MEANINGFUL MESSAGING: THE IMPACT OF TARGETED MENTAL HEALTH MESSAGING TOWARDS GAY MEN AND THEIR ATTITUDES TOWARDS MENTAL HEALTH TREATMENT

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ABSTRACT

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Gay men consistently demonstrate higher rates of mental health dysfunction, substance misuse, and suicidal ideation than straight men (Bostwick et al., 2010; Lyons et al., 2019; McCabe et al., 2010; Meyer, 1995; 2003). Public health campaigns have proved promising in addressing mental health for men in general, but few campaigns have focused on gay men, and even fewer have addressed gay men's mental health, usually targeting physical health instead (Lee et al., 2017; Phillips, 2022; Rochlen et al., 2006). In addition, testimonials have proven themselves as a key feature of public mental health messaging that reduces stigma and promotes positive associations with mental health care utilization (Pinfold et al., 2005), yet few studies have directly analyzed the impact of testimonials from both straight and gay men on willingness to seek mental health care. This study sought to address these gaps in knowledge. 252 gay men recruited from the research website *Prolific* were randomly assigned to either one of two testimonial vignettes of a fictional man's personal experience with mental health as either a straight or a gay man, or a control group with no messaging, and completed the Mental Help Seeking Attitudes Scale (MHSAS) to measure attitudes towards seeking mental health treatment after viewing the

vignettes (Hammer et al., 2018). Results indicated that knowing the sexuality of a man seeking mental health treatment had no significant impact on attitudes towards help-seeking, but reading messaging overall surrounding a man's experience did improve attitudes towards help-seeking, compared to no messaging at all. Implications include public mental health messaging being effective in broad messaging, instead of messaging targeting an individual's sexuality.

Keywords: public health messaging, help-seeking

CHAPTER 1: LITERATURE REVIEW

Mental health care has been identified as a primary concern for gay men (Substance Abuse and Mental Health Services Administration [SAMHSA], 2020). Gay men demonstrate significantly higher rates of mental health dysfunction compared to straight men, with some studies reporting lifetime prevalence of any mood disorder or anxiety disorder for gay men at 42.3% and 41.2%, compared to 19.8% and 18.6% for their straight counterparts (Bostwick et al., 2010). With substance use disorders, gay men exhibit high rates, similar to straight men, but when gay men report wide experiences of discrimination, that likelihood quadruples (McCabe et al., 2010). Curiously though, rates may vary between the two groups, based on type of substance. For example, one study reported that more gay men reported problematic use of meth (44.5% vs. 7.7%), and more straight men reported problematic use of heroin (25.8% vs. 9.3%), regardless of type of substance, gay men tend to exhibit high rates of substance misuse (Flentje et al., 2015; Green and Feinstein, 2012). When considering suicidality, gay men are more likely to have had a history of suicidal thoughts or plans (40.5% vs. 27.2%) and are more likely to have reported previous suicide attempts (31.6% vs. 14.1%) than straight men (Haas et al., 2010; Lyons et al., 2019).

Contributing to these high rates have been theorized minority stress conditions, where gay men, in conflict with a dominant heterosexual society, experience stressors related to harassment, discrimination, and victimization that contribute to negative mental health outcomes; in addition, gay men may feel added pressure to conceal their identity and remain constantly alert against potential violence or prejudice (Meyer, 1995; 2003). Within the LGBTQIA+ community,

gay men may face additional stressors of rejection and isolation when living with HIV or when part of a racial or ethnic minority group (Haile et al., 2014). Complicating these factors even further are societal norms regarding manhood and expressing mental health issues, where men in western society are often expected to remain stoic, neglect displaying emotions other than anger, and may refuse to seek mental health services to avoid being seen as "feminine" or "lesser" (Blashill & Vander Wal, 2010; Mahalik et al., 2003; Vogel et al., 2011). When accounting for gay men that do not subscribe to these masculine norms though, Platt and colleagues (2018) found that gay men typically utilized mental health resources at higher rates, with roughly 19.84% reporting seeing a mental health professional in the past year, compared to straight men (5.88%). Despite these higher utilization rates, many gay men distrust mental health care in meeting their needs and may often feel stigmatized towards their experiences (Filice & Meyer, 2018). Psychiatry's history of stigmatizing LGBTQIA+ identities and experiences has contributed to some of this expectation, with examples like the American Psychiatric Association's mental disorder classifications of homosexuality until 1973 and current classification of gender dysphoria (Drescher, 2015; Lev, 2013). Many gay men expect their experiences to be invalidated or pathologized and health care providers to be inadequately trained in serving gay men and their needs (Ash & Mackereth, 2013).

