The Realities We Create: A Qualitative Study on Perceptions of Mental Health and Mental

Health Policy in a College Community

A Thesis Presented to The Faculty of the Department of Sociology of The Colorado College

In Partial Fulfillment of the Requirements for the Degree Bachelor of Arts

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March 22, 2023

Word count: 5210

On my honor I have neither given nor received unauthorized aid on this assignment.

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Abstract

Mental health is a subject of growing concern in many public spheres, and college campuses are no exception. This study examined five students and four faculty at Colorado College, asking questions about both the broad topic of mental health as well as specific school policies. A particular focus was directed towards how the factors of age and occupation (faculty or student) influenced these perceptions and ideas. Students and faculty alike drew on unique experiences in order to distinguish their outlook on the topic of discussion, while both groups also emphasized a pattern of performative action within school policy.

A fundamental pillar of Sociology is the theory of symbolic interactionism (Mead 1934). Through this lens, we understand that the broader meaning we ascribe to society is constituted by the interactions between individual people which occur every day. Social norms and conceptions are thereby given meaning through the continuous practice of interaction. Such a concept does not mean, however, that each individual arrives at the exact *same* ascribed meaning. There are innumerable factors that may influence a person's daily interactions, and thereby understandings, be it age, race, socioeconomic status, etc. As we slowly emerge out of the deepest stages of an ongoing pandemic, the topic of mental health has spent increasing amounts of time in the national spotlight. This issue, like so many others, is not immune to the differences in perceptions and meanings as described above.

LITERATURE REVIEW

Perceptions and Needs in Relation to Mental Health by Age

Past studies have looked at these factors and their effects on mental health, one of which measured the mental health of differently-aged Korean American adults (Jang, Chiriboga, and Okazaki 2009). This study compares two cohorts of younger and older adults, ages 20-45 and 60 and older, respectively. Both groups completed a modified version of the *Attitudes Toward Seeking Professional Help Scale* (Fischer and Farina 1995). This survey is designed to measure how likely individuals are to utilize mental health services. Researchers also measured anxiety through the *Aging, Status, and the Sense of Control* survey (Drenta 2002). Additionally, researchers measured depressive symptoms through the *Center for Epidemiological Studies - Depression* survey (Andresen et al. 1994).

These researchers found that the younger cohort scored higher on anxiety and depressive symptoms compared to the older cohort. Older adults were more likely to see depressive symptoms as indications of personal weakness, while younger adults were more likely to view depression as a medical condition that requires treatment. This study also investigated other variables as well, one of which was gender. For younger adults, women tended to have a more positive attitude toward mental health services. For older adults, however, *no* demographic variables were significant. Perhaps one of the biggest findings of interest, though, was the fact that for older adults, depressive symptoms suggested a more *negative* attitude toward mental health services (Jang et al. 2009).

Another study has broadened the focus through an introduction of more variables, analyzing age, period, and cohort in the context of perceived mental health treatment need (Askari et al. 2022). Data from this study indicated that, in opposition to the prior study, individuals with severe mental illness had the highest perceived need for treatment, regardless of age Information was collected using the *National Survey on Drug Use and Health*, which measures substance use and mental health among those 12 and older in the United States.

Looking at perceived need for mental health services specifically, researchers relied on the question: "During the past 12 months, was there any time when you needed mental health treatment or counseling for yourself but didn't get it?" Period differs from age and cohort in that its purpose is to measure changes in prevalence over time which affect the population regardless of age (Bell and Jones 2013). Researchers categorized three levels of mental illness severity, including serious, any mental illness but not serious mental illness, and no mental illness. To do so, they utilized the *Kessler Psychological Distress Scale* and the *World Health Organization Disability Assessment Schedule* (SAMHSA 2015). Similar to the prior study, younger birth

cohorts with any mental illness reported a higher perceived need for treatment in comparison to older cohorts. Among those younger cohorts, the peak age range for perceived treatment need was 28-32. Across all levels of mental illness, birth cohorts 1999 and 2000-2002 reported the highest perceived need for treatment. Older cohorts, regardless of mental illness severity, had the lowest perceived need for treatment. Additionally, cohort effects proved to be more significant than period effects regardless of mental illness severity (Askari et al. 2022).

