# PRIDE IN PROGRESS: AN ONLINE APPROACH TO BOOST SEXUAL AND GENDER MINORITY HELP-SEEKING ATTITUDES AND MENTAL HEALTH LITERACY

by

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Charles D. Dimock

# ABSTRACT

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This thesis evaluated an online psychoeducational intervention designed to improve mental health literacy and help-seeking attitudes among sexual and gender minority (SGM) adults. Participants completed baseline measures, viewed a multi-module SGM-affirming psychoeducational program, and then completed post-intervention assessments of literacy, attitudes, and related constructs. Regression analyses indicated that baseline mental health literacy strongly predicted post-intervention literacy, and baseline help-seeking attitudes strongly predicted post-intervention attitudes, whereas prior therapy experience did not significantly contribute to either outcome. The third hypothesis, which examined whether greater gains in mental health literacy would predict more favorable help-seeking attitudes, was not supported, suggesting that changes in literacy did not directly translate into changes in attitudes within this sample. Findings highlight the feasibility of brief, fully online psychoeducational approaches for SGM populations and underscore the need for future longitudinal research assessing whether increased literacy and improved attitudes translate into sustained engagement with affirming mental health care.

*Keywords:* SGM; Psychoeducational Intervention; Mental Health Literacy; Help-Seeking Attitudes

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# LIST OF ABBREVIATIONS

| | |
|---|---|
| ATSPPH-SF | Attitudes Toward Seeking Professional Psychological Help – Short Form |
| ELM | Elaboration Likelihood Model |
| GHSQ | General Help Seeking Questionnaire |
| GSC | Gender and Sexuality Center |
| ICT | Information and Communication Technology |
| IPT | Interpersonal Psychotherapy |
| LGBTQ | Lesbian, Gay, Bisexual, Transgender, and Queer |
| MHLQ | Mental Health Literacy Questionnaire |
| NAMI | National Alliance on Mental Illness |
| OU | Oakland University |
| PTSD | Posttraumatic Stress Disorder |
| QTPOC | Queer and Trans People of Color |
| SAGE | Sexuality and Gender Equality |
| SGM | Sexual and Gender Minority |

# CHAPTER ONE

# INTRODUCTION

## Mental Health Disparities in SGM Communities

Approximately 5.5% of U.S. adults identify as LGBTQ+, representing about 13.9 million people, and many of these individuals have been found to exhibit poorer mental health outcomes compared to their heterosexual and cisgender peers, with higher rates of depression, anxiety, and other mental health disorders (Borgogna et al., 2019; Flores & Conron, 2023). The term *sexual and gender minority* (SGM) refers to individuals who identify as part of the LGBTQ+ community, with LGBTQ+ standing for lesbian, gay, bisexual, transgender, and queer or questioning. The "+" symbol encompasses additional sexual orientations, gender identities, and expressions beyond these categories (Human Rights Campaign, 2023). These terms encompass a broad spectrum of identities that do not conform to traditional heterosexual or cisgender norms. SGM individuals experience high rates of mental health challenges, with epidemiological data collected by Nath et al. (2024) stating that 66% of SGM young people reported experiencing recent symptoms of anxiety, and 53% reported experiencing recent symptoms of depression. Additionally, SGM individuals face disproportionately more mental health challenges compared to cisgender heterosexual people. SGM adults are 2–3 times more likely to experience depression, anxiety, and suicidality, with transgender and nonbinary people reporting the highest risk (Borgogna et al., 2019; Lu et al., 2025). Mental health disparities among this community stem not from inherent identity-related factors but from systemic oppression, including minority stress—the chronic social stigma, discrimination, and internalized

shame experienced by marginalized groups (Meyer, 2003). Compounding this issue, SGM individuals often encounter barriers to accessing mental health care, such as fear of provider bias, lack of culturally competent services, and financial constraints (Puckett et al., 2018).

Institutional discrimination comprises "societal-level conditions that constrain the opportunities, resources, and well-being of socially disadvantaged groups" (Hatzenbuehler, 2011). Exclusionary policies (e.g., same-sex marriage bans) are an example of institutional discrimination, and research performed by Hatzenbuehler et al. (2010) found that these policies have resulted in increased rates of mood disorders, alcohol use disorders, and generalized anxiety disorder among sexual minority individuals, therefore resulting in poorer mental and physical health due to such policies. Moreover, the prevalence of psychiatric disorders was significantly lower for sexual minority persons in states that had hate crime statutes and employment nondiscrimination policies inclusive of sexual minority persons compared to those living in states without such policies (Hatzenbuehler et al., 2009). Relatedly, among SGM youth, living in a state with fewer heterosexist laws is associated with greater self-esteem (Woodford et al., 2015). In contrast, negative characteristics of the social environment are associated with elevated suicide attempts (Hatzenbuehler, 2011), thus highlighting the importance of finding a welcoming and inclusive environment, particularly for those who are currently experiencing institutional discrimination and do not feel as though they have the means to obtain affordable, accessible, and affirming care. Even in populations often considered particularly accepting of SGM people and who have above-average support opportunities, such as college students, the need for mental health assistance remains

critical due to elevated–and worsening–rates of anxiety, depression, and suicidality among SGM youth and young adults (Centers for Disease Control and Prevention, 2024; Nath et al., 2024). College-aged sexual minority students face higher odds of DSM-5 mental disorders compared to heterosexual peers, even in nations with greater SGM acceptance (Rentería et al., 2025).

## Theoretical Models

### *The Minority Stress Model*

The minority stress model posits that sexual minority persons experience both general stressors and unique stressors as a result of encountering societal and interpersonal prejudice and stigma (Meyer, 2003). Meyer provided the first integrative articulation of minority stress as an explanatory theory aimed at synthesizing and organizing the various social, psychological, and structural factors accounting for mental health inequalities facing sexual minority populations. These stressors can lead to poor health and identity-based disparities (Meyer, 2003, 2015). Sexual minority persons encounter stress along a continuum of distal minority stressors and proximal minority stressors throughout their lifespan. Distal minority stressors, which are experiential encounters distant from a sexual minority person, include interpersonal discrimination, victimization, hate crimes, microaggressions, and other daily hassles (Meyer, 2003). Proximal minority stressors, stressors that are manifested via cognitive and affectual processes, include the internalization of negative societal attitudes such as internalized homophobia, anticipation of stress and stigma (including resulting anxiety and worry), and identity concealment (Meyer, 2003, 2015). In recent years, the minority stress model has been expanded to encompass psychological mediation processes that clarify how

stigma impacts mental health (Frost & Meyer, 2023; Hatzenbuehler, 2009). Stigma-related stress can contribute to greater emotional dysregulation, difficulties in social relationships, and cognitive patterns that increase vulnerability to mental health issues. For instance, recent longitudinal research has shown that rumination—a form of emotion dysregulation within this framework—mediates the relationship between minority stressors and depression (Sarno et al., 2020).

In extending minority stress theory to gender minority populations, scholars have highlighted how transgender and nonbinary individuals face distinctive, chronic stressors in the form of misgendering. Experiences of misgendering, or being referred to with incorrect pronouns, names, or gendered terms, function as a form of gender non-affirmation that is not only frequent but also psychologically harmful for transgender people (McLemore, 2014, 2018). These encounters are associated with heightened distress, shame, and vigilance, and can exacerbate proximal stress processes such as expectations of rejection and concealment of one's gender identity, creating a larger mental health burden faced by the transgender community (McLemore, 2014, 2018)

***Interpersonal Psychotherapy, Group Dynamics, and Institutional Support***

Interventions incorporating principles of interpersonal psychotherapy (IPT) emphasize the role of social support in mitigating minority stress (Kidd et al., 2024). IPT-based interventions focus on the importance of existing social relationships and support systems in mitigating minority stress, which is a key contributor to mental health disparities among SGM populations. For SGM individuals, supportive relationships often extend beyond family of origin to include "chosen family" and community connections, which are crucial sources of affirmation and resilience (Weissman & Mootz, 2024). In

IPT, facilitator-led group discussions enable participants to share their experiences, validate each other's feelings, and foster a sense of belonging, directly countering the isolation that minority stress can cause. For example, participants in AFFIRM Online's 8-week CBT-based intervention reported that sharing experiences of coming out or discrimination reduced self-blame and increased willingness to seek professional help (Craig et al., 2021). Group interventions, such as AFFIRM Online, leverage universality and group cohesiveness to help individuals feel accepted and valued. This fosters a safe environment for collective storytelling, where sharing experiences of coming out or discrimination reduces self-blame and stigma, and increases willingness to seek professional help, as reported in AFFIRM Online's 8-week intervention (Craig et al., 2021).

University programs such as counseling centers, gender and sexuality centers, and student-led groups that provide ongoing, identity-specific peer discussion and social support can foster belonging and affirmation for SGM students, buffering minority stress and supporting healthier identity development over time (Craig et al., 2013; Ioverno et al., 2016). Similarly structured gender-focused support groups provide students with space to explore and better understand their gender, ask questions, and connect with peers about their experiences in a nonjudgmental environment (Singh et al., 2014; Weinhardt et al., 2021). When these peer- and community-based offerings are embedded within broader institutional support, they form a multilayered protective system (Hatzenbuehler et al., 2010; Russell & Fish, 2019). Institutional support, such as inclusive healthcare services and community centers, serves as a tangible resource that buffers against the chronic stressors uniquely experienced by sexual and gender minorities (Hatzenbuehler et

al., 2010). These systems not only help reduce exposure to external stressors like prejudice and violence but also foster community connectedness and social support, which are powerful protective factors for mental health. Additionally, student-led organizations, such as SGM alliances or equality-focused groups, further strengthen this university support ecosystem by offering peer-run support, educational programming, and social events that cultivate feelings of affirmation and solidarity (Marx & Kettrey, 2016; Toomey & Russell, 2013). Additionally, they are associated with lower victimization (e.g., bullying, hate crimes) and greater school belonging (Marx & Kettrey, 2016). Group settings enable catharsis, interpersonal learning, and the development of social skills, all of which are particularly beneficial for SGM participants who may have faced social rejection or marginalization (Proujansky & Pachankis, 2014).

### *The Elaboration Likelihood Model*

The Elaboration Likelihood Model (ELM; Petty & Cacioppo, 1986) provides a strong framework for designing interventions that encourage central-route processing, which, in turn, has been shown to produce deep, more enduring improvements in mental health literacy and attitudes toward seeking professional help (Bamgbade et al., 2024; Kang et al., 2020). The ELM posits that individuals engage in either central or peripheral processing depending on their motivation and ability to evaluate message content (Petty & Cacioppo, 1986). In an intervention that uses pre- and post-tests, completing a pre-test activates self-relevant schemas about what topics are to come, thereby increasing the likelihood of central processing during the psychoeducational session (Petty et al., 2009). The middle portion of the intervention further strengthens elaboration by presenting information that is highly personally relevant, a key determinant of central-route

engagement (Petty & Wegener, 1999). Relating these findings to the SGM community, research shows that SGM students are more likely to deeply process information that validates their lived experiences, reduces ambiguity around clinical symptoms, and directly addresses barriers to care such as stigma or fear of discrimination (Meyer, 2003; Pachankis et al., 2015). When information is tailored and identity-relevant, individuals are more likely to scrutinize arguments carefully, integrate content into existing beliefs, and form stable, positive attitudes toward help-seeking (Nagai, 2015). A post-test serves as both an evaluative and persuasive mechanism. From an ELM perspective, post-intervention assessments prompt participants to reflect on the information they have processed, thereby reinforcing central-route outcomes and consolidating learning (Todorov et al., 2002). Such measures not only capture shifts in literacy and attitudes but also help ensure that the cognitive elaboration initiated by the teaching session results in long-term changes, which is an outcome repeatedly associated with central processing in persuasion research (Petty et al., 2009). Incorporating the ELM into SGM psychoeducation is relevant because it promotes deep processing of mental health information, enhances the stability and persistence of attitude change toward professional help, and supports long-term behavioral intentions to seek counseling. For populations facing stigma, discrimination, or misinformation, maximizing central-route engagement is crucial for fostering internalized understanding and overcoming barriers to care (Pachankis et al., 2015).

### *The Decompensation Model*

The decompensation concept illustrates how prolonged exposure to minority stress deteriorates normal behavior to a level that is highly disorganized and

dysfunctional, potentially leading to crisis-level mental health deterioration (APA, 2018). Psychoeducation intervenes early in this trajectory by equipping individuals with tools to recognize symptoms (e.g., “Is my sadness a normal response to transphobia, or is it clinical depression?”) and navigate care systems. Digital tools such as the Trevor Project’s IMI platform leverage this model through self-guided modules on coping with SGM-specific stressors (Green et al., 2023; Nath et al., 2024). In campus settings, this preventive role of psychoeducation is strengthened by accessible, identity-affirming support infrastructures. When students can engage in guided reflection, receive accurate information about mental health, and practice coping strategies within affirming spaces, they are less likely to reach crisis-level decompensation (Craig et al., 2021). Oakland University’s network of counseling services and SGM community programs reinforces this process by normalizing conversations about identity-related stress, teaching students how to distinguish between normative reactions to bias and emerging clinical concerns, and reducing both internalized stigma and delays in seeking help. Importantly, Oakland University’s GSC enhances psychoeducation through its publicly accessible Google Drive “Resource Library,” linked through their Linktree, which houses a wide range of materials on queer identities, mental health, navigating discrimination, and supporting community members. This kind of easily accessible, self-paced educational content allows students to build skills outside of clinical settings that may push them to receive professional psychological help. Equipping individuals with coping strategies, better attitudes surrounding mental health care, and more confidence in reaching out for help outside of clinical settings will strengthen early intervention. When paired with peer- and clinician-facilitated groups, mentoring structures, and low-barrier counseling services,

such resources create multilayered points of support that interrupt the minority-stress–decompensation trajectory and foster long-term resilience for SGM students (Edwards et al., 2022; Fish et al., 2023).