Public health messaging has stood as a powerful tool in encouraging mental health help-seeking and addressing mental health stigma for men, and successful campaigns have often focused on challenging masculine norms of self-sufficiency and stoicism (Corrigan, 2004; Robertson et al., 2016; Rochlen et al., 2005). One example is the *Real Men, Real Depression* campaign that explicitly targeted men through men's testimonials with depression and educational materials to get men more willing to seek mental health treatment for depression

(National Institute of Mental Health [NIMH], 2019; Rochlen et al., 2005; 2006). Other campaigns have followed this gender-cognizant approach and found that reduction in stigma and increases in positive attitudes towards mental health treatment often resulted over time (Robertson et al., 2016; Rochlen et al., 2005; 2006). Social media platforms have expanded this work by allowing for the rapid dissemination of information and ability of more individuals to have conversations around mental health and seeking mental health services (Schlichthorst et al., 2019).

Despite these programs that have targeted men broadly, few public health initiatives in the United States have explicitly focused on gay men, and ones that have tend to focus on sexually transmitted infections/diseases, specifically HIV/AIDS (Hottes et al., 2015; Lee et al., 2017). Stretching back to heights of the HIV/AIDS epidemic in the mid-1980s, public health campaigns focused on HIV/AIDS targeted education and prevention (Stall et al., 1988). Community-based programs have been initiated, with examples like the MPowerment project in San Francisco, that have focused on peer outreach to LGBTQIA+ youth and utilizing group social settings to disseminate knowledge (Kegeles et al., 1996). Other examples have tied sex positive messaging to medication use (e.g., PrEP) for minimizing risk of contracting HIV (Dehlin et al., 2019). HIV programming and research is represented well in the public health base, with Hottes and colleagues (2015) reporting a ten-to-one ratio when comparing the number of citations involving HIV versus suicide for LGBTQIA+ people in psychology and social science literatures. Compared to HIV/AIDS work there exists little attention being paid to gay men's mental health.

The few and most notable examples of mental health targeting have been *The Trevor Project* and *It Gets Better Project*, both with emphases on education and providing resources for suicide prevention (Phillips, 2022). *The Trevor Project* began in 1998 and has been described as the world's largest suicide prevention and crisis intervention organization for LGBTQIA+ young people, and its impact has been demonstrated in over 150,000 contacts to their lifelines and over 300,000 users on their support chat room (The Trevor Project, 2020). The *It Gets Better Project* began in 2011 as an internet-based non-profit focusing on uplifting and empowering LGBTQIA+ youth, primarily through use of personal testimony from LGBTQIA+ adults and allies, amassing roughly 9.3 million views of their stories and 1.5 million social media followers (It Gets Better Project, 2020). While these campaigns have been effective in educating the public and providing resources for suicide prevention, they focus primarily on LGBTQIA+ youth, provide a broad reach to LGBTQIA+ individuals, rather than to specific groups within the LGBTQIA+ community (e.g., gay men), and target mental health intervention once an individual has neared or reached acute crisis (It Gets Better Project, 2020; The Trevor Project, 2020). Mental health messaging that targets gay men before they reach the point of acute crisis would reduce this need for crisis resources.

