

Follow-Up Short Email Survey 2025-04

Based on the results of our survey from November 2024, we identified several patterns in the effect of the information treatment on student responses. To elicit additional information on the channels, as well as to capture long-term (persistent) effects, we decided to run a follow-up round-2 survey with the participants who had valid responses in round 1. We designed an online survey with 9 yes/no questions (incl. 8 outcome questions), with incentives to respond added with a gift card raffle based on completion. We aim to collect the responses to this survey in late April-early May.

1. Have you been taking classes in UNIVERSITY in 2025?
¿Has tomado clases en UNIVERSITY en 2025?

Personal-Use Outcomes (on campus/off campus therapy):

2. Have you used professional mental health services ON campus in the last 6 months?
¿Has utilizado servicios profesionales de salud mental (como terapia) EN CAMPUS en los últimos 6 meses?
3. Have you used professional mental health services OFF campus in the last 6 months?
¿Has utilizado servicios profesionales de salud mental (como terapia) FUERA del campus en los últimos 6 meses?

Social-Use Outcomes (info sharing/discussions):

4. Have you recommended professional mental health services ON campus to any of your peers in the last 6 months?
¿Has recomendado los servicios profesionales de salud mental (como terapia) EN CAMPUS a tus compañeros en los últimos 6 meses?
5. Have you recommended professional mental health services OFF campus to any of your peers in the last 6 months?
¿Has recomendado servicios profesionales de salud mental (terapia) FUERA del campus a tus compañeros en los últimos 6 meses?
6. Have you discussed your mental health issues with other UNIVERSITY students in the last 6 months?
¿Has hablado sobre tus problemas de salud mental con otros estudiantes de UNIVERSITY en los últimos 6 meses?
7. Have you discussed other UNIVERSITY students' use of professional mental health services with other students in the last 6 months?
¿Has hablado sobre la experiencia tuya o de otros estudiantes UNIVERSITY con terapia o consejería psicológica EN CAMPUS en los últimos 6 meses?

Hypothetical Personal Use Outcomes:

8. Would you consider going to therapy ON campus if you had issues?
Si tuvieras algún problema, ¿considerarías asistir a terapia o consejería psicológica EN CAMPUS?
9. Would you consider going to therapy OFF campus if you had issues?
Si tuvieras algún problema, ¿considerarías asistir a terapia o consejería psicológica FUERA del campus?

Hypotheses

1. Personal Use (actual & hypothetical)

Treated subjects are more likely than control subjects to have used professional mental health services in the past 6 months or consider seeking therapy if they had issues.

2. Social Use (peer recommendations)

Treated subjects are more likely than control subjects to recommend professional mental health services to their peers and to discuss their own mental health and/or others' use of mental health services with peers.

3. Social information sharing vs. personal demand:

If we observe positive effects on recommendation and discussion outcomes, but not on subjects' own use of or willingness to seek therapy, it would suggest that the information intervention primarily promoted peer interactions around mental health topics rather than directly increasing individual demand for therapy.

4. On-campus free counselling vs. off-campus private counselling:

If we observe stronger positive effects for on-campus counseling use and recommendations compared to off-campus counseling, it would support the substitution hypothesis that the information intervention encouraged students to prefer and promote on-campus services over off-campus options.

Heterogeneity Analysis

We expect that the information treatment differentially affected respondents in the long run depending on their **GPA** (*related info mentioned in fact 3*), **level of mental distress** (*related info mentioned in fact 2*), and **stigma** (*implicit channel*), we will explore heterogeneous effects by baseline GPA, level of mental distress, and stigma measures.