**Mental Health Literacy**

Mental health literacy refers to the understanding and knowledge of mental health disorders, including their signs, symptoms, and effective management strategies, which equips individuals with the ability to perceive mental health challenges within themselves and others (Jorm et al., 1997). The early identification of issues such as anxiety, depression, or PTSD can be highly beneficial in the long run, as time spent avoiding care has the potential to worsen mental health disorders (Altamura et al., 2013). Mental health literacy promotes positive attitudes toward seeking professional help, reducing stigma and misconceptions often associated with mental illness. Jorm (2012) emphasizes the importance of literacy in increasing attitudes surrounding mental health care, explaining that, by promoting accurate information about mental health conditions, harmful myths and misconceptions are mitigated. Education can come in the form of discussions about the realities of living with mental health conditions, the effectiveness of treatments, and the truth that a mental health condition does not define a person or their capabilities. Mental health literacy is crucial in understanding and utilizing available resources, enabling individuals in need of support to choose what is best for them, informed by their knowledge of what each service has to offer (Tambling et al., 2021; Yang et al., 2024). Knowledge is power, and helping engage, encourage, and empower people to participate in their healthcare and treatment decisions has been shown to enhance patient satisfaction and result in better outcomes, underscoring the importance of enhanced literacy (Bhattad

& Pacifico, 2022). In a study performed by Martinengo et al. (2022), patient knowledge through psychoeducation was effective for decreasing depression, and the adequate health literacy obtained was associated with tolerance and acceptance of people living with a mental disorder, increased help-seeking behavior, and treatment adherence.

**SGM Use of Information and Communication Technologies**

Social media is a type of information and communication technology (ICT) in the form of internet-based applications, described as "user-centric spaces… [populated] with user-generated content, along with… opportunities for linking these spaces together to form virtual social networks" (Obar, 2015). SGM youths' engagement with ICTs, such as social media, allows them to access social support, develop their identities, and increase their well-being (Craig et al., 2015, 2017). With 47.2% of SGM youth being online for more than 5 hours per day and people aged 19–24 being most likely to use mobile devices (McInroy et al., 2019), having access to ICTs that allow them to learn more about their identities and create strong communities can be vital to feeling accepted in the long run. SGM people, particularly those who identify as transgender, experience poor popular media representation (McInroy & Craig, 2017). These individuals frequently engage with ICTs, where they can acquire knowledge related to transgender identities and safely share their gender journeys (Israelashvili et al., 2012; Raun, 2015), thereby creating meaningful relationships in the process. In a study performed by Palmer et al. (2013), 50% of SGM youth said they had at least one close online friend, which suggests that online spaces can be a source of meaningful support. However, knowledge about accepting platforms and communities may be limited among the SGM population, and available affordances of access to these communities did not always guarantee that one could find an online

community that felt like a good fit (Are et al., 2024). Outreach programs such as psychoeducational interventions may help SGM individuals become connected with a larger pool of resources, both online and offline, that help them to increase their well-being.

Additionally, studies highlight that SGM users must actively navigate the complexities of online environments to find supportive communities, which is not always straightforward. Platform features and moderation practices can either open up or restrict opportunities for SGM identity exploration and community-building, with many users wanting to remain anonymous, making the expression of SGM people limited, leading to less online self-expression (Are et al., 2024). Despite the platform features or moderations leading to less self-expression on social media, the relative anonymity allows many users to experiment with their identity and sexuality without judgment, and platform affordances such as pronoun choice sometimes have the generative, inspiring effect of giving users the chance to explore their identity or inquire others surrounding their unique experiences as part of the SGM community (Kitzie, 2017). For many, the digital expression of their SGM identity lay on a continuum. At the lowest end of engagement, there is lurking and consuming content, then some may progress to some tentative public engagement with content via liking and commenting. At the high end of engagement, individuals ultimately blossom into full self-expression and use of social media's affordances of SGM expression (Are et al., 2024). So, while some users prefer holding onto their anonymity, SGM individuals did utilize elevated social media affordances such as pronouns, leading to a sense of camaraderie among their community that was unavailable previously (Are et al., 2024; Escobar-Viera et al., 2022).

## Psychoeducational Interventions

Despite the previously discussed challenges to seeking mental health care, psychoeducational interventions show promise in addressing mental health literacy and reducing stigma. Psychoeducational interventions are defined as education about mental health care that aims to increase literacy to help break down stigma and to communicate the benefits of mental health care, ultimately improving someone's attitude toward treatment. In recent years, researchers have employed psychoeducational interventions with diverse populations and strategies, with the most significant results being observed in mental health literacy. Saenz (2024) explored the effects of online interventions in increasing mental health literacy and help-seeking attitudes among the veteran population. Although they found an increase in mental health literacy after looking at pre- and post-test scores, they did not find a significant effect of the online intervention on help-seeking attitudes. Martinengo et al. (2022) examined how phone applications that focused on increasing mental health knowledge helped to build mental health literacy. The researchers observed that taking the time to learn about different mental health disorders helped recognize the need for treatment and symptoms (Martinengo et al., 2022). Education about mental health disorders can help those in need of assistance, as well as their support system, seek out care sooner, before the disorder becomes more severe for the individual. Prior research with other populations, such as college students and young adults, has demonstrated that online interventions can improve both help-seeking attitudes and mental health knowledge (Gonzalez et al., 2002; Taylor-Rodgers & Batterham, 2014), in contrast to the Saenz (2024) study mentioned previously. Taylor-Rodgers and Batterham (2014) found that young adults who underwent an online

psychoeducational intervention showed a significant increase in mental health literacy and help-seeking intentions toward general practitioners from pre- to post-test, further demonstrating the success of promoting evidence-based messages about mental health concerns to college students and young adults.

Additionally, a systematic review by Liu et al. (2023) has shown promise in digital interventions tailored specifically for SGM youth, which incorporate cognitive-behavioral therapy, identity-affirming content, and mindfulness techniques, and have been shown to effectively reduce depressive symptoms and improve overall mental health outcomes. Their review categorizes digital interventions into two types: structured formal (e.g., telehealth programs) and informal (e.g., social media platforms), noting that both show efficacy in enhancing mental health literacy and fostering resilience within SGM populations. Furthermore, a study performed by Han et al. (2023) tested a multicomponent digital intervention combining psychoeducational videos, facilitator-led discussions, and help-seeking brochures. The intervention was shown to significantly improve help-seeking intentions and mental health literacy among SGM young adults, and led to enhanced attitudes toward seeking professional mental health care and increased knowledge about mental health resources. The success of this study demonstrates the potential of brief, targeted, digital psychoeducational interventions, when tailored to the SGM community's needs and delivered through accessible platforms, holding substantial potential to address mental health disparities and improve help-seeking behaviors in ways traditional interventions may not.

### *Online Interventions*

Web-based interventions dominate current research due to their scalability and

anonymity, which appeal to SGM individuals wary of in-person stigma (Liu et al., 2023). Various studies' findings support the efficacy of online psychoeducational videos and help-seeking brochures with content including help-seeking encouragement, references to SGM affirmative resources, and contact information (Conceição et al., 2022; Zay Hta et al., 2021). A 2023 randomized controlled trial (Han et al., 2023) tested a 4-week program combining three components: online psychoeducational videos, which covered topics like "Recognizing Minority Stress" and "How to Find LGBTQ-Affirming Therapists," using neutral narration to avoid stigmatizing language; live video group discussions, where facilitators guided conversations on overcoming barriers to care, with peers sharing successful help-seeking experiences; and digital resource kits with curated lists of SGM-competent providers. The intervention significantly improved help-seeking intentions for suicidal ideation and emotional problems, as measured by GHSQ subscales, as well as anxiety and depression literacy, but did not significantly affect ATSPPH-SF scores or actual help-seeking behavior at 3-month follow-up. Taken together, these findings suggest that online psychoeducation may effectively shift intentions and knowledge, while its impact on broader help-seeking attitudes and real-world behavior remains mixed. Despite the prevalence of online psychoeducational interventions to promote SGM help-seeking attitudes and mental health literacy, there is a notable gap in this literature among United States university students (Fowler et al., 2024; Pachankis et al., 2020).

Digital spaces such as social media, AI chatbots, and digital platforms all serve as accessible gateways to formal care for SGM youth (Liu et al., 2023). Presenting information about these supportive spaces through an online, anonymous

psychoeducational intervention can further facilitate their connection to professional healthcare services (Grové, 2021; Liu et al., 2023). For example, TrevorSpace, a moderated online community for SGM youth, reduces isolation through peer support, with 34% of users later accessing professional counseling (Nath et al., 2024). On a related note, crisis text lines employ micro-interventions (e.g., grounding techniques) that build trust in mental health systems and approaches to care. Additionally, social media is very popular among SGM youth, as significant SGM affirming digital spaces offer crucial opportunities for SGM representation and community engagement (McInroy & Craig, 2018; Wargo, 2017). Giving SGM individuals the information on where to find a supportive, accessible environment is a gateway to engaging in help-seeking behaviors, and SGM youth should continue to utilize such platforms to improve their overall well-being.

**Broader Impact of SGM Mental Health Care**

Increasing mental health care for the SGM community can have profound benefits, both in personal and community well-being, through breaking down stigma, building resilience, and fostering stronger communities. SGM people are more than twice as likely as heterosexual individuals to experience a mental health condition in their lifetime, and SGM youth face disproportionately high rates of depression, anxiety, and suicidal ideation (American Psychiatric Association, 2025; Borgogna et al., 2019). Therefore, connecting SGM individuals to professional care directly addresses these disparities. Access to ongoing therapy and crisis services has been shown to lower the rates of suicidal thoughts and attempts among SGM youth, which is critical given the heightened risk in this population (Dunn et al., 2025; Gaskell et al., 2023). However,

oftentimes delayed help-seeking and worsening symptoms occur due to stigma (Hatzenbuehler, 2009; Meyer, 2003). Professional care, particularly when delivered in SGM-affirming settings, helps break this cycle by validating identities, addressing internalized stigma, and providing accurate information. When individuals experience supportive, nonjudgmental care, they are more likely to share their experiences with others, gradually shifting community norms and reducing societal stigma (Semrau et al., 2024). In addition to mental health care, reducing stigma through validation and support, professional mental health care fosters resilience, enabling SGM individuals to better cope with social stressors, discrimination, and trauma (Colpitts & Gahagan, 2016; Nath et al., 2024). Having access to more immediate skills to mitigate stressors can be instrumental in preventing the development of mental health disorders. Oftentimes, mental health care may not be readily accessible, and coping strategies are the most effective and available option for individuals to utilize. Readily available coping skills training has been shown to equip SGM youth with tools like mindfulness and cognitive reframing to manage minority stress in real-time, reducing minority stress and enhancing resilience (Pachankis et al., 2015; Xu et al., 2024). This resilience is not just personal but communal—when individuals are healthier and more empowered, they contribute to stronger, more supportive networks (Meyer, 2015; Nath et al., 2024). Peer support, family involvement, and community-based care all amplify these effects, helping to buffer against the negative impacts of hostile environments or anti-SGM policies. This reception of adequate mental health care can also have positive impacts on future generations. Children and youth who see affirming care modeled and spoken about are more likely to seek help themselves and to advocate for inclusive environments in their

schools and communities (Coyne et al., 2023; Craig et al., 2014).

## Current Study

The prevalence of mental health disorders among the SGM community and the success of past psychoeducational interventions lead to the research question this study aimed to answer: Can an online psychoeducational intervention improve mental health literacy and help-seeking attitudes among SGM individuals? Very few studies utilizing psychoeducational interventions have examined whether an online approach would increase help-seeking attitudes and knowledge surrounding various mental health topics among the SGM population, despite its potential efficacy and necessity (Saenz, 2024). This study examined SGM attitudes toward mental health treatment and attempted to identify a brief online psychoeducational approach to increase SGM help-seeking attitudes toward the utilization of mental health care. Additionally, this study sought to increase mental health literacy among the SGM community, ultimately leading individuals to become more aware of the resources available to them, understand that they are not alone in their journey, and foster a greater willingness to seek treatment. The present study investigated the following hypotheses:

1. SGM individuals will show a more positive attitude toward seeking mental health care following the online intervention.
2. Post-intervention scores on mental health literacy will be higher than pre-intervention scores.
3. Participants with greater mental health literacy will indicate a higher likelihood of intending to seek mental health care.

# CHAPTER TWO

# METHODS

## Participants

The target population for this study comprised individuals of diverse ages, gender identities, and sexual orientations, ensuring a representative sample and a diverse array of experiences and challenges faced by the sample population. The goal was to achieve a total sample size of 50 participants to ensure a feasible and representative sample of the population, allowing the researchers to draw meaningful conclusions. This sample size aligns with similar mental health literacy and help-seeking studies conducted with SGM individuals (Grové, 2021; Liu et al., 2023). To incentivize participation, all participants had the opportunity to enter a drawing for a $50 Amazon gift card after taking part in the study, consistent with incentives used in comparable online psychoeducational interventions targeting SGM youth (Grové, 2021).

Recruitment efforts mainly focused on utilizing SONA, the industry standard online research management and participant recruitment platform used at Oakland University. Participants, often undergraduate students in introductory psychology courses, were able to log in to view available studies and register to participate. Additionally, emails were sent out to community organizations serving SGM populations in the Oakland University community, such as the GSC, and the researcher requested that the link to the screening questionnaire be sent to individuals who are part of these organizations. Lastly, emails were sent to the Oakland University Psychology Department mailing list. As it was expected to be difficult to find participants for this

study, snowball sampling was also utilized, encouraging participants to recommend the study to fellow SGM individuals and leveraging existing relationships within the community. The researcher encouraged participants at the end of the intervention to share the study with friends who may be in need of learning what services Oakland University and the accessible online world have to offer to the SGM community.