Outside of the United States, one notable program has been *Blues Out* in Switzerland, which focused on depression education, awareness, and prevention exclusively for gay men (Wang et al., 2013). *Blues Out* has been described as the "first depression awareness campaign modelled after successful population campaigns adapted by and for the gay/lesbian community," and the campaign was modelled after the *beyondblue* campaign in Australia (Jorm et al., 2005; Wang et al., 2013). The prior *beyondblue* campaign focused on providing depression education through case vignettes and resources to the general population of Australia, and researchers

determined that the campaign effectively promoted positive attitudes towards help-seeking, especially for medication and counseling for depression (Jorm et al., 2005). *Blues Out* followed this model but adapted exclusively for gay men in Switzerland (Wang et al., 2013). Individuals were provided info about depression, vignettes of experiences with depression, and were asked to identify depression in provided vignettes. Significant net decreases in lifetime suicide plans were noted along with the potential for the campaign to improve attitudes towards help-seeking, but most importantly, conclusions were reached that major mental health campaigns could be successfully adapted for gay men (Wang et al., 2013).

When considering various components of a mental health promotion campaign for gay men, messaging could be considered the most impactful in both reducing stigma and promoting positive mental health attitudes for gay men (Pinfold et al., 2005). Testimonial has consistently demonstrated itself as positively influencing attitudes and actions towards physical and mental health treatment and carrying that knowledge forth seems essential (Pinfold et al., 2005; Winterbottom et al., 2008). When gay individuals view advertising, explicit presentations of gay sexual identity, as opposed to implicit, are generally received more favorably (Oakenfull, 2007); in addition, gay consumers have been documented displaying more negative attitudes towards advertising primarily featuring straight individuals, compared to advertising primarily featuring gay individuals (Eisend & Hermann, 2019). A key question stands: does this extend to mental health messaging, and will attitudes towards mental health treatment from gay men be more positively affected by the presence of a gay individual, as opposed to a straight individual, in the messaging?

CHAPTER 2: THE CURRENT STUDY

In order to address the high rates of mental dysfunction in gay men in the United States, effective public health messaging must be implemented that targets gay men specifically. Public mental health messaging has proven effective in targeting men for mental health treatment (Rochlen et al., 2006), but few mental health campaigns have targeted gay men explicitly. This study sought to fill the existing research gap and analyze the effect of targeted mental health testimonials from both gay and straight men to see if sexual identity in testimonial impacted attitudes towards mental health help-seeking for gay men. This remains important in providing the best targeted campaigns to assist gay men in seeking beneficial mental health treatment. To examine this, a sample of gay men were recruited online and were randomly selected to read one of two nearly identical vignettes about a man's experiences with mental health therapy or no vignette at all (the control condition). The only difference between the vignettes was that one described the man in the vignette as gay and having a husband and the other described the man as straight and having a wife. After exposure to the vignettes or control condition, participants were asked their opinions about mental health help-seeking. This design was consistent with published experimental studies examining the impact of identity variables on things such as hiring evaluations. In such studies, participants are often asked to make judgements based on stimuli such as resumes, interviews, or vignettes, and the researcher alters only certain details of those stimuli presented to different participants to determine the impact of those changed details (see e.g., Chew et al., 2019; Rattan, et al., 2019). The first hypothesis was the gay-coded vignette would have significantly higher effects on mental help-seeking attitudes compared to the

straight-coded vignettes or control condition. The second hypothesis was the straight-coded vignette would have significantly higher effects on mental help-seeking attitudes compared to the control condition.

CHAPTER 3: METHODOLOGY

Sample Demographics. A total of 252 participants completed the study, since this number was identified by *G*Power* as sufficient for medium effect size with 95% power (Faul et al., 2007), and participants were recruited from the research platform *Prolific*. Eight participants' data were returned for not completing the study, and one participant's data was removed after timing out. In general, *Prolific* was chosen over *Amazon MTurk* or a university research pool since *Prolific* allowed for more control over the research environment and tends to provide higher quality data than the other options (Palan & Schitter, 2018).

All participants identified as cisgender, gay men, living in the United States and above the age of 18. Participant racial demographics were: 174 White (69%), 31 Black (12.3%), 16 Asian (6.3%), 23 Latino/a (9.1%), two Native American (0.8%), and six identified as Other (2.4%). Highest education level attained by participants was five participants with less than a high school diploma (2.0%), 89 with high school diploma/GED (35.3%), 106 with a Bachelor's degree (42.1%), 45 with a Master's or other professional degree (17.9%), and seven with a Doctorate degree (2.8%). The age range of participants were $M = 36.46$, $SD = 13.26$.