Adults with more severe mental illness tended to list structural and attitudinal barriers as reasons for not receiving mental health care. Adults with mild mental illness, however, cited a lower perceived need as a reason for not receiving treatment (Askari et al. 2022). A larger number of adults with *any* mental illness who perceived need for treatment listed structural barriers more than attitudinal (Walker et al. 2015).

Knowledge and Attitude on Mental Health by Occupation

Another study further broke down the variable of age by exploring the unique differences in knowledge and attitude on mental health between students and teachers (Omari et. al 2022). Researchers used stratified sampling to select students ages 15-19 and teachers from government schools in Oman. They measured participants' demographics through a questionnaire, including self-reported mental illness diagnosis and family or friend with mental illness diagnosis. Researchers also measured whether or not participants had previously taken a course on mental illness. Finally, they included a test on mental illness knowledge, using the *Core Information and Knowledge Essentials of Mental Health Publicity and Education* (Chinese Ministry of Health 2010). The survey included decidedly right or wrong answers to measure results.

Knowledge of mental illness was greater among teachers in comparison to students. More specifically, female teachers scored higher on mental illness knowledge than their male

counterparts. For teachers who had a family member experiencing mental illness, knowledge was also higher. However, teachers who did *not* have a family member or friend experiencing mental illness had exhibited a more positive attitude toward people with mental illness and mental illness as a whole (Omari et. al 2022).

For students, trends on knowledge were reversed with males scoring higher than females. Knowledge was also greater amongst students who had taken a course on mental health, compared to those who had not. In opposition to teachers, students with a family member or friend experiencing mental illness had a more positive attitude than those who did not, with the same being true for having taken a course. Overall, teachers scored higher on knowledge while students scored higher on positive attitude. For teachers, there existed a weak negative association between knowledge and positive attitude. For students, however, the association was strongly positive (Omari et. al 2022).

A different study took a similar approach in documenting educators' knowledge and attitudes on mental health, measuring the effectiveness of mental health literacy programs (Kutcher et. al 2015). Researchers took a preexisting Canadian mental health curriculum used in Canadian schools and adapted it so as to be more culturally appropriate for use in Malawi. They looked at 35 schools and 15 youth clubs, measuring 218 educators' mental health knowledge and attitudes. Participants completed a questionnaire (Kutcher et. al 2013) before and after a period of education. The questionnaires included 30 questions, eight of which focused specifically on attitude (Kutcher et. al 2015).

Knowledge on mental health improved after educators went through training, climbing from an average of 58.3% of questions answered correctly to 76.3% (Kutcher et. al 2015). Prior to the training, participants had a collectively moderately positive attitude toward mental illness.

This measure increased as well, with a greater positive attitude post-training. More specifically, researchers found no significant differences in score improvements in either category when examining sex or location between schools and youth clubs (Kutcher et. al 2015).

Conclusion

The studies I have described all center around the topic of mental health, offering insight into perceptions, needs, knowledge and attitudes of various parties. None of these studies, however, focus on a small liberal arts college, post COVID 19, which is struggling with recent student suicides. My own study does exactly that, drawing on various aspects of the research included above in an effort to conduct a qualitative analysis by way of cohort-based focused groups divided into students, faculty, and staff. Additionally, I am intrigued by the question of perceptions of policy and how they may differ based on the factors of occupation and age, among others. In conducting this study, I hope to evaluate individuals' needs and perceptions on mental health, while also working to understand any group trends within the categories of age and occupation, as well as others.

By centering my research around the categorical factors of student, faculty, and staff, I hope to gather specialized data which offers insight into the ways in which various facets of a college community understand mental health. In doing so, my goal is to capture a more nuanced picture which can positively influence higher education's approach to campus mental health in a way that benefits all parties.

Methods

Samples

All participants of this study are either students or faculty of Colorado College, with the final sample consisting of five students and four faculty. A randomly generated sample of 250 students was contacted for the purpose of focus group recruitment, with the added incentive of free lunch and the potential to win a $25 Visa gift card. Of those 250 originally contacted, two students were ultimately able to participate. The other three students were contacted through convenience sampling via shared affinity groups. Two students were interviewed individually, while a group of three spoke in conversation as a focus group.

Faculty were stratified into departments and a number of individuals from each subgroup were