mental health. Having a strong ethnic identity in college also appears to be a protective factor against racism encountered via social media, which has become more of a prevalent problem since the start of COVID-19 [(McCready et al., 2021)](https://www.zotero.org/google-docs/?OjHPht).

Another protective factor we found is to have college counselors be more aware of both themselves and students of color, including being aware of cultural identities, and therefore being able to help said students with coping and resistance strategies tailored toward them [(Giordano et al., 2021)](https://www.zotero.org/google-docs/?wK6T1K). College campuses can be a great place to spread information about this topic. The researchers of the [McCready et al.](https://www.zotero.org/google-docs/?OjHPht) article also state that their own research article is a great source for teaching students about how radicalized aggressions in social media affect the health of college students [(McCready et al., 2021)](https://www.zotero.org/google-docs/?OjHPht). The authors then go on to list more protective factors for students’ mental health on campus, including hiring diverse campus staff, posting correct social media representations of what student life is like on campus, and more education around this topic - while being more aware in general as a campus community of this issue. A diverse campus staff is a protective factor because, according to Nickerson et al., college students have a tendency to go to counselors who they can relate to - both on a physical level and a shared experiences level (Nickerson et al., 1994). It appears that an important protective factor includes college staff working together to be more aware of the racial climate at their campus, especially online. In general, many of the protective factors appear to be linked to preventing a lack of a sense of belonging, both in person and on social media.

After learning about the many various factors that contribute to a student’s mental health, we have decided that our focus population will be students of color. Our focus population is connected to the risk factors we found because, although all college students can be affected negatively by social media, college students of color are more at risk for encountering racial violence on social media. With the appearance of COVID-19, racial violence has increased online even more (McCready et al., 2021). We chose this student population because we noticed that there is sufficient research highlighting the rising issue of social media use negatively impacting mental health, especially among students of color in predominantly white institutions (PWIs) because of the racial climate at these institutions. Students of color also are at more of a risk for feeling isolated on these campuses, which can affect their overall mental health (McCready et al., 2021). Feelings of isolation can then lead to withdrawal from others on campus, which has many other negative implications. Technology and social media have become so ingrained into most people’s everyday lives, and these platforms continue to grow and change every day. We chose to focus on technology and social media because - if these platforms are improved - we may consequently see an improvement in the mental health of college students, especially college students of color.

The purpose of our capstone project was to understand the problem of mental health needs among college students of color pertaining to the effects of social media use, identify potential solutions, and develop recommendations for action.

**Methods**

To find and analyze information related to how social media affects the mental health of college students of color in the United States, we conducted a literature search using a variety of different scholarly websites available on the internet, including the Centers for Disease and Control (CDC), PubMed, the National Institute of Health (NIH), the Wiley Online Library, Frontiers, SpringerLink, Taylor & Francis Online, Science Direct, and various online journals - including the Journal of Medical Internet Research, the American Journal of Pharmaceutical Education, and the Journal of American College Health. We used our UMass Amherst student accounts to access the scholarly articles that did not have the full article available for public viewing on the internet. At first, we tried to keep our search broad to include the many different focus areas related to the mental health of college students - and to get an idea about where to focus our interventions. After finding some articles related to our preliminary topic, we then limited our focus area and used more specific keywords in our literature search, including “college students of color,” “mental health,” “social media use,” “technology,” “interventions,” and “outreach.” Using these keywords, we selected studies that included college students of color, social media use, and mental health outcomes. All the studies were published in English, and we attempted to limit our search to college students located in the United States of America. We also limited our search to include mental health statistics related to students of color in college. The date of publication for the studies ranged from 1994 to 2022.

When considering possible interventions, we included a) studies examining the impact of an intervention on mental health and wellbeing, b) studies that targeted college students of color, and c) studies that influence how students seek care.

We excluded articles if they a) did not target mental health and wellbeing, b) did not target college students of color, and c) did not produce positive results for students’ mental health.

When analyzing potential interventions, we looked at which ones would impact the widest group of the population, which studies had the best responses, and the ease of implementation. Improving students’ mental health should be a priority, so looking at long complex processes would only prolong the improvement. We want interventions that could be implemented within the span of one semester and that would reach the most students effectively.