Measures

Demographics Form. A demographics survey was presented initially asking for age, occupation, ethnicity, and highest level of education attained. The form is provided in the Appendix A.

Mental Health Vignettes. Vignettes were created involving the testimony of a fictional man and his experiences with mental health and seeking help for his mental health. Content was kept consistent between the vignettes, and the only thing changed was the sexuality of the man

and the gender of his partner. A focus on the content, over the appearance effects of a photograph were key. Two experimental vignettes and a non-vignette control condition were presented randomly. The form is provided in the Appendix B.

Mental Help Seeking Attitudes Scale (MHSAS). This MHSAS is a unidimensional measurement model that measures attitudes towards seeking mental health treatment and consists of nine seven-point items labeled (3, 2, 1, 0, 1, 2, 3) with reverse scoring being implemented for items 2, 5, 6, 8, and 9 in the statistical analyses (Hammer et al., 2018). Resulting mean scores range from one to seven. The internal consistency of the items ranges from α =.93 to α = .94, while the scales all exhibit good test-retest reliability and criterion validity (Hammer et al., 2018). Cronbach's alpha in this current study was α = .93. The form is provided in the Appendix C.

Manipulation Check. To assess that participants were paying attention to the details provided in the vignettes, a manipulation check was provided following the end of the survey. This manipulation check asked the participant the sexuality of the man in the vignette that was presented. Those in the control condition did not receive this manipulation check. Separate analyses were provided after removing n = 24 participants for failing the manipulation check.

Debriefing. A debriefing statement was included to let participants know that the vignettes were fabricated and to let participants know the full purpose of the study. Since the study concerned mental health treatment, participants were also provided with mental health resources, specifically the numbers for the *Substance Abuse and Mental Health Services Administration (SAMHSA)*, *Trevor Project*, and *Suicide and Crisis* hotlines. The statement is provided in the Appendix D.

Procedure.

Participants were provided a vague statement at the beginning that the study was interested in attitudes and opinions about well-being and behavior in order to minimize bias. Participants were given the Demographics form first and then randomly assigned to one of three conditions: gay-coded vignette, straight-coded vignette, or no vignette (control), and the number of participants per condition were 85 for control/no vignette, 85 for straight-coded vignette, and 82 for gay-coded vignette. After reading from their assigned condition, participants filled out the MHSAS, were given the manipulation check, then were debriefed on the actual nature of the study. The process took approximately 15-20 minutes, and participants were compensated $4.00 (as identified as appropriate compensation by *Prolific*) for their time.