Screening procedures ensured participants meet inclusion criteria, such as self-identification within the SGM spectrum and current status as an Oakland University student, which were relevant to the study aims (Nath et al., 2024). Given research showing SGM youth often face unique barriers to help-seeking and varying degrees of mental health service engagement (Pachankis et al., 2015), the study aimed to include individuals across the SGM community to better understand and address those disparities.

**Materials**

The study was completed online to ensure participants could focus on the intervention and assessments and not feel pressure from distal stressors. The intervention was delivered individually to increase intimacy, with the same experimenter being introduced visually during the intervention for each participant, following a within-subject design to allow for a direct comparison of pre- and post-intervention measures. A screening questionnaire located on the SONA website was available for participants, rewarding each person with .5 credits for completing basic demographic questions. Participants utilized the Qualtrics form to complete pre- and post-tests, accessible via their personal devices.

In addition to the digital assessments, participants received informational PDF packets containing materials on various mental health topics and resources specifically

tailored to the SGM population (Appendix C). The first page of information covered included brief descriptions of common SGM mental health disorders such as PTSD, depression, anxiety, and substance use. Additionally, it contained long-term risks and the prevalence of the aforementioned disorders among the SGM population. The second page of the packet included emotional, cognitive, behavioral, and physical signs and symptoms of anxiety and depression, two of the most prevalent mental health disorders among the SGM community. The third page covered university campus resources specific to SGM individuals.

For this study, Oakland University resources such as the SEHS Counseling Center, SAGE Student Group, the OU Counseling Center, and the Gender & Sexuality Center were discussed by the researcher. Oakland University offers multiple programs to promote community and acceptance, including QTPOC (Queer & Trans People of Color) @ OU, Gender Together, and Community Nights. QTPOC @ OU is a weekly discussion and social group cosponsored by the Gender & Sexuality Center and the Center for Multicultural Initiatives. This group aims to provide space for OU students to discuss how they experience the intersecting impacts of racism, heterosexism/homophobia/queerphobia, and cissexism/transphobia/sexism. Gender Together is a weekly support group cosponsored by the Gender & Sexuality Center and the OU Counseling Center. This group aims to provide a space for students to freely explore their gender, grow in their understanding of their relationship to it, and find community with others who have similar experiences. Community Nights provide the OU community with opportunities to connect with individuals who share their identities and to learn more about diverse queer experiences. Monthly community nights are

currently offered, which focus on five identity categories: sapphic/lesbian, multisexual (bi, pan, queer, etc.), asexual/aromantic, achillean/gay, and transgender/nonbinary. These groups emphasize the importance of social relationships in mitigating minority stress and provide a safe space for community members to feel welcome and supported.

Moreover, Oakland University's institutional support further reinforces these group-based and community-oriented resources. The OU Counseling Center offers short-term, confidential counseling (up to 15 sessions per degree), including crisis intervention, outreach, and support groups. Their clinical services explicitly address issues such as sexuality, relationships, and identity in a safe, affirming environment, which makes one-on-one and group counseling accessible to SGM students navigating identity, stress, or interpersonal dynamics. In parallel, the School of Education and Human Services (SEHS) Counseling Center provides no-cost, supervised counseling delivered by graduate students in training. Similar to the OU Counseling Center, the SEHS's services cover a wide array of concerns, from life transitions and relationship problems to stress management and career counseling. Importantly, the SEHS Center also offers specialty groups, which, though not always SGM-specific, can be valuable for social-skill development, interpersonal learning, and peer connection.

The Gender & Sexuality Center (GSC) serves as a hub for both social support and educational resources. Around 20-30 students pass through the GSC daily, and with 50% of which being commuter students, it gives SGM community members and allies a secluded area in which they can feel comfortable being in a supportive and inclusive atmosphere. Beyond facilitating QTPOC @ OU, Gender Together, and Community Nights, the GSC also runs a Peer Mentoring program. This matches mentored pairs of

new queer students with experienced peers, fostering one-on-one support and continuity of community beyond formal group settings. The Center also provides trainings on topics like pronouns, trans identities, and exploring gender (e.g., “Trans 101,” “Pronouns 101,” “Exploring Your Gender Identity”), which are structured, small-group learning experiences that can boost self-understanding, community awareness, and advocacy skills among the SGM community and allies alike.

Students, staff, and faculty may attend these trainings, which promote more inclusive interpersonal climates across campus. Additionally, the GSC hosts a lending library with over 200 SGM titles (biographies, fiction, historical works, etc.), available to OU community members. This resource can help participants engage in personal reflection, education, and conversation outside of formal therapy or group meetings. Together, these offerings from the OU Counseling Center, SEHS Counseling Center, and Gender & Sexuality Center create a multi-layered support system: professional counseling, peer-led mentoring, structured group identity work, and educational infrastructure. In addition to university faculty-led programs, Oakland University offers student-led groups such as SAGE (Sexuality and Gender Equality). SAGE hosts weekly meetings that provide a support forum, a sense of community, and educational opportunities, as well as social gatherings and events throughout the academic year, such as bonfires and an annual drag show.

Altogether, these resources contribute to reducing minority stress and building a resilient, affirming, and connected campus community for SGM students. The researcher read through the information on the page, discussing how and where to seek mental health support within the aforementioned trusted organizations and local community

resources. The fourth and final page went over various online resources, such as The Trevor Project, TrevorSpace, National Alliance on Mental Illness (NAMI), and the Trans Lifeline. At the bottom of the page, coping skills including box breathing and journaling were described. These resources are especially helpful for those hesitant to reach out to services in-person and would like to try connecting with support anonymously first as a stepping stone, or for those looking for resources that are more immediately accessible. The PDF packet aimed to reinforce and follow the content of the intervention and provide participants with practical tools and resources for seeking mental health support once the study was completed. This approach aligns with evidence supporting online interventions tailored for SGM youth, which have been found effective in reducing stigma and improving mental health outcomes by delivering affirming content and connecting youth with culturally relevant resources accessible in their own environment (Liu et al., 2023). Furthermore, the anonymity and convenience of online delivery help mitigate barriers related to stigma and minority stress, thereby potentially increasing engagement and benefit from the intervention.

## Measures

### *Attitudes Toward Seeking Professional Help*

The Attitudes Toward Seeking Professional Psychological Help – Short Form (ATSPPH-SF) was the primary measure used in this study to assess participants' attitudes toward seeking mental health care (Fischer & Farina, 1995). The scale consists of ten items, with the first five questions evaluating participants' openness to seeking treatment and the remaining five questions assessing the perceived value and need for seeking treatment (Appendix A). Responses are recorded on a 4-point Likert scale, ranging from

1 (disagree) to 4 (agree), allowing for insights into participants' perspectives on mental health care before and after the intervention.

### *Attention Checks*

Attention check questions were embedded within the pre- and post-tests in both the ATSPPH-SF Likert scales and the mental health literacy multiple-choice questions to ensure attentive responses to all items (Appendix A). Participants were required to answer at least two out of the three attention checks correctly in order for their data to be eligible for inclusion in the dataset.

### *Mental Health Literacy*

A mental health literacy questionnaire was used to measure the amount of information SGM individuals learned through the intervention. The questionnaire had twenty custom multiple-choice questions assessing knowledge covered in the packet given to them during the intervention period. Questions were weighted equally, with scores ranging from zero to 20 (Appendix A).

## Procedure

This study employed a quasi-experimental, single-group pretest-posttest design using a within-subjects framework. The procedure involved four key phases designed to evaluate the impact of the psychoeducational intervention on SGM help-seeking attitudes and mental health literacy. Prior to any questions asked, each participant was required to click "agree" to a consent form that laid out the purpose, risks, and benefits of the study, as well as contact information of the Principal Investigator, Faculty Advisor, and Oakland University Institutional Review Board in order to proceed (Appendix B). As a collection of participants' signatures is not required for exempt research, participants were asked to

check a box indicating consent to participate in the study. In order to gauge whether students were eligible for the study, those completing their credits through SONA as well as those receiving the study through other means had the opportunity to complete the screening survey with various demographic questions once the consent form was signed. The questions gathered basic information such as gender, race, ethnicity, age, and SGM identity using dropdown items with an "Other" option. The demographic survey also asked multiple-choice and short-answer questions about participants' prior therapy experience, including frequency and latency. If they did not identify as part of the SGM community, they will receive their .5 SONA credit if they are utilizing SONA, otherwise the study will conclude. If they identified as part of the SGM community, they proceeded to the second part of the study–the pre-test phase. Email sampling was also utilized, using Oakland University's psychology department's email list. Included in the emails was information surrounding the $50 incentive, the expected time the study will take to complete, as well as a link to complete the Qualtrics survey containing the screening, pre-test, intervention phase, and post-test. On the Qualtrics survey linked in the email, participants were then asked again basic demographic questions, as well as whether they identify as part of the SGM community, in order to account for snowball sampling and email sampling.

For those who passed the screening, this was directly followed by the second phase. Participants were informed that this part of the study would not award them with SONA credits, but they would have a one in 25 chance of winning a $50 Amazon e-gift card once the research collection is complete. The second phase included a pre-test using questions from two measures to establish baseline information: "Attitudes Toward

Seeking Professional Psychological Help–Short Form" (ATSPPH-SF) and a mental health literacy questionnaire, utilizing attention checks throughout to ensure participants were actively involved. Directly after completing the questionnaire, participants moved on to the next page, and the third phase began immediately.

The third phase of this study involved the intervention, which was explored through a brief yet comprehensive psychoeducational session, conducted on the same Qualtrics survey. The intervention was designed to address common barriers SGM individuals face when accessing mental health care and campus resources, such as stigma, lack of knowledge, and mistrust of resources, all of which aim to increase mental health literacy and improve help-seeking attitudes. To initiate the third phase, a PDF packet containing information on various mental health topics commonly relevant to SGM individuals, as well as resources tailored to their specific needs, was provided to the participant through a link on the Qualtrics survey. Participants were encouraged to download the PDF to follow along with the content being covered and keep the packet in case they are ever in need of campus resources that promote the mental health and well-being of SGM campus community members. Videos of the experimenter were provided to the participant on the Qualtrics site, guiding them through the packet, explaining and elaborating each page in detail to ensure understanding and provide clarification as needed. Participants were unable to move on to the next video until the current one was complete, and there was no option for skipping through the video. The aim was to reduce the stigma surrounding mental health care and increase SGM individuals' knowledge of available resources and common mental health disorders. This intervention was designed to be informative and tailored to the unique needs of the SGM population. Once the

intervention was complete and the material in the PDF packet was thoroughly covered, the participant was asked to move on to complete the remainder of the Qualtrics survey.

The fourth and final phase of the study involved the participants taking the post-test, which was formatted the same way as the pre-test. It contained the same questions previously asked of them from the help-seeking attitudes scale and mental health literacy questionnaire, with attention checks spread throughout. After completing the Qualtrics post-test, participants had the opportunity to move on to a separate Qualtrics form, where they had the opportunity to type their email address to be entered to win a $50 Amazon gift card. Additionally, on the final page of the Qualtrics survey, participants were encouraged to share the link to the survey or forward the email to members of their community who they believed would benefit from the information provided.

**Data Analysis**

The data collected in this study were analyzed using multiple regressions to evaluate the impact of the psychoeducational intervention on the dependent variables: participants' attitudes toward seeking professional psychological help and mental health literacy. In this model, both outcomes (post-intervention attitudes and literacy) were able to be predicted simultaneously from the intervention condition and another variable, which was participants' prior therapy experience. It was controlled for in the analysis to better isolate the effect of the intervention on the outcomes. Attitudes toward seeking professional help were measured using pre- and post-intervention scores on the ATSPPH-SF, and mental health literacy was assessed through a custom questionnaire measuring participants' knowledge before and after the intervention. The utilization of multiple regressions will test whether the psychoeducational intervention significantly predicts

both dependent variables while accounting for the potential influence of prior therapy experience. By including this variable, the analysis aims to reduce error variance associated with pre-existing familiarity with mental health care and related factors. Statistical significance will be evaluated at $p < .05$.

To test the third hypothesis, the addition of the ATSPPH-SF pre- and post-test variable was utilized in the same model as the original MHLQ multiple regression. In this model, participants' post-test intention to seek mental health care was predicted from their pre-test intentions, mental health literacy, and the relevant variable of prior therapy experience. This approach allowed for the evaluation of a unique association between mental health literacy and help-seeking attitudes while statistically controlling for a potential confounding variable. Specifically, this analysis assessed whether, after controlling for this covariate, greater mental health literacy would be associated with higher intent to seek care, therefore offering insight into both the strength and direction of this association.

# CHAPTER THREE

## RESULTS

This study utilized a quantitative approach. The study was designed to test hypotheses that help-seeking attitudes and mental health literacy would increase among participants, and that greater mental health literacy would indicate a higher likelihood of intending to seek mental health care. The researcher examined whether the psychoeducational intervention created for the purpose of this study would support these hypotheses by implementing pre- and posttests, which included questions from the ATSPPH-SF and ones generated based on mental health topics covered during the intervention, dubbed the "Mental Health Literacy Questionnaire."

The participants answered demographic questions covering age, race, ethnicity, gender identity, sexual identity, and prior therapy experience (Table 1). Ages ranged from 18 to 26 ($M = 20.66$, $SD = 2.59$), and the primary race studied was White/Caucasian, with 87.5% of participants identifying as such. The variability of genders and sexualities studied was significant, with 31.25% of participants being non-cisgender, and every participant identifying as not straight. Additionally, 78.13% of participants had previously engaged in therapy. Of the original participants who began the survey and intervention ($N = 61$), 32 completed the survey in its entirety. All questions on the ATSPPH-SF were answered based on a 4-point Likert scale with the options given being 3 (agree), 2 (partly agree), 1 (partly disagree), and 0 (disagree), and all questions on the Mental Health Literacy Questionnaire (MHLQ) were answered on a multiple choice scale, with correct answers being coded as 1, and incorrect answers as 0.