**Findings**

 Solving the problem of how social media affects mental health can be an extremely complex issue, especially in terms of racial microaggressions against students of color in social media. Despite this, the literature we found includes a variety of different approaches that appear to point in the right direction to combat the indifference around college campuses regarding this issue. Some of these main options for addressing the mental health of students of color that we came across include better training for college counselors, incorporating a strong sense of ethnic identity throughout college in general, having college counselors be more aware of both their own and other people’s cultural identities, including more studies and research on this exact issue into the students’ curriculum and around campus in general, hiring a diverse campus staff, having the college be more aware of their campus climate and posting accordingly on social media to represent accurate representations of the student life, and - overall - more education around the topic of radicalized aggressions against students of color, especially in the changing online world. Table 1 was taken from an article by Payton et al. where the researchers compiled the top reasons why students liked or did not like the health services at their colleges (Payton et al., n.d.). Keeping these findings in mind, we decided to focus primarily on community level interventions; we want to combine individual and environmental changes in a university setting to promote well-being among college students of color. By implementing an intervention at the university level, students will also individually feel the impact of the intervention and understand the importance of self-care. Our interventions will address the mental health needs of college students of color.

*Table 1.* Students’ evaluation of mental health services and supports from the National Alliance on Mental Illness



In reviewing the literature, we found two possible studies from which to base our interventions. These studies appear to incorporate the main issue that we are attempting to address. The first intervention we decided on focuses on assigning a psychologist to a university’s cultural and resource offices (Banks, 2018). The second intervention we looked at utilizes the use of communication technologies - also called ICT (information technology) - such as mHealth (mobile health) apps to encourage students of color to prioritize their mental health needs (Payton et al., n.d.).

**Assigning a Psychologist to Cultural and Resource Offices**

As mentioned earlier, students of color are less likely to receive services as compared to White counterparts. Universities should expand their outreach efforts in order to contribute to improving the mental health needs of college students of color and close this gap. A possible intervention to improve this gap is to have a psychologist assigned to the university’s cultural and resource offices. One study assigned a psychologist to these offices and had students of color complete a questionnaire surrounding their experiences with the counseling center at the end of the school year. This study suggests positive results and that this may be beneficial for the target population. Students who reported using the office at least sometimes had improved perceptions of counseling services and had a greater chance of using the counseling services (Banks, 2018).

Although counseling centers may attempt to engage with their students through walk-in hours, workshops, trainings, and more, students of color are still less likely to participate in counseling on university campuses. Assigning a psychologist of color to a university’s cultural and resources offices services students of color and targets specific students in need. Simply placing a psychologist in these convenient locations does not solve problems related to stigma and lack of trust; however, it does make for easier and more comfortable interactions between students and providers. The psychologist should build trust with students by spending time in the centers, providing trainings and workshops requested by the students, being present during triggering events, and working with others to decrease stigma. Students of color should be surveyed prior to employing this psychologist to establish a baseline. They should then be surveyed every 2-3 months to examine how the presence of the psychologist impacted use of university counseling services, their perceptions of this counseling service, and their attitudes towards seeking mental health services (Banks, 2018).

In addition to employing a psychologist at these university offices, universities may also look into employing social workers to provide services to acknowledge cultural inclusivity and racial consciousness. More specifically, social workers are trained in understanding racism and discrimination and how to navigate difficult discussions revolving these topics. Since social workers possess this knowledge, they will be able to effectively respond to systemic racism and its psychological toll on students of color. This will help universities become more diverse racially and ethnically; students of color may, therefore, feel more comfortable engaging in mental health services if they feel included on their campus. Social workers can effectively provide psychoeducation to students of color about their mental health and emphasize self-care (Robinson-Perez et al., 2019).

 This intervention has multiple benefits. From the literature, students who used the cultural and resource offices with the psychologist reported improved perceptions about their university’s counseling services. The study also reported increased utilization rates among students of color. Employing a psychologist of color increases equity for students of color as they feel more comfortable seeking mental health services and utilization rates, over time, may increase and balance White students’ utilization rates. Additionally, placing social workers in offices through a campus also improves outreach. Since social workers are trained to be valuable assets in college settings, they know how to support students’ mental health in changing demographics. Having an environment where students feel supported, will provide students of color space to promote positive affirmations for their racial identities (Banks, 2018).