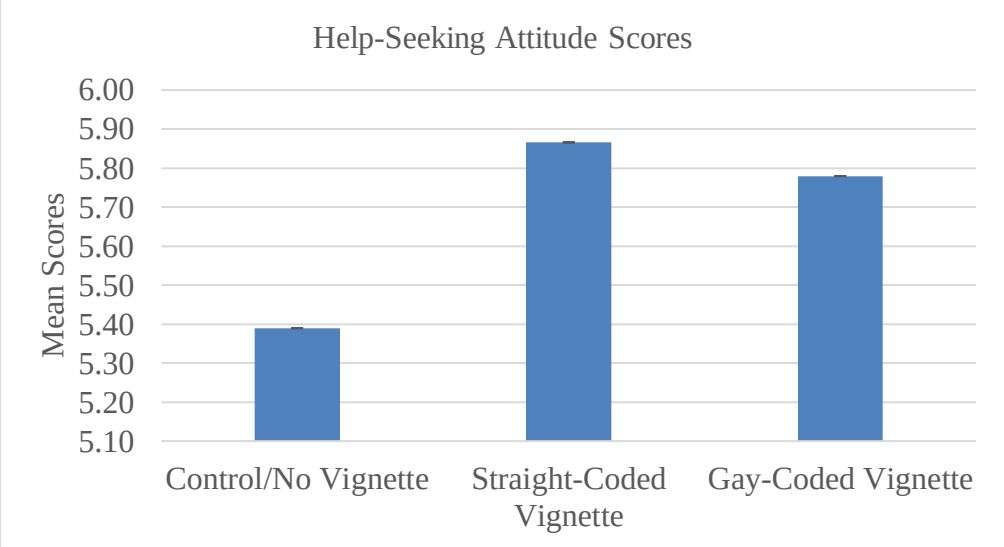
CHAPTER 4: RESULTS

A one-way ANOVA was conducted to compare the means of the three experimental conditions on mental health seeking attitudes. The difference between the experimental conditions was significant, $F(2, 249) = 5.02$, $p = .007$, $M_{\text{GayVignette}} = 5.77$, $SD = 1.03$, $M_{\text{StraightVignette}} = 5.91$, $SD = 0.97$, $M_{\text{Control}} = 5.39$, $SD = 1.28$. The effect size of vignette condition on mental health seeking attitudes was small, $\eta^2 = .04$. A Fischer's LSD post hoc test was used to make all pairwise comparisons, since Fischer's LSD calculates the smallest necessary difference in significance between two means. The gay vignette group was significantly higher from the control group, $p = .03$, but not the straight vignette group, $p = .44$. The straight vignette group was also significantly higher from the control group, $p = .003$.

Further results were analyzed after accounting for the manipulation check. There were 24 participants removed from the data after failing to pass the manipulation check. Of this number, 21 received the straight-coded vignette, but remembered the man in the vignette as gay, one received the straight-coded vignette, but did not answer the manipulation check. Additionally, one received the gay-coded vignette, but remembered the man in the vignette as straight, and one received the gay-coded vignette, but did not answer the manipulation check.

A one-way ANOVA was conducted to compare the means of the three experimental conditions on mental health seeking attitudes. The difference between the experimental conditions was significant, $F(2, 226) = 4.02$, $p = .02$, $M_{\text{GayVignette}} = 5.78$, $SD = 1.02$, $M_{\text{StraightVignette}} = 5.87$, $SD = 0.97$, $M_{\text{Control}} = 5.39$, $SD = 1.28$. The hypothesis that the gay-coded vignette would have significantly higher effects than the control condition was supported, but the hypothesis that the gay-coded vignette would have significantly higher effects than the straight-coded vignette

was not supported. Additionally, the hypothesis that the straight-coded vignette would have significantly higher effects than the control condition was supported. The effect size of vignette condition on mental health seeking attitudes was small, $\eta^2 = .04$. A Fischer's LSD post hoc test was used to make all pairwise comparisons, since Fischer's LSD calculates the smallest necessary difference in significance between two means. The gay vignette group was significantly different from the control group, $p = .03$, but not the straight vignette group, $p = .65$. The straight vignette group was also significantly different from the control group, $p = .01$. Thus, the results were roughly equivalent regardless of whether participants were removed for failing the manipulation check.



CHAPTER 5: DISCUSSION

The purpose of this study was to determine if providing targeted mental health messaging to gay men could improve positive attitudes and willingness to seek mental health treatment. To accomplish this goal, vignettes were presented detailing a fictional man's experience seeking mental health treatment, with the man's sexuality being explicitly stated, and then measuring participant attitudes towards mental health treatment following reading the vignettes. Participants were then presented with a manipulation check in being asked the sexuality in the man in the given vignette to make sure participants were paying close attention. Initial hypotheses were that the gay-coded vignette would have significantly higher effects on mental help-seeking attitudes compared to the straight-coded vignettes or control condition, and the straight-coded vignette would have significantly higher effects on mental help-seeking attitudes compared to the control condition. Hypotheses were mostly supported with data revealing that vignettes explicitly stating a man's sexuality as either gay or straight more positively impacted attitudes towards mental health treatment and exhibited higher help-seeking scores, as opposed to no mental health messaging at all. However, there was no significant difference in sexuality conditions impacting attitudes towards mental health treatment.