A multivariate multiple regression was conducted to examine whether baseline attitudes, baseline mental health literacy, and prior therapy experience predicted post-intervention attitudes and mental health literacy. Additionally, one participant's data were removed from the multivariate multiple regression analysis because they were more than 3 standard deviations from the mean on attitudes toward seeking professional psychological help. Pillai's Trace indicated that baseline attitudes, $F(2, 26) = 12.02$, $p < .001$, and baseline mental health literacy, $F(2, 26) = 11.55$, $p < .001$, significantly predicted the combined dependent variables. Prior therapy experience was not a significant multivariate predictor, $F(2, 26) = 0.62$, $p = .54$.

Upon the completion of the multivariate multiple regression, several univariate analyses were conducted to test the three hypotheses individually. Participants were asked questions assessing help-seeking attitudes for both the pre- and post-tests, to test the first hypothesis. On average, positive attitudes toward seeking psychological assistance were significantly lower prior to the brief psychological intervention ($M = 28.97$, $SD = 5.30$) than following the intervention ($M = 30.69$, $SD = 4.77$), indicating an overall improvement in attitudes toward mental health help-seeking (Figure A). A multivariate multiple regression analysis examined whether baseline help-seeking attitudes, baseline mental health literacy, and prior therapy experience predicted post-intervention help-seeking attitudes, testing the first and third hypotheses. The univariate regression model for post-intervention help-seeking attitudes was significant, $F(3, 27) = 11.23$, $p < .001$, explaining approximately 55.5% of the variance in post-intervention help-seeking attitudes (adjusted $R^2 = .51$). Baseline help-seeking attitudes significantly predicted post-intervention attitudes ($\beta \approx .72$, $p < .001$), indicating that participants who

reported more positive attitudes at baseline continued to report more positive attitudes following the intervention. Baseline mental health literacy ($p = .48$) and prior therapy experience ($p = .72$) were not significant predictors of post-intervention attitudes. This finding indicates a positive change in help-seeking attitudes following the psychoeducational intervention, supporting the first hypothesis (Table 2). However, as mental health literacy did not predict attitudes, the third hypothesis was not supported. Additionally, as prior therapy experience did not significantly predict post-intervention help-seeking attitudes, there was no evidence that previous engagement with mental health services influenced participants' responses to the intervention.

Participants also completed 20 questions assessing mental health literacy, reflecting knowledge of topics covered in the psychoeducational intervention, to test the second hypothesis. Prior to the intervention, participants demonstrated relatively high baseline mental health literacy, as indicated by the number of correct responses ($M = 14.00$, $SD = 2.81$). A multivariate multiple regression analysis examined whether baseline mental health literacy, baseline help-seeking attitudes, and prior therapy experience predicted post-intervention mental health literacy. The univariate regression was significant, $F(3, 27) = 9.43$, $p < .001$, explaining approximately 51% of the variance in post-intervention mental health literacy (adjusted $R^2 = .46$). Baseline mental health literacy significantly predicted post-intervention mental health literacy ($\beta \approx .89$, $p < .001$), indicating that participants with greater knowledge at baseline continued to demonstrate higher knowledge following the intervention (Figure B). Baseline help-seeking attitudes ($p = .46$) and prior therapy experience ($p = .29$) were not significant predictors of post-intervention mental health literacy (Table 2). These findings support the second

hypothesis, demonstrating that mental health literacy was strongly associated with post-intervention knowledge outcomes, although improvements in literacy were not associated with baseline attitudes or prior therapy experience.

After data collection ended, there were 30 entrants in the drawing for the $50 Visa gift card. Those email addresses were coded with numbers 1-30. The numbers were entered into a random drawing generator, and number 23 was drawn as the winner. The corresponding email thanked them for completing the survey and included a $50 Amazon gift card for their use.

**Table 1**

*Participants' Age, Gender, Sexuality, Race, Ethnicity, and Previous Therapy Experience*

| Demographics | n | % |
|---|---|---|
| Age Ranges | | |
| 18 | 4 | 12.5 |
| 19 | 11 | 34.38 |
| 20 | 3 | 9.38 |
| 21 | 7 | 21.88 |
| 22 | 1 | 3.13 |
| 23 | 1 | 3.13 |
| 24 | 2 | 6.25 |
| 25+ | 3 | 9.38 |
| Race | | |
| White/Caucasian | 28 | 87.5 |
| Asian | 2 | 6.25 |
| Hispanic or Latino | 1 | 3.13 |
| Black/African American | 1 | 3.13 |
| Ethnicity | | |
| Hispanic or Latino/a | 2 | 6.25 |
| NOT Hispanic or Latino/a | 30 | 93.75 |
| Gender Identity | | |
| Man | 4 | 12.5 |
| Woman | 18 | 56.25 |
| Transgender Man | 1 | 3.13 |
| Transgender Woman | 2 | 6.25 |
| Gender Variant/Nonbinary | 6 | 18.75 |
| Agender | 1 | 3.13 |
| Sexuality | | |
| Homosexual (gay/lesbian) | 6 | 18.75 |
| Bisexual | 21 | 65.63 |
| Queer | 11 | 34.38 |
| Pansexual | 4 | 12.5 |
| Asexual | 5 | 15.63 |
| Previous Therapy Experience | | |
| Yes | 25 | 78.13 |
| No | 7 | 21.88 |

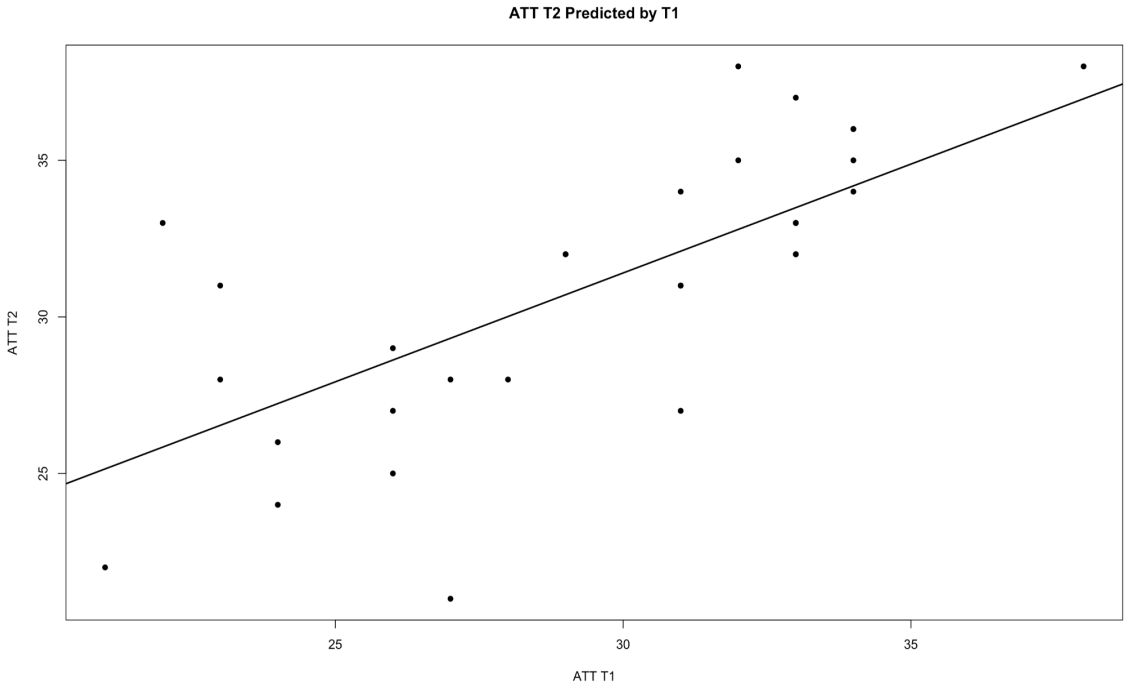
**Table 2**

*Means and Standard Deviations of Measures*

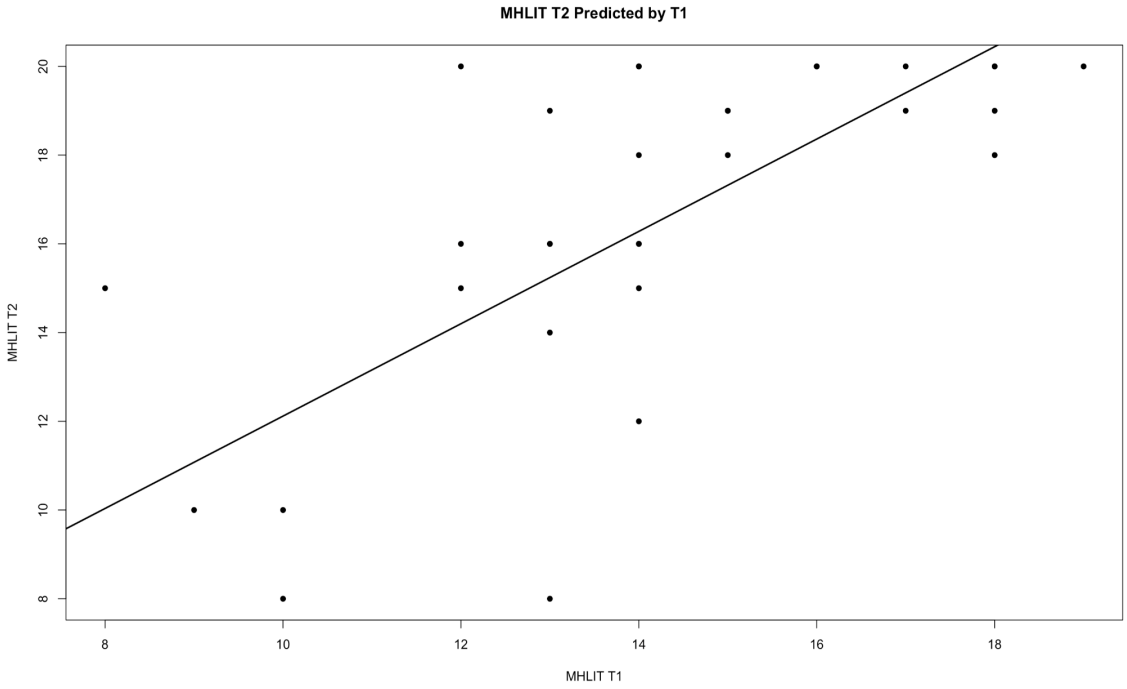
| Measure | Pre-test | Post-test | *p* |
|---|---|---|---|
| ATSPPH-SF | 28.97 (5.3) | 30.69 (4.77) | .008 |
| Mental Health Literacy | 14 (2.81) | 16.28 (4.18) | <.001 |

*Note*. Standard deviations are presented in parentheses. ATSPPH-SF = The Attitudes Toward Seeking Professional Psychological Help – Short Form

**Figure A**



## Figure B



# CHAPTER FOUR

# DISCUSSION

The present study examined whether a psychoeducational intervention increased mental health literacy and help-seeking attitudes among SGM individuals, whether mental health literacy was associated with intentions to seek mental health care, and whether an intervention influenced mental health literacy and help-seeking attitudes over time, accounting for prior therapy experience. Overall, the findings provide support for the psychoeducational intervention, with significant results in both mental health literacy and help-seeking attitudes, with none of the effects being influenced by prior therapy experience. There was partial support for the hypothesized relationship between mental health literacy and help-seeking intentions, but ultimately the hypothesis was not significantly supported.

Supporting the first hypothesis, participants reported significantly higher positive attitudes toward seeking psychological help following the intervention than at baseline. This finding suggests that the psychoeducational intervention was effective at improving SGM individuals' perceptions of mental health services and willingness to seek professional psychological support. The observed increase in help-seeking attitudes is especially notable, given that a large proportion of participants had prior therapy experience and relatively positive baseline attitudes, which may have limited the magnitude of change due to ceiling effects. Nevertheless, the intervention produced a statistically significant improvement, which indicates that even individuals with prior exposure to mental health services can benefit from targeted psychoeducation, such as the video and PDF format of the current study. These results align with prior research

indicating that psychoeducational interventions can reduce stigma and improve attitudes toward mental health care. By providing information about mental health symptoms, treatment processes, and available resources, psychoeducation has the ability to increase perceived benefits of treatment and reduce misconceptions, thereby enhancing willingness to seek care.

In support of the second hypothesis, mental health literacy significantly increased following the intervention. Similar to their attitudes, participants demonstrated relatively high baseline knowledge, likely reflecting their educational engagement and prior therapy experience; however, the intervention still produced meaningful gains in mental health knowledge. This finding supports the effectiveness of brief, digitally delivered psychoeducational content for improving mental health literacy among SGM young adults. Improved mental health literacy is extremely important because it is associated with better recognition of mental health problems, more informed decision-making about treatment, and reduced stigma. Again, the current findings suggest that online psychoeducational interventions, such as those used in this study, may serve as accessible tools for increasing knowledge among populations that may face barriers to traditional mental health education.

The study hypothesized that greater mental health literacy would be associated with a higher likelihood of intending to seek mental health care. Although both mental health literacy and help-seeking attitudes increased following the intervention, future analyses are needed to directly examine the relationship between these constructs. It is possible that increased knowledge contributed to improved attitudes by clarifying the benefits of therapy and correcting misconceptions about mental health treatment.