 Although this intervention will provide many benefits, it is not without limitations. The main study we evaluated was based on data from one academic year; therefore, the long-term effects of this intervention are unknown and have not been studied. Additionally, there is a lack of generalizability; Primary White Institutions (PWIs) that have not employed efforts to enhance experiences of students of color will most likely not see a beneficial outcome for their students of color. Universities should first improve their campus climate to foster a safe environment for their students of color (Banks, 2018). Finally, employing a psychologist and/or social worker to help students of color comes with a cost; depending on how many psychologists and/or social workers a university chooses to employ, the university will have to pay salaries. In order for these employees to adequately help their students, the university will also need to provide these employees with a budget for workshops, trainings, or other programming to support their students’ needs.

**Free mHealth apps for Mental Health**

 Our second intervention focuses on encouraging the use of mHealth (mobile health) apps for mental health. In our largely online world, the internet has been known to be a dangerous and often discouraging place in terms of mental health. This issue has been shown to be prominent especially around college campuses. Especially during the online world of COVID-19, the internet continues to be an unpredictable place for students of color. However, sometimes it is easy to forget that the internet can be a place to strengthen one’s mental health. The uses of Interactive Communication Technology (ICT) appear to be endless, and one novel use includes encouraging, strengthening, and understanding mental health. Many studies have found the benefits of using certain mental health apps that deal with things like depression, anxiety, and substance abuse (Payton et al., n.d.). Recently, many mHealth apps have become widely utilized, and some examples of popular mHealth apps for mental health include Headspace, Calm, and Unmind, but many more pertaining to mental health exist (*Meditation and sleep*, n.d.; *Experience calm*, n.d.; *Mental wellbeing*, n.d.). MHealth apps like these have many uses, from prevention to supplementing therapy and post-treatment (Chandrashekar, 2018). Because of the growing success rates of these mental health tools, we have found that it can be used as a tool to address the mental health of college students of color. Our mobile health intervention would consist of providing college students with free subscriptions to these mental health apps. They will just need their student login information to access the features one would originally obtain by paying a monthly subscription. In order to let the student population know about their free access to these mental health apps, we will have the universities email their students about their free access at the beginning of each semester, along with links to a variety of mHealth apps to choose from. This intervention would be a community-level intervention, targeting the college student community.

Regarding the use of mobile apps and information technology (ICT) to strengthen mental health among college students of color, there are a few clear strengths of this intervention. For example, one study found that Hispanics and African Americans have been found to use their phones at a higher rate than white people to look up health information (Anderson-Lewis et al., 2018). Another strength of this intervention is that one U.S.-based study found that internet use has the potential to lessen anxiety in young adults (Simons et al., 2018). Yet another strength of this intervention is the ease of access college students have to these resources, since mHealth (mobile health) is a resource that appears to be growing as well as improving - and is also easily accessible on a personal device. Despite the strengths of the use of ICT interventions, many limitations still exist. For example, mHealth apps were found to not often be used on a consistent basis (Miyamoto et al., 2016). This is a major drawback of these types of apps and conveys that the app designers may still have a lot to learn and improve when designing these types of apps. Another limitation is that, while some of the mental health apps were found to be HIPPA compliant, some were not (*Mobile Health*, n.d.). Also, we do not know the exact cost of providing entire student populations with free subscriptions to these mental health apps, so the impact of the cost is something we still have to take into account. Another limitation is that few - if any - studies have looked at the benefits of these resources specifically regarding the mental health of college students of color. In other words, few studies include a concrete, tried and tested way to combat microaggressions on campuses, especially in terms of utilizing mobile apps and social media. Therefore, we are not sure of the exact impact this intervention will have on this demographic. Another limitation included the need for more scientific research behind the use of these apps in general (Payton et al., n.d.). Overall, many of the limitations we found are related to the lack of data collected on these mHealth apps and their effects. MHealth is still a new concept and appears to gradually be becoming more utilized, especially because of this resource’s convenience and ease of use. Much more data needs to be collected on the results associated with using these apps in the long term. That being said, we believe that providing the student population with completely free access to these mHealth mental health apps will be a good place to start in dealing with improving the mental health of college students of color.