Since both vignettes were significantly different from no messaging at all, but not from each other, the implication is that sexuality could have less of an impact on gay men's willingness to seek mental health treatment than originally hypothesized. Instead, the general messaging of another man seeking mental health treatment seems to have a more noticeable impact on attitudes. This confirms prior studies that demonstrate public health campaign effectiveness when targeting men and mental health (see Rochlen et al., 2006). However, one

consideration that could be explored with future studies is if this phenomenon extends to straight men viewing mental health messaging as well. Prior studies have examined the perceived negative attitudes from straight men towards images and messages associated with being "gay," with several researchers finding that straight men consistently perceive threats to their masculinity in response to the presence of other gay men, especially perceived feminine gay men (Glick et al., 2007; Wellman & McCoy, 2014; Wellman et al., 2021). Having messaging explicitly mentioning a man being gay and seeking mental health treatment could have potentially negative effects on mental health seeking attitudes for straight men due to this masculinity threat, in comparison to this study. Keeping this in mind, researchers would need to control for internalized homonegativity if and when they conduct these follow-up experiments. Otherwise, the mean attitude scores would most likely be much lower in comparison to this study. Testing these hypotheses, however, were outside the scope of this study.

Overall, the data implies that public mental health messaging may continue focusing on presenting testimony from other men seeking mental health treatment, with less explicit focus on sexuality presentation. With conversations in public health messaging surrounding representation and cultural sensitivity one would expect having gay representation to exhibit more positive effect on attitudes than straight representation (Resnicow et al., 1999). However, the data implies that this may not always be the case and that continuing to men, in general, in vignettes seeking mental health treatment can be enough to positively shift attitudes.

CHAPTER 6: LIMITATIONS

While significant results were found in analysis, there are several limitations of the study to discuss. The first limitation comes in the nature of the sample being convenience-based. Participants were recruited from *Prolific* based on matching specific participant characteristics, but not based on national representative samples, so the sample may represent a specific demographic not fully representative of gay, cisgender men above age 18 across the United States. Additionally, those who know of *Prolific* tend to be more college-educated, so the data provided may be biased towards those experiences. A second limitation is that while the study focused on the impact of testimonials on attitudes towards mental help-seeking, the impact of testimonials may be overstated in this study. Behavior and attitude change has been demonstrated to take long amounts of time to occur, so assuming that large shifts in attitudes could result from a brief testimonial being viewed once may be a large shift in thinking. With that being said, these results are merely a starting point to consider more larger-scale mental health campaigns and their effectiveness over time as a result of repeated exposure. Finally, the last limitation comes in the design of the study not assessing attitudes pre- and post-intervention. Since attitudes were not measured before the experimental condition being presented, then assumptions of shifts in attitude may be more difficult to determine. While this experimental design choice was intentional in order to limit priming bias and limit participants from trying to present themselves in a favorable light, as is often the case with research regarding mental health attitudes, this limitation cannot be overlooked.

CHAPTER 7: CONCLUSIONS

This project increases knowledge on public mental health messaging by demonstrating that generally addressing men in public mental health messaging can provide positive impacts on mental health attitudes for straight and gay men alike. Research should continue exploring how to get more gay men into mental health treatment in order to more properly address the long-standing mental health issues that gay men have faced from being marginalized for their identity for so long. Despite marriage equality and other legal and societal advances happening for gay men in the United States over the past decade, mental health issues remain exceedingly prevalent overall. Stigma gay men have towards mental healthcare providers in serving their mental health needs continues to keep gay men out of treatment, and by providing messaging that more intentionally addresses this issue, then this stigma can be better combatted. This study represents a small step in addressing that stigma and providing more nuanced and informed addressing of mental health issues for gay men, while potentially helping improve utilization of mental health treatment overall.

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APPENDIX A: DEMOGRAPHICS FORM

Please complete the following information about yourself:

Age:

Occupation:

Ethnicity (choose all that apply):

_____ Black

_____ Asian

_____ White

_____ Latino/a

_____ Native American

_____ Other: _____

Please indicate your highest attained level of education obtained:

_____ Less than a High School Diploma

_____ High School Diploma or GED

_____ Bachelor's degree

_____ Master's or Other Professional Degree

_____ Doctorate degree

APPENDIX B: VIGNETTES

Gay-Coded Vignette:

The following is the story of Richard, a 29-year-old gay man from Asheville, NC, sharing his own experiences with mental health in an interview from a previous study. Please read it carefully.