However, existing theory suggests that mental health literacy alone may not fully account for help-seeking intentions. Structural barriers (e.g., cost, access to affirming providers), minority stress, and past experiences with discrimination in healthcare settings may also influence whether SGM individuals seek care. Future interventions may benefit from integrating psychoeducation with components that address systemic barriers and enhance self-efficacy in navigating mental health services.

The multiple regression analysis also supported a significant multivariate effect of time, indicating that mental health literacy and help-seeking attitudes changed from pre- to post-test. However, there was no significant main effect of prior therapy experience, which indicates that participants with and without prior therapy experience did not differ in their overall levels of mental health literacy or help-seeking attitudes, nor did they respond differently to the intervention. These findings indicate that the intervention was similarly effective across participants, regardless of prior exposure to mental health services.

The findings of this study have several important implications for research and practice. Previous research addressing psychoeducational interventions and their effects on participants' mental health literacy and help-seeking attitudes was further explored using an online approach. Furthermore, the study provides valuable insights into the variability of help-seeking attitudes within the SGM population–the standard deviations were an indication of this, with both the pre- and post-test standard deviations hovering around 5 (scores ranged from 12 to 38 out of 40). The assessments performed in the study allow for a better understanding of help-seeking attitudes that influence mental health care utilization among SGM individuals. By administering a demographic and prior

therapy experience questionnaire at the beginning of the study, the researcher was able to analyze differences in demographics and experiences related to help-seeking attitudes and mental health literacy, including age, sexuality, gender identity, and prior therapy experience. Lastly, the findings can contribute to the limited literature on the effects of psychoeducational interventions tailored to the SGM population. Given the unique stressors faced by SGM individuals, including stigma, discrimination, and minority stress that elevate their risk for mental health issues, research specifically targeting this group is crucial for developing interventions that resonate with their lived experiences. Understanding the efficacy of tailored psychoeducational approaches helps reveal how to best address these barriers and improve mental health literacy, help-seeking attitudes, and help-seeking behaviors. Furthermore, this type of research informs the development of culturally sensitive and affirming care practices and approaches, which are essential to fostering engagement and long-term mental health improvements in this underserved community. Addressing the unique barriers this group has to offer lays the groundwork for designing future studies focusing on targeted strategies to improve mental health literacy and help-seeking attitudes and behaviors within the SGM population. Due to time constraints in this study, help-seeking behaviors themselves were not directly measured. However, future studies have the opportunity to conduct follow-up assessments to evaluate if participants have utilized any of the SGM-affirming mental health resources and information provided during the intervention. Such longitudinal follow-ups will enable researchers to more accurately capture real-world help-seeking actions, bridging the gap between attitudes and behavioral outcomes in mental health care utilization. On the SAGE Discord server, one participant expressed how they learned about the server

through the resources given in the study. Seeing this direct impact has meaningful implications and shows how this research can extend beyond attitudinal change to facilitate concrete connections to affirming communities and services, underscoring the practical and meaningful value of disseminating tailored, SGM-affirming mental health information within intervention contexts.

**Limitations and Future Directions**

This study faced limitations that should be considered when interpreting future findings. First, the help-seeking attitudes measurement tool was not explicitly designed for the SGM population, potentially reducing its relevance to the unique experiences of this demographic. Additionally, there was a reliance on self-report measures, which allowed for the potential for biases, including social desirability. This was controlled for as much as possible by informing participants that the tests would be anonymous and by conducting the interventions online, with the researcher promoting a safe and welcoming environment free from biases. With the participants coming from a sample of college students, the data collected was strongly skewed WEIRD (Henrich et al., 2010). Another limitation was the voluntary nature of participation, which may have skewed the sample toward SGM individuals who were already more open to mental health care, rather than have a representative sample, including those who may have had a negative perception of mental health care. On a related note, recruitment methods, primarily reliant on online outreach and snowball sampling within the SGM community, may have introduced selection biases. Capturing participants who are more digitally connected or engaged in SGM networks could lead to potentially underrepresenting more isolated or less connected individuals within the population. Additionally, the propinquity of the same

questions asked between the pre- and post-tests may have influenced the scores obtained. This was controlled for as much as possible by not providing participants with their scores and correct answers after the pre-test. For future research, giving participants time to sit with the information given before being administered the post-test would be ideal. On top of that, having the ability to measure help-seeking behaviors by sending out a follow-up would be a great addition to build upon the effects of a psychoeducational intervention such as the one here. However, this may be difficult due to participant attrition. With the mental health literacy questionnaire, ceiling effects were found in the posttest, with six of the 32 participants receiving a score of 20 out of 20. This could have had an impact on the significance of the relationship between pre- and posttest mental health literacy scores. However, because significance was found either way, the researchers were not as worried about the ceiling effects being present. Despite the current study only taking an hour to complete, participant attrition (47.5%) was prevalent. High attrition rates are common in online intervention studies and may be attributable to factors such as participant fatigue, competing time demands, or reduced engagement with the intervention content. With the video content, despite informing participants there would be video content, participants were not told they would need headphones, which may have been the cause of high attrition rates at that point in the study. Future studies should consider strategies to reduce dropout, such as offering tiered incentives, shortening survey length, incorporating interactive elements, or letting participants know what materials they may need prior to the study. The survey could also be edited to include a question revolving around participants' access to headphones or a quiet space to watch the videos, letting them know that they are more than welcome to return to the

survey when they are prepared. Finally, the help-seeking attitudes measure, while validated in multiple studies, may not fully capture the unique cultural, contextual, and geographical nuances of the SGM population, such as specific stigma or barriers to mental health care that are unique to their experiences.

**Conclusion**

This study examined the effects of a brief psychoeducational intervention on mental health literacy and help-seeking attitudes among sexual and gender minority (SGM) individuals. The findings indicate that the intervention was effective in improving both mental health literacy and attitudes toward seeking professional psychological help. These results support that accessible, digitally delivered psychoeducational resources can serve as valuable tools for increasing mental health literacy, reducing stigma, and promoting more positive perceptions and attitudes towards seeking mental health care within SGM communities. Although the relationship between mental health literacy and help-seeking intentions was not statistically significant, the observed improvements highlight the potential impact of targeted digital educational interventions within the college student population. Given the unique stressors faced by SGM individuals, including minority stress, stigma, and barriers to affirming care, interventions that provide culturally relevant information and supportive, cost-friendly resources are particularly important. Future research should continue to explore strategies that not only enhance knowledge and attitudes but also translate these changes into actual help-seeking behaviors, ultimately contributing to improved mental health outcomes for SGM populations.

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## Appendix A

## Codebook

**Screener Survey/Demographics**

| Variable Name | Variable Label | Value Labels/Anchors |
|---|---|---|
| Age | What is your age? | Open-ended |
| Race | What is your RACIAL identity? (You will be asked your ETHNIC identity, that is, Hispanic/Latino, in the next question.) | 1 = White/Caucasian<br>2 = Middle Eastern<br>3 = Hispanic or Latino<br>4 = Pacific Islander<br>5 = Black/African American<br>6 = Native American<br>7 = Asian<br>8 = Prefer not to say<br>9 = Other (please specify) |
| Ethnicity | What is your ETHNIC identity? | 1 = Hispanic or Latino(a)<br>2 = NOT Hispanic or Latino(a)<br>3 = Prefer not to answer |
| Gender | To which gender identity do you most identify? | 1 = Man<br>2 = Woman<br>3 = Transgender Man<br>4 = Transgender Woman<br>5 = Gender variant/Nonbinary<br>6 = Not listed (please specify) |
| SO | Do you think of yourself as (please check all that apply): | 1 = Straight<br>2 = Gay or Lesbian<br>3 = Bisexual<br>4 = Queer<br>5 = Pansexual<br>6 = Asexual<br>7 = I do not identify as any of the above (please specify) |
| OUAff | What is your current affiliation with Oakland University? | 1 = Undergraduate Student<br>2 = Graduate Student<br>3 = Dual Enrolled / Guest Student<br>4 = Faculty Member<br>5 = Administrative Staff<br>6 = Professional/Support Staff<br>4 = Alumnus<br>5 = No affiliation with Oakland University |
| Therapy | Have you ever attended a therapy session? | 0 = No<br>1 = Yes |
| Therapy2 | Are you currently attending therapy? | 1 = No<br>2 = Yes |

| | | |
|---|---|---|
| Therapy3 | How often do you attend therapy sessions? | 1 = Once a week<br>2 = Every other week<br>3 = Once a month<br>4 = Other (please specify) |
| Therapy4 | How long have you been attending therapy sessions for? | 1 = Less than 3 months<br>2 = 3-6 months<br>3 = 6 months-1 year<br>4 = 1-2 years<br>5 = 3-4 years<br>6 = 5+ years |
| Therapy5 | How long did you attend therapy sessions for? | 1 = Less than 3 months<br>2 = 3-6 months<br>3 = 6 months-1 year<br>4 = 1-2 years<br>5 = 3-4 years<br>6 = 5+ years |

**Attitudes Toward Seeking Professional Psychological Help–Short Form (ATSPPH-SF)**

Fischer, E. H., & Farina, A. (1995). Attitudes toward seeking professional psychological help scale--short form. *Journal of College Student Development, 36*(1), 368-372). https://doi.org/10.1037/t05375-000

**Please indicate how much the following statements apply to you using a response format ranging from "1 = disagree" to "4 = agree".**

| | **Disagree** | **Partly disagree** | **Partly agree** | **Agree** | **Scoring** |
|---|---|---|---|---|---|
| 1. If I believed I was having a mental breakdown, my first inclination would be to get professional attention. | 1 | 2 | 3 | 4 | S |
| 2. The idea of talking about problems with a psychologist strikes me as a poor way to get rid of emotional conflicts. | 1 | 2 | 3 | 4 | R |
| 3. If I were experiencing a serious emotional crisis at this point in my life, I would be confident that I could find relief in psychotherapy. | 1 | 2 | 3 | 4 | S |
| 4. There is something admirable in the attitude of a person who is willing to cope with his or her conflicts and fears *without* resorting to professional help. | 1 | 2 | 3 | 4 | R |
| 5. I would want to get psychological help if I were worried or upset for a long period of time. | 1 | 2 | 3 | 4 | S |
| 6. I might want to have psychological counseling in the future. | 1 | 2 | 3 | 4 | S |
| 7. A person with an emotional problem is not likely to solve it alone; he or she *is* likely to solve it with professional help. | 1 | 2 | 3 | 4 | S |

| | | | | | |
|---|---|---|---|---|---|
| 8. Considering the time and expenses involved in psychotherapy, it would have doubtful value for a person like me. | 1 | 2 | 3 | 4 | R |
| 9. A person should work out his or her own problems; getting psychological counseling would be a last resort. | 1 | 2 | 3 | 4 | R |
| 10. Personal and emotional troubles, like many things, tend to work out by themselves. | 1 | 2 | 3 | 4 | R |

*Note*. Straight items (S) are scored 1-2-3-4, and reversal items (R) 4-3-2-1, respectively, for the response alternatives *agree, partly agree, partly disagree, and disagree*.

**Mental Health Literacy Questionnaire**

| Variable Name | Question | Response Options | Coded Values | Correct Answer |
|---|---|---|---|---|
| Q1 | Which factor most strongly contributes to minority stress among LGBTQ+ individuals? | 1. Low serotonin levels<br>2. High social media usage<br>3. Family history of mood disorders<br>4. Societal stigma and discrimination | 0, 0, 0, 1 | #4 |
| Q2 | ___ of LGBTQ+ youth have seriously considered suicide in the past year. | 1. 32%<br>2. 12%<br>3. 39%<br>4. 64% | 0, 0, 1, 0 | #3 |
| Q3 | Social withdrawal is commonly a behavioral symptom of: | 1. Anxiety<br>2. Depression<br>3. PTSD<br>4. Substance use disorders | 0, 1, 0, 0 | #2 |
| Q4 | Which is a common comorbidity pattern between anxiety and depression? | 1. They never occur together<br>2. Depression eliminates anxious symptoms<br>3. Anxiety can precede and increase risk for later depression<br>4. They oftentimes require identical treatment plans | 0, 0, 1, 0 | #3 |
| *ATT2* | *Please check 3 for this question.* | *1. This question is a test of your attention.*<br>*2. Please select number 3.*<br>*3. Select this answer.*<br>*4. Do not select this answer.* | *0, 0, 1, 0* | *#3* |
| Q5 | Which statement about suicide risk in LGBTQ+ | 1. Risk is elevated, especially with family rejection and bullying | 1, 0, 0, 0 | #1 |

| | | | | |
|---|---|---|---|---|
| | youth is most accurate? | 2. Risk depends only on genetics<br>3. Risk of suicide in LGBTQ+ youth is the same as in non-LGBTQ+ youth, regardless of identity-based stressors<br>4. Risk is lower than peers due to community support | | |
| Q6 | Which of the following is NOT a common cognitive symptom of depression? | 1. Difficulty concentrating or making decisions<br>2. Trouble remembering things<br>3. Negative thinking patterns (e.g., "I'm a burden," "Nothing will ever get better")<br>4. Trouble controlling anxious thoughts | 0, 0, 0, 1 | #4 |
| Q7 | Over half of LGBTQ+ youth face: | 1. No significant mental health barriers<br>2. Difficulty accessing affirming, culturally competent mental health care<br>3. Guaranteed access to therapy without stigma<br>4. Fewer obstacles than non-LGBTQ+ youth | 0, 1, 0, 0 | #2 |
| Q8 | Which cognitive pattern is most characteristic of depression? | 1. Hypervigilance to bodily sensations<br>2. Hopeless, global negative views of self, world, and future<br>3. Compulsion to neutralize intrusive thoughts | 0, 1, 0, 0 | #2 |