**Recommendations**

 The recommendation that we plan to implement will be tested at the University of Massachusetts, Amherst. Our intervention includes UMass Amherst providing their students with free access to MHealth apps described above. These apps will help students with mental illness prevention, provide them with therapy options, and assist them with adjusting to life post-treatment. The criteria that we would suggest the college use in picking the app include a reputable company, the ability to add in a feature to contact the school psychologist, and overall a good perception of the app among current users. An example of a credible app is *Calm*, which provides the user with guided meditations, relaxing music, stretching suggestions, relaxing imagery, and audio programs on mental health (*About*, n.d.). Students will use apps such as *Calm* to practice mindfulness and take breaks to focus on themselves. In more detail, *Calm* is an app that is used for sleep and mindfulness; the app has tasks for meditation, helps people get more restful sleep, provides music specific to helping people focus, relax, or sleep, and so much more (*About*, n.d.). Since technology is both a risk and protective factor, using these apps may strengthen the impact of the protective factor. Students may spend more time on these apps to improve their mental health than other apps that negatively impact their mental health.

 Additionally, we would add an extension to the apps that would be specific to the university. This portion will be designed to include an option to connect with a school psychologist. Students will have the option to enter preferred demographics for their psychologist and the health app can pair them with the best available psychologist. This will allow students the opportunity to talk to whomever they feel comfortable with; they can speak to a counselor of the preferred race, ethnicity, gender, etc. The service will also include a feature to connect students to the cultural and resource office psychologist as mentioned in the first intervention. This psychologist, in particular, will have extensive training in helping students of color. This may reduce the gaps between demographics related to seeking mental health care as students will feel more comfortable knowing they have options of who they can talk to. This portion of the intervention is dependent on whether the school employs psychologists of varying demographics and is an important consideration in this implementation.

 The use of technology and the option to be paired with a psychologist may reduce the stigma associated with asking for mental health help as students can conveniently schedule an appointment through an easy-to-use app. This gives students easy access to mental health support at their university. This intervention will also serve as a long-term study of the outcomes of using MHealth apps among college students, particularly those of color.

 This intervention fits our criteria for comparing interventions as it provides college students with a resource that emphasizes mental health and wellbeing, thereby targeting the problem at hand. It also provides support for all those at risk with an emphasis on students of color as it has both the option of pairing students with a counselor of preferred demographics and the option of pairing students directly with the cultural and resource office psychologist. Finally, from multiple literature sources, it is predicted that this intervention would have a positive result on the mental health of students of color as it combines two positive interventions into one. However, since it is a new intervention, we will be following it to look at the long term outcomes to determine its effectiveness. Finally, this intervention can be implemented in the span of one semester in order to reach students effectively; the school can provide students with access to MHealth apps at the beginning of a semester and advertise the importance of it throughout the semester. By the end of the semester, they can access data from the counseling services and the apps to see the impact this implementation had on students.

 In order to implement this intervention, we would need approval from UMass Amherst’s school board. We would, additionally, need approval from the counseling services to provide their services to students. We would need approval from various MHealth apps to employ their application to college students. There would need to be some sort of formal partnership between the university and the application so that the school can provide students access to the apps with ease. This is politically feasible as it does not require students to use the apps but rather gives students the option of having a quick and easy way to access mental health help. Additionally, the cost of implementation will be high; the university would have to partner with the app(s) it would like to provide but still pay them for their services. Since the university has thousands of students, it is likely that the cost will be high. In order to fund this, we could get state grants or we could potentially partner with the app(s) to advertise for their MHealth app which may reduce the overall cost as we would be helping the business.

 A challenge that may arise from our intervention include the high cost of implementation. Another challenge is how this intervention will be a novel approach for our target population, so the outcomes are unknown. Another related challenge includes the unknown outcomes of the long-term use of these apps, simply because studies have shown that they are not used on a consistent basis (Miyamoto et al., 2016). Success would be measured by both the long-term study that measures the success of these apps that we will be implementing, as well as a poll at the end of every school year that will allow the students to give their opinion on these apps. The long-term study will serve as a strength to our combined intervention, because it will serve as a way to bring new data into the under-studied area of the effects of MHealth apps. Additionally, overall data that the school collects on the students’ mental health will serve as a way to measure the success of our intervention. All of these measurements will be compiled to gauge the success of our novel intervention.

**Conclusion**

 Overall, if our recommendations are implemented, the public health benefit that can be expected is that students will have an easier, more affordable, and more convenient way to access mental health resources. Our intervention will also be beneficial to the students by encouraging them to take actions to improve their mental health, and will overall bring awareness to the extremely common problem of mental health on campuses. Our intervention will serve as a step to help college students of color have better access to mental health resources, therefore improving mental health on campus. Although our intervention is just planned to be implemented at the University of Massachusetts, Amherst, this intervention may be seen by other institutions and may eventually become the norm in every college campus across the United States.

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