"I was struggling with depression and anxiety. I'd drink to feel better, but that would just make me feel more depressed than I already was. I wasn't doing any of the things I used to enjoy, like basketball or going for hikes. Eventually, my husband convinced me that I needed to go to therapy to deal with my difficulties, and I'm happy that I did. While things aren't perfect, I'm feeling much better and plan to keep working with my therapist as I continue to recover."

Straight-Coded Vignette:

The following is the story of Richard, a 29-year-old straight man from Asheville, NC, sharing his own experiences with mental health in an interview from a previous study. Please read it carefully.

"I was struggling with depression and anxiety. I'd drink to feel better, but that would just make me feel more depressed than I already was. I wasn't doing any of the things I used to enjoy, like basketball or going for hikes. Eventually, my wife convinced me that I needed to go to therapy to deal with my difficulties, and I'm happy that I did. While things aren't perfect, I'm feeling much better and plan to keep working with my therapist as I continue to recover."

APPENDIX C: MENTAL HELP SEEKING ATTITUDES SCALE (MHSAS)

Mental Help Seeking Attitudes Scale (MHSAS)

INSTRUCTIONS: For the purposes of this survey, "mental health professionals" include psychologists, psychiatrists, clinical social workers, and counselors. Likewise, "mental health concerns" include issues ranging from personal difficulties (e.g., loss of a loved one) to mental illness (e.g., anxiety, depression).

Please mark the circle that best represents your opinion. For example, if you feel that your seeking help would be extremely useless, you would mark the circle closest to "useless." If you are undecided, you would mark the "0" circle. If you feel that your seeking help would be slightly useful, you would mark the "1" circle that is closer to "useful."

If I had a mental health concern, seeking help from a mental health professional would be...

	3	2	1	0	1	2	3	
Useless	○	○	○	○	○	○	○	Useful
Important	○	○	○	○	○	○	○	Unimportant
Unhealthy	○	○	○	○	○	○	○	Healthy
Ineffective	○	○	○	○	○	○	○	Effective
Good	○	○	○	○	○	○	○	Bad
Healing	○	○	○	○	○	○	○	Hurting
Disempowering	○	○	○	○	○	○	○	Empowering
Satisfying	○	○	○	○	○	○	○	Unsatisfying
Desirable	○	○	○	○	○	○	○	Undesirable

APPENDIX D: DEBRIEFING FORM

Thank you for your participation in this research study. Now that your participation is completed, we will describe the full nature of this study.

What you should know about this study:

1) The initial stated purpose of this study was that we were interested in the different things that influence opinions about wellbeing, as well as health behaviors surrounding things like substance use and sexual health.
2) The full nature of the study was to measure willingness to seek mental health treatment after reading provided vignettes and to see if the sexual identity of the individual in the vignette impacted attitudes towards treatment.
3) The provided vignettes were stated to be true, but they were fictional.

Why it was important:

1) There exists little to no research on the use of mental health testimony in getting gay men to seek mental health treatment, and there also exists little research seeing whether or not sexual identity of a person giving testimony has any effect on gay men's attitudes towards seeking mental health treatment.
2) Research demonstrates that individuals may be more hesitant to reveal attitudes towards mental health treatment and give more perceived socially acceptable answers, so we provided a vague rationale in the beginning of this study in order to minimize this priming bias.

If you have questions:

The main researcher conducting this study is Dr. David Solomon PhD, a psychology professor at Western Carolina University, along with his graduate mentee Collin Williams, BA. If you have questions, you may contact Dr. David Solomon at dsolomon@email.wcu.edu.

If you experience distress either during/after having completed the study, please contact:

Trevor Project Crisis Hotline: **Call 1-866-488-7386 or text 'START' to 678-678**

SAMHSA (Substance Abuse and Mental Health Services Administration) National Helpline: **1-800-662-4357**

Suicide and Crisis Lifeline: **9-8-8**