| | | | | |
|---|---|---|---|---|
| | | 4. Catastrophizing about unlikely dangers | | |
| Q9 | Which of the following are the most common disorders among the LGBTQ+ community? | 1. Autism, Anxiety, Depression, PTSD<br>2. Anxiety, Depression, Substance Abuse, PTSD<br>3. Autism, Anxiety, Depression, Substance Abuse<br>4. Anxiety, Depression, PTSD, Agoraphobia | 0, 1, 0, 0 | #2 |
| Q10 | What percentage of LGBTQ+ youth report recent depression symptoms? | 1. 53%<br>2. 12%<br>3. 62%<br>4. 41% | 1, 0, 0, 0 | #1 |
| Q11 | Which of the following is NOT a common cognitive symptom of anxiety? | 1. Racing thoughts, or difficulty concentrating or staying focused<br>2. Trouble controlling anxious thoughts<br>3. Overthinking or catastrophizing (“worst-case scenario” thinking)<br>4. Thoughts of death or suicide | 0, 0, 0, 1 | #4 |
| Q12 | Which symptom cluster distinguishes a major depressive episode from typical sadness? | 1. Fear of specific objects<br>2. Anhedonia and functional impairment for at least two weeks<br>3. Increased energy and goal-directed activity<br>4. Brief tearfulness after a breakup | 0, 1, 0, 0 | #2 |
| Q13 | Which pattern of substance use indicates a substance use | 1. Recurrent use with the ability to attend obligations such as parties, family events, and work | 0, 0, 0, 1 | #4 |

| | | | | |
|---|---|---|---|---|
| | disorder rather than social use? | 2. Monthly use without problems<br>3. Single lifetime experimentation<br>4. Recurrent use leading to failure to fulfill obligations and continued use despite harm | | |
| Q14 | Which of the following is NOT a common physical symptom of depression? | 1. Fatigue or low energy<br>2. Persistent sadness, emptiness, or hopelessness<br>3. Slowed movements or speech<br>4. Unexplained aches, headaches, or digestive issues | 0, 1, 0, 0 | #2 |
| Q15 | Which statement best differentiates typical stress from an anxiety disorder? | 1. Stress is purely psychological and never involves physical symptoms.<br>2. Stress always has a clear external trigger, whereas anxiety disorders do not.<br>3. Stress impairs functioning for months, while anxiety never affects daily life.<br>4. Anxiety disorders involve excessive, persistent worry and physiological arousal that impair functioning. | 0, 0, 0, 1 | #4 |
| *ATT3* | *Please check 4 for this question.* | *1. This question is a test of your attention.*<br>*2. Please select number 4.*<br>*3. Do not select this answer.* | *0, 0, 0, 1* | *#4* |

| | | | | |
|---|---|---|---|---|
| | | *4. Select this answer.* | | |
| Q16 | About what percentage of LGBTQ+ youth report recent anxiety symptoms? | 1. 30%<br>2. 53%<br>3. 66%<br>4. 12% | 0, 0, 1, 0 | #3 |
| Q17 | Negative cognitive triad about self, world, and future is a hallmark cognitive feature of: | 1. Depression<br>2. Anxiety<br>3. PTSD<br>4. OCD | 1, 0, 0, 0 | #1 |
| Q18 | A client reports persistent worry, muscle tension, and sleep disturbance for over six months. What is the most consistent diagnosis to consider? | 1. Panic disorder<br>2. Cyclothymic disorder<br>3. Major depressive disorder<br>4. Generalized anxiety disorder | 0, 0, 0, 1 | #4 |
| Q19 | Which of the following is a cognitive symptom of depression? | 1. Racing thoughts<br>2. Difficulty remembering things<br>3. Avoiding situations<br>4. Seeking excessive reassurance | 0, 1, 0, 0 | #2 |
| Q20 | Which of the following is NOT a common behavioral symptom of anxiety? | 1. A sense of impending doom or danger<br>2. Restlessness—pacing, fidgeting, difficulty sitting still<br>3. Trouble sleeping<br>4. Seeking excessive reassurance | 1, 0, 0, 0 | #1 |

## Appendix B

## Consent Form

**Information Sheet for Exempt Survey Research**
**Pride in Progress: An Online Approach to Boost LGBTQ+ Help-Seeking Attitudes**

**Introduction**
You are being asked to be in a research study that is being done by Charlie Dimock under the direction of Dr. Michele Parkhill Purdie, Associate Professor of Psychology at Oakland University, the faculty advisor for this project.

Your decision to participate in this study is voluntary. You can choose to stop your participation at any time if you are not comfortable. Your decision will not affect your present or future relationship with Oakland University, the researcher, or the Department of Psychology.

If you are a student or employee at Oakland University, your decision about participation will not affect your grades or employment status.

**What is the purpose of this study?**
The purpose of this research study is to test whether a brief online program can improve mental health knowledge and help-seeking attitudes among LGBTQ+ individuals.

**Who can participate in this study?**
You are being asked to participate in the study because you are an adult student at Oakland University.

**What do I have to do?**
You will begin by answering demographic questions to ensure you meet the eligibility criteria for the study. If you are eligible to participate in the full survey, you will then answer questions about mental health literacy and help-seeking attitudes. You will then watch videos with audio discussing various mental health disorders as well as campus and online support resources. You will then complete the survey by answering additional questions. The study will be done entirely online and will take approximately one hour to complete.

**Are there any risks to me?**
For this study, the potential risks are minimal. The content covered may elicit strong emotions, as mental health topics and personal barriers to care will be discussed and could evoke uncomfortable feelings such as anxiety, sadness, shame, or frustration. Some participants may confront painful memories related to discrimination, rejection, or trauma, which might temporarily increase distress.

There may be a risk that someone who is not part of this research may accidentally see your personal information. We will try to make sure that this does not happen by keeping your research records as confidential as possible. When the results of this research are published or presented at conferences, no information will be included that personally identifies you.

If you agree to take part in this research study, you will be asked to complete the survey online at a time and place of your choosing. After completing all of the research procedures, you will be redirected to a second survey. This survey will ask for your name and email address for tax-reporting/financial aid purposes. Your contact information will be used for payment purposes only. This information will not be linked to your data in any way.

**Are there any benefits to me?**
The possible benefits to you for participating in the research study include the following:

- Increased Mental Health Literacy: You may gain a better understanding of mental health conditions, symptoms, and treatment options, empowering you to recognize when you or others may need help.
- Reduced Stigma: Psychoeducation helps challenge misconceptions and negative stereotypes about mental illness and mental health care, which can decrease internalized stigma and shame.
- Improved Help-Seeking Attitudes: By learning about the benefits and availability of affirming and culturally competent mental health services, you may feel more motivated and confident to seek professional support when needed.
- Empowerment and Validation: Tailored interventions affirm LGBTQ+ identities, helping you feel seen, understood, and supported, which can boost self-esteem and resilience.
- Enhanced Coping Strategies: You may acquire new skills and knowledge for managing stress and minority stressors more effectively, reducing emotional distress.
- Greater Social Support: Some suggested resources incorporate group or peer components that foster connection, reduce isolation, and build community among LGBTQ+ individuals facing similar challenges.

**Will I receive anything for participating?**
Participants who complete the demographic questionnaire through SONA will receive 0.5 credits within seven business days. Participants who are eligible to complete the full study, answer at least 65% of attention check questions correctly, and complete the study will be entered into a drawing for a $50 Amazon e-gift card once all data has been collected.
*NOTE: Participants can choose not to receive the research incentive if that works better for them.*

**What if I want to stop participating in this study?**
If you want to stop participating, close your browser before completing and submitting the survey. If you wish to stop your participation after submitting the survey, please contact the researchers.

**Who could see my information?**
Your research records may be shared and reviewed by the following groups:

- Representatives of the Oakland University Institutional Review Board whose job is to protect people who are in research studies and/or other regulatory compliance staff whose job is to facilitate research projects and ensure compliance with the university, state and federal regulations.
- Regulatory authorities who oversee research (Office for Human Research Protections, or other federal, state, or international regulatory agencies)

De-identified data may be used or distributed to another investigator for future research use without additional informed consent from you.

**Who can I contact if I have questions about this study?**
Principal Investigator
Charlie Dimock

Master's Student, Dept. of Psychology
(248) 633-3406
**cdimock@oakland.edu**

Faculty Advisor
Michele Parkhill Purdie, PhD
Associate Professor of Psychology
(248) 670-8994
**parkhill@oakland.edu**

**For questions regarding your rights as a participant in human subject research, you may contact the Oakland University Institutional Review Board, 248-370-4898.**

**Signing the consent form**

You have read (or someone has read to you) this form. You are aware that you are being asked to participate in a research study, and you understand the possible risks and potential benefits. You have had the chance to ask questions and have had them answered to your satisfaction. You voluntarily agree to participate in this study. You are not giving up any rights by signing this consent form. Please print a copy of this form for your records. By clicking "I agree" below, you consent to participation and confirm that you are at least 18 years old and you wish to take the survey.

## Appendix C

## Psychoeducational Intervention Script and Content

## Introduction

Hello and welcome to this research study! I hope those questions weren't TOO strenuous. My name is Charlie, and I'll be guiding you through the PDF that was just shared with you. The videos will cover topics related to LGBTQ+ mental health, including anxiety, depression, trauma, and barriers to care, that kind of thing. Some of this material may feel emotionally heavy or bring up difficult memories, so it's important to pace yourself and use coping skills as you go. So. If at any point you begin to feel overwhelmed, please remember that you are in control of your participation—pause the video or step away between videos if you need to, take a break, get some water, or just walk around. Do whatever you need to do to remain as comfortable and grounded as possible throughout this process.

One coping strategy you can use if the topics discussed elicit strong emotions is box breathing. Basically, what it is is a simple deep-breathing technique that helps calm your body and mind. So. To practice box breathing, sit comfortably and breathe in slowly through your nose for a count of four seconds. Hold your breath for another four seconds, then exhale slowly through your mouth for four seconds. After exhaling, hold your breath once more for four seconds before starting the cycle again. Repeating this pattern a bunch of times can help relax your nervous system, improve focus, and just bring your breathing back to a more natural, peaceful rhythm. So. I really encourage you to use box breathing anytime the content feels difficult to handle.

For this piece of the study, there are four videos, not including this one. In total, they average about 5 minutes apiece. So not bad at all! I hope you enjoy, and let's get started.

**Page One: LGBTQ+ Mental Health: Common Disorders, Prevalence, and Risks**

Welcome to the first of the four content videos! I want to start by talking a little about some common mental health challenges that many people in the LGBTQ+ community face and why understanding these things is so important.

First up, let's talk about PTSD, or post-traumatic stress disorder. This can happen when someone experiences or witnesses something really traumatic, like violence or discrimination that's tied to their identity. People with PTSD might have flashbacks, nightmares, feel really on edge, or try to avoid things that remind them of what happened.

Then there's depression, which a lot of LGBTQ+ folks struggle with. It's more than just feeling sad; it's a deep and persistent low mood, it could be shown through losing interest in things you used to enjoy, changes in sleeping or eating, feeling worthless, or having trouble focusing. This can be linked to things like rejection or the stress of living in a world that isn't always accepting of your identity.

Anxiety is another really big one—it shows up as intense worry, panic attacks, or fear of social situations. For a lot of people in the LGBTQ+ community, anxiety can get worse because of fear surrounding discrimination or how people will react to one's gender or sexuality. While stress is often just short-term, anxiety disorders involve excessive, persistent worry and physiological arousal that can impair daily functioning. It's important to treat anxiety, as it can often precede and increase the risk for depression.

And sadly, substance use is also higher in LGBTQ+ communities. Sometimes people turn to alcohol or drugs to cope with these stressors, but that can create even more problems, affecting both mental and physical health.

Now, looking at the bottom of the page, it's important to understand how widespread these issues are. About 66% of LGBTQ+ youth report feeling anxious recently, and 53% have felt depressed. The numbers are even higher for transgender and nonbinary folks, who face even greater risks. Also, almost 40% of LGBTQ+ young people have seriously thought about suicide, which is heartbreaking. On top of that, more than half of the LGBTQ+ community find it tough to get supportive, affirming mental health care. Whether that's because of stigma, lack of resources, or just not having affirming providers, accessing help isn't always easy. If these mental health challenges aren't addressed, things can get even worse over time and affect everyday life and how we feel overall.

So, that being said, it's crucial to learn about these issues, feel validated, and know there are resources and people ready to support you, on campus, off-campus, and online. That's part of why this study and these conversations matter—because everyone deserves care that respects and understands your unique experiences.

**Page Two: Anxiety and Depression: Signs & Symptoms**

In this video, we're going to discuss the second page of the PDF shared with you. This page outlines prevalent signs and symptoms of anxiety and depression, two conditions that often show up together and share a lot of overlap, symptom-wise. Both can affect how you feel emotionally, how you think, how your body reacts, and how you behave—but each also has its own signature patterns.

Let's start with anxiety. Anxiety is more than everyday stress; it's more of a pattern of intense worry and fear that is hard to shut off.

For the emotional symptoms, anxiety can be identified through persistent worry, fear, or nervousness, even when nothing obviously dangerous is happening. It can feel like your mind is always scanning for what could go wrong. Feeling on edge or overly alert is when your body is stuck in 'fight-or-flight' mode, as if you're bracing for something bad to happen. Small sounds or changes can make you jumpy. Irritability or feeling easily overwhelmed can show up as snapping at people, crying quickly, or shutting down when there's a lot going on. The nervous system is already revved up, so extra demands feel like too much. A sense of impending doom or danger is that gut feeling that something terrible is about to happen, even if you can't explain why.

Anxiety also changes how we think, or our cognition. Racing thoughts, or difficulty concentrating or staying focused, can feel like your mind is flipping through channels and won't stay on one thing. This makes school, work, or just regular conversations harder to follow. Also, trouble controlling anxious thoughts means worry pops back in no matter how often you tell yourself to 'stop thinking about it.' The thoughts just feel repetitive. Overthinking or catastrophizing might happen too, which is when the mind jumps straight to the most frightening outcome. For example, a friend not texting back might instantly become 'they hate me' or 'something awful happened.

I've also listed physical symptoms that may present themselves if you're suffering from anxiety. Your heart might pound or race, even when you're not exercising. Some people feel this as chest tightness or fluttering. You might also have shortness of breath, and it may come with chest tension or a feeling of suffocation. This is common in panic attacks. Also, muscle tension, tightness, or aches often show up in the jaw, neck, shoulders, or back because the body is bracing as if for danger. There are also fight or

flight reactions, such as sweating or shaking, even in everyday situations like giving a presentation or walking into a store. Stomach discomfort, nausea, or digestive issues are also common, as well as dizziness or lightheadedness. People may feel like the room is spinning or that they might faint. Fatigue from constant tension or worry is common because the body is running on high alert for long periods, which is exhausting. Even simple tasks can feel draining for someone with anxiety.

Anxiety also affects what we do and don't do, also known as our behaviors. You might avoid situations that trigger anxiety, such as skipping class, avoiding phone calls, or not going to social events because they feel too scary or uncomfortable. Other behavioral signs and symptoms of anxiety include restlessness (such as fidgeting) and trouble sleeping (which can mean difficulty falling asleep, staying asleep, or waking up very early with your mind already racing). Someone with anxiety might also be seeking excessive reassurance, or they may procrastinate due to the fear of failing, making mistakes, or feeling overwhelmed, which makes it hard to even begin work.

Now let's look at depression. Depression is more than just feeling sad for a day or two; it's more of a lasting change in mood and energy that interferes with daily life.

Emotionally, this could mean you have persistent sadness, emptiness, or hopelessness for a couple of weeks or longer. Some people feel more numb than tearful. You could also feel worthless or excessively guilty, blaming yourself for things that are not your fault, or feeling like a burden. Loss of interest or pleasure in activities that you once enjoyed—which is called anhedonia—might also occur. Increased irritability or frustration, even over small things, is also common; so instead of looking 'sad,' someone with depression may seem angry or easily annoyed.

Depression also affects thinking patterns and concentration, in other words, your cognition. You might have difficulty concentrating, making decisions, or trouble remembering things, which might make schoolwork, job tasks, or even choosing what to eat feel overwhelming. Negative thinking patterns are common in depression and can feel very convincing. These thoughts often focus on failure, hopelessness, or feeling undeserving. Thoughts of death or suicide are serious warning signs, whether they show up as wishing you wouldn't wake up, imagining self-harm, or making specific plans. Any mention of these thoughts deserves immediate support from a trusted adult or professional, or an emergency service if there is immediate danger.

Depression also has real physical effects on the body. You might observe these through changes in appetite or weight, sleep disturbances, fatigue or low energy, or slowed movements or speech. Individuals with depression might also have unexplained aches, headaches, or digestive issues.

Lastly, depression might change your behavior and daily functioning. Social withdrawal or isolation might occur, or you might see a decline in work or academic performance in someone with depression, perhaps due to reduced motivation, as even small tasks might feel pointless, impossible, or like they'll take too much effort.

Neglecting responsibilities is also common among people with depression, and some might turn to substances to cope.

In short, depression tends to pull you down, slowing your thoughts and draining motivation, while anxiety tends to push you into overdrive, keeping your mind and body on high alert. But both are real, valid experiences—and both deserve attention, care, and support.

**Page 3: Campus Resources**

On this page, I've listed a bunch of different resources you, as a student, can use to feel supported on campus.

The SEHS (or School of Education and Human Services) Counseling Center is located in Pawley Hall, and the services are free. They offer sessions for individuals, couples, families, and even groups. Whether you're dealing with anxiety, life transitions, relationship issues, stress, career, or academic stuff—they've got you. What makes the center a bit unique is that it also functions as a teaching and research space for our graduate-level counseling students, and everything is provided under close supervision by licensed professionals. It's meant for everyday life-stuff as well as crises —career decisions, managing stress, figuring out what comes next, that kind of thing. Also, it's important to note that, if you need additional information about any of these services, I have included URLs to each of their websites and their phone numbers.

If you're looking for community and connection at OU on a student-level, you should definitely check out SAGE — it's OU's LGBTQ+ student organization, and they've got so much to offer. SAGE is all about creating a welcoming, inclusive space for LGBTQ+ students and allies to connect, celebrate identity, and build genuine friendships. They keep a really updated and detailed calendar of upcoming events, so there's always something to look forward to — whether it's social gatherings, discussions, or pride-centered activities, they've got you covered. If you're more into online connections, they've got a Discord server where you can meet new friends, chat, and stay in the loop even when you can't be on campus. Joining is super simple — you can officially become

a member through MySail, OU's student organization platform. To stay updated, you can follow SAGE on social media like Instagram and X (formerly Twitter). They post things like announcements, event highlights, and ways to get involved. So. You can find all their links — from the event calendar to social media, Discord, and membership info — all of that on their Linktree, which I linked on this page. SAGE is the place for you if you're looking for a way to connect, express yourself, and be part of a welcoming community.

Now, onto the next on-campus resource. The Oakland University Counseling Center is an incredible resource for students here. Offered in the Graham Health Center, they offer free, confidential short-term counseling to support your mental health and personal growth. As for counseling sessions, you can get up to 4 free individual sessions. After those, sessions cost just $20 each—but don't worry, they'll never let finances stop you from getting help. A lot of the time, they have funds to support sessions, but if not, they can direct you to so many resources on campus that are totally free, such as the SEHS counseling center or peer mentoring at the Gender and Sexuality Center. They hold appointments in person, virtually, or over the phone, so you can join in whatever way works best for you. Besides one-on-one counseling, they also run a variety of support groups and workshops that meet weekly, and sometimes twice a week. Trained professional counselors run these sessions, and they cover important topics like stress management, relationships, self-esteem, and more. Some groups currently offered include Adulting 101, Academic Success, Coping Skills & Special Topics, Gender Together (a space for gender exploration), General Support Group, Neurodivergent Support Group, and Self-Esteem & Self-Care. Also, the Counseling Center is a great stepping stone for accessing community mental health care. Just know that the Counseling Center is here to

support you, confidentially and without judgment, so don't hesitate to reach out. On the Counseling Center's website linked on this page, you can check out information about Grizz Recovery, which is a Collegiate Recovery Program at OU, designed to support students in exploring recovery from substance use and other addictions. Basically, what it is is an individualized program that fosters recovery, wellness, and academic success in a substance-free environment. It creates a sense of belonging while at the same time addressing co-occurring issues like eating disorders, gambling, gaming, or sex addiction through tailored programming and referrals. Some of its key services include (1 finger) a recovery lounge in room 113 in East Vandenberg, for studying and socializing, (2 finger) one-on-one case management, (3) weekly recovery meetings, and (4) sober social events.

If you're looking for a supportive, identity-affirming space on campus, you should definitely check out the Gender and Sexuality Center, or the GSC for short. The GSC is all about creating community, celebrating LGBTQ+ identities, and making sure students feel seen, supported, and just overall connected. They offer things like peer mentoring, drop-in support, and tons of educational programs, so whether you're exploring your identity, wanting to learn more, or just hoping to connect with others, there's always something happening. They also have a Peer Mentoring Program, where new LGBTQ+ and allied students are paired one-on-one with experienced student mentors to develop leadership and academic skills, learn about campus resources, and feel supported throughout their first year. They've also got a lending library filled with books and media on gender, sexuality, and intersectionality, which is super helpful for both personal learning and class projects. In addition to all of those physical resources, if you want to see everything they offer in one spot—from events, to resources, to support

spaces—check out their Linktree on their website. It's the easiest way to get plugged in and stay connected to the community. Through their Linktree, you can access their virtual resource center, which includes (1) guides on coming out, (2) understanding your rights, (3) exploring gender and sexuality, (4) mental and physical health resources such as affirming providers in our area, (5) gender-inclusive restrooms, and SO many more resources located in a Google Drive. On top of that, they host community-building events all year long, including discussions, workshops, social events, and student-led programs. What's incredible about the GSC is that they're committed to making everything they offer accessible, with no gatekeeping. It's just a welcoming place for LGBTQ+ students and allies to show up exactly as they are.

**Page 4: Online Resources and Coping Skills**

This page discusses some online resources that are readily available for you to use at any time.

First up is The Trevor Project, which offers a 24/7 crisis helpline specifically for LGBTQ+ youth aged 16-24, but they don't turn people away. Whether you're feeling overwhelmed or just need someone to talk with, trained counselors are available anytime. They also have a huge resource center where you can learn about mental health, safety, and getting help in your community.

Next, there's TrevorSpace, which is connected to The Trevor Project. It's a super welcoming and safe online community for LGBTQ+ young people, ages 13 to 24, where you can meet friends, join groups around your interests, and share your experiences. It's moderated at all times to keep the space positive and inclusive.

Next up is the National Alliance on Mental Illness, or NAMI, which has an incredibly dense and well-thought-out LGBTQ+ section on its website that offers peer support, educational info, and links to mental health providers who are LGBTQ+ affirming. It's a solid place to learn and find help that's tailored to sexual and gender minority individuals.

Then there is Trans Lifeline. This is a transgender-run hotline specifically for transgender and nonbinary folks who need support, guidance, or just want to speak with someone who understands their experiences over the phone.

Lastly, there is UWill. Oakland University's UWill program provides enrolled students with free, confidential 24/7 mental health crisis support and up to three sessions with licensed therapists, accessible through a bunch of different modes such as phone, video, or messaging. It offers super flexible scheduling, diverse therapist options, and on-demand wellness programming such as yoga and meditation to supplement campus mental health services, and is especially useful if the counseling centers on campus aren't open and you're in need of support. Students can register with their OU email for immediate access to resources, which complement but do not replace OU Counseling Center services. This program does a great job of containing easy, barrier-free access to mental health support to promote student well-being and success.

So whether you need crisis help, community, trusted info, or a peer to talk to, these platforms are some of the best out there for LGBTQ+ mental health and support. So. Check them out if you haven't already!

At the bottom of this page are two simple, effective coping tools for managing stress and emotions: progressive muscle relaxation and journaling.

First up, progressive muscle relaxation is a stress-relief technique that helps release built-up tension in the body. To practice it, find a quiet place, sit or lie down comfortably. Start by tightening the muscles in your feet for a few seconds, then slowly relax them. Continue moving upward through your legs, stomach, arms, shoulders, and face, tensing and relaxing each muscle group. As your muscles relax, your body should begin to feel calmer, which can help lower stress, reduce anxiety, and promote a sense of overall relaxation.

Next up is journaling. This involves regularly writing down your thoughts, feelings, mood, experiences, or just whatever you'd like. You can use a notebook, your phone, or any space that feels safe to you. The act of putting emotions into words can help you in a multitude of ways. It can do things like reduce anxiety, manage overwhelming feelings, and make it easier to understand yourself and your triggers, or boost your self-awareness. Journaling can really support emotional healing and foster personal growth in the long run.

And with all that being said, these two coping skills are super practical tools you can use at any time, whether you're managing intense stress or just want to build a habit of self-care. Give them a try—and remember, small steps like these can make a super meaningful difference for your mental health.

That was it for the videos! Before I stop speaking and you move on to the next section, please share this study's URL with your friends by copying it right now if you're taking the study through SONA, or if you accessed this study through an email, please forward the email you've received to your friends if you think they could benefit from the resources provided today.

# LGBTQ+ MENTAL HEALTH

common disorders, prevalence, and risks

## PTSD

PTSD can develop after experiencing or witnessing traumatic events such as violence, discrimination, or abuse related to identity. Symptoms include flashbacks, nightmares, feeling on edge, and avoiding reminders of trauma.

## DEPRESSION

Depression involves persistent sadness, loss of interest, changes in sleep or appetite, feelings of worthlessness, and difficulty concentrating. High rates of depression are seen in LGBTQ+ people, often linked to social rejection and minority stress.

## ANXIETY

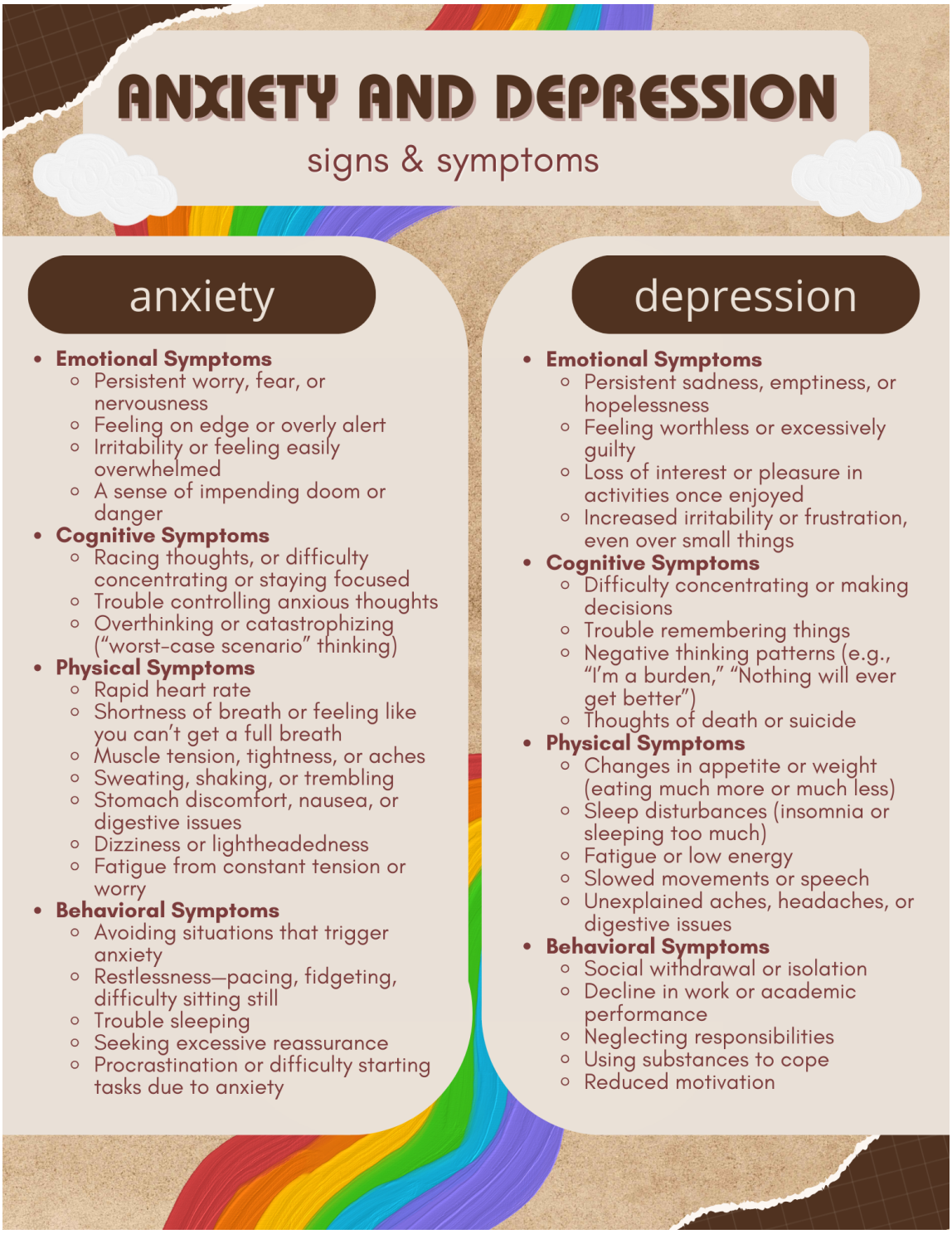
Anxiety includes excessive worry, restlessness, panic attacks, and social anxiety. It is common among LGBTQ+ individuals, exacerbated by fears of discrimination and stigma.

## SUBSTANCE USE DISORDERS

LGBTQ+ people are more likely to use substances like alcohol or drugs, sometimes as a way to cope with stress or trauma. This can lead to addiction and further mental and physical health issues.

## PREVALENCE AND LONG-TERM RISKS

- **About 66% of LGBTQ+ youth report recent anxiety symptoms, and 53% report depression symptoms.**
- **Transgender and nonbinary individuals face particularly high risks.**
- **39% of LGBTQ+ youth have seriously considered suicide in the past year—including 46% of transgender and nonbinary young people**
- **Over half experience difficulties accessing affirming, culturally competent mental health care.**
- **Without support, these mental health challenges can worsen, affecting daily functioning and quality of life.**


ANXIETY AND DEPRESSION
signs & symptoms
anxiety
Emotional Symptoms
Persistent worry, fear, or nervousness
Feeling on edge or overly alert
Irritability or feeling easily overwhelmed
A sense of impending doom or danger
Cognitive Symptoms
Racing thoughts, or difficulty concentrating or staying focused
Trouble controlling anxious thoughts
Overthinking or catastrophizing ("worst-case scenario" thinking)
Physical Symptoms
Rapid heart rate
Shortness of breath or feeling like you can't get a full breath
Muscle tension, tightness, or aches
Sweating, shaking, or trembling
Stomach discomfort, nausea, or digestive issues
Dizziness or lightheadedness
Fatigue from constant tension or worry
Behavioral Symptoms
Avoiding situations that trigger anxiety
Restlessness—pacing, fidgeting, difficulty sitting still
Trouble sleeping
Seeking excessive reassurance
Procrastination or difficulty starting tasks due to anxiety
depression
Emotional Symptoms
Persistent sadness, emptiness, or hopelessness
Feeling worthless or excessively guilty
Loss of interest or pleasure in activities once enjoyed
Increased irritability or frustration, even over small things
Cognitive Symptoms
Difficulty concentrating or making decisions
Trouble remembering things
Negative thinking patterns (e.g., "I'm a burden," "Nothing will ever get better")
Thoughts of death or suicide
Physical Symptoms
Changes in appetite or weight (eating much more or much less)
Sleep disturbances (insomnia or sleeping too much)
Fatigue or low energy
Slowed movements or speech
Unexplained aches, headaches, or digestive issues
Behavioral Symptoms
Social withdrawal or isolation
Decline in work or academic performance
Neglecting responsibilities
Using substances to cope
Reduced motivation

# CAMPUS RESOURCES

## for LGBTQ+ students

### SEHS COUNSELING CENTER

Offers no-cost personal and career counseling in a teaching-and-research setting. Graduate-level counselors provide individual, couple, family, and group sessions under licensed supervision.

**SEHS Counseling Center**
oakland.edu/counseling/sehs-cc/
(248) 370-2018

### SAGE STUDENT GROUP

Offers a welcoming space for LGBTQ+ students and allies to connect, attend events, and build community. Through MySail membership, Discord, and social media, students can engage and stay updated on upcoming events.

**SAGE at Oakland University**
https://linktr.ee/prideatou

### OU COUNSELING CENTER

Free, confidential, short-term counseling for Oakland University students. Services include individual sessions, support groups, and workshops that address stress, relationships, and personal growth.

**OU Counseling Center**
oakland.edu/oucc/
(248) 370-3465

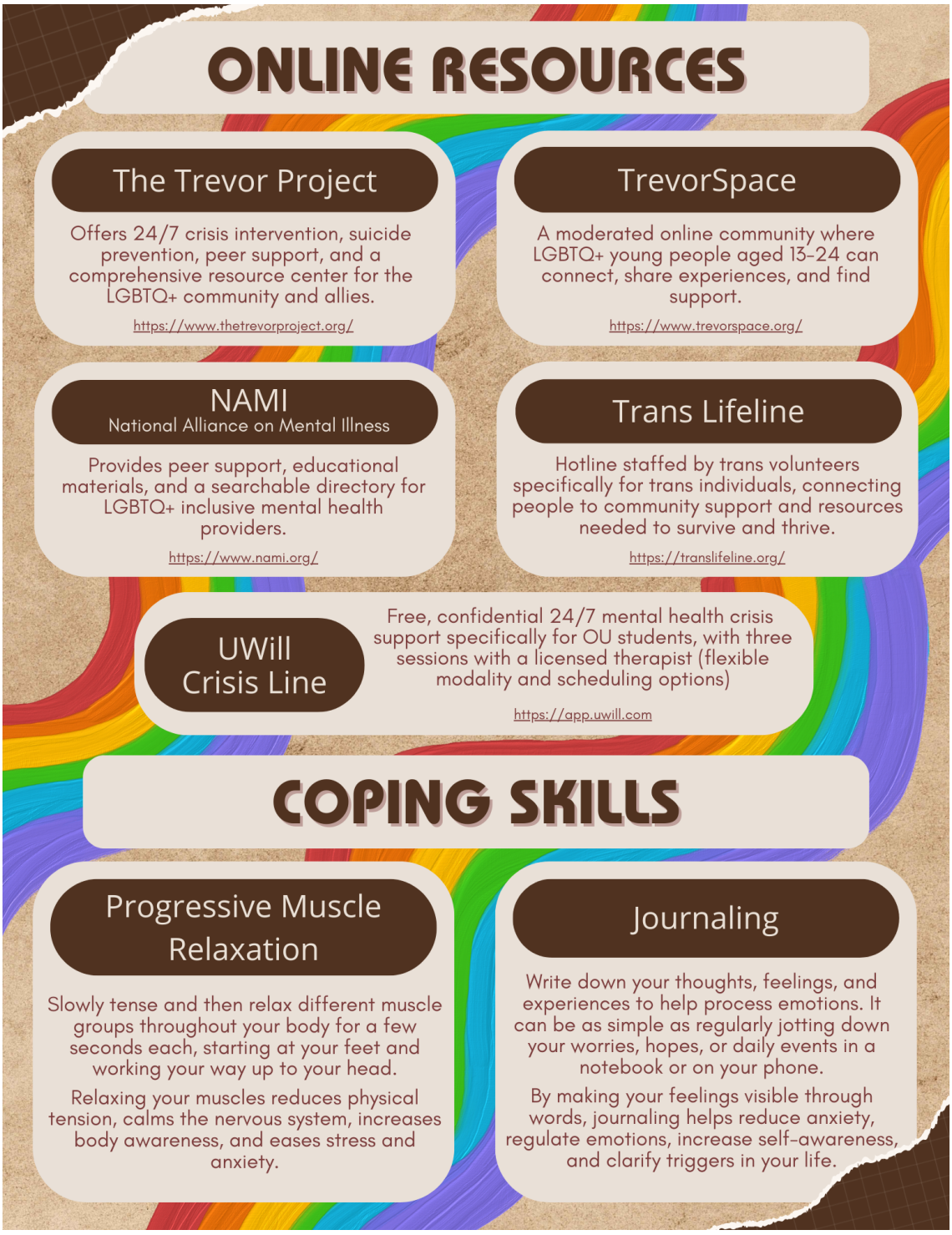
### GENDER & SEXUALITY CENTER

Supports LGBTQ+ and allied students through various events and resources. Connect with the community, access resources and stay informed via their Linktree.

**Gender & Sexuality Center**
https://www.oakland.edu/gsc/
(248) 370-4336

- **4 free sessions, and the next 11 will cost $20 each.**
- **However, they still will NEVER let finances be an obstacle for students seeking help.**
- **Confidential counseling, groups, and crisis/consultation services for students.**
  - **Group Counseling sessions:**
    - **Academic Success**
    - **Coping Skills & Special Topics**
    - **Gender Together**
    - **General Support Group**
    - **Neurodivergent Support Group**
    - **Self-Esteem & Self-Care**
- **Currently offering in person, virtual, and phone appointments.**
- **You can call (248) 370-3465 to make an appointment.**
- **Grizz Recovery**

- **Peer mentoring & drop-in support**
- **LGBTQ+ educational programs and trainings.**
- **A resource and lending library.**
- **Community-building events throughout the year.**
- **Support spaces for LGBTQ+ and allied students.**
- **Information on gender-inclusive restrooms and campus & community resources.**


ONLINE RESOURCES
The Trevor Project
Offers 24/7 crisis intervention, suicide prevention, peer support, and a comprehensive resource center for the LGBTQ+ community and allies.
https://www.thetrevorproject.org/
TrevorSpace
A moderated online community where LGBTQ+ young people aged 13-24 can connect, share experiences, and find support.
https://www.trevorspace.org/
NAMI
National Alliance on Mental Illness
Provides peer support, educational materials, and a searchable directory for LGBTQ+ inclusive mental health providers.
https://www.nami.org/
Trans Lifeline
Hotline staffed by trans volunteers specifically for trans individuals, connecting people to community support and resources needed to survive and thrive.
https://translifeline.org/
UWill Crisis Line
Free, confidential 24/7 mental health crisis support specifically for OU students, with three sessions with a licensed therapist (flexible modality and scheduling options)
https://app.uwill.com
COPING SKILLS
Progressive Muscle Relaxation
Slowly tense and then relax different muscle groups throughout your body for a few seconds each, starting at your feet and working your way up to your head.
Relaxing your muscles reduces physical tension, calms the nervous system, increases body awareness, and eases stress and anxiety.
Journaling
Write down your thoughts, feelings, and experiences to help process emotions. It can be as simple as regularly jotting down your worries, hopes, or daily events in a notebook or on your phone.
By making your feelings visible through words, journaling helps reduce anxiety, regulate emotions, increase self-awareness, and clarify triggers in your life.

## Appendix D

## IRB Approval Letter

OAKLAND UNIVERSITY

**Institutional Review Board**

**Date**: December 18, 2025

**Study #**: IRB-FY2026-164

**Study Tile**: Project PIP

**Submission Type**: Initial

**IRB Decision**: Exempt

**Research Team**:
Charlie Dimock
Michele Purdie

Based on applicable federal regulations, the above referenced study has been determined to be Exempt, with the following categories:
Category 3.(i)(B). Research involving benign behavioral interventions in conjunction with the collection of information from an adult subject through verbal or written responses (including data entry) or audiovisual recording if the subject prospectively agrees to the intervention and information collection.Any disclosure of the human subjects' responses outside the research would not reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, educational advancement, or reputation.

**Notes for Researcher(s):**
This submission contains the following approved documents:

- PIP Recruitment Email
- PIP SONA Ad
- Date-Stamped PIP Information Sheet V. 12/18/2025
- PIP Codebook

**Letter and Consent Document:**
This letter along with the IRB approved (date-stamped) consent document can be found in Cayuse in the Submission Details page under Letters and Attachments, respectively. Please make sure to use the most recent IRB approved version of the consent form in consenting participants.

**Permission from Research Site(s):**
Please note the following:

- This IRB exemption determination letter means that this research has met one or more of the federal criteria for exemption per 45 CFR 46.104- Exempt Research.
- Before the research is initiated, permission to conduct research at a given site must be obtained from all research locations listed in the IRB submission. You must keep copies of all such permission letters for your files.
- It is the responsibility of each researcher to follow all applicable policies and procedures of any outside institution where the research will be conducted.

**Modifications:**
Any changes to this exempt project must be reviewed by the IRB prior to initiation by submitting a MODIFICATION request. Do not collect data while the changes are being reviewed. Data collected during this time cannot be used in research.

**Record Retention:**
Exempt projects will be retained by the IRB office for three years after the last action on the project.

You are approved to start the research. Please retain a copy of this notification for your records.

If you have any questions, please contact the IRB office.

Thank you.

The Oakland University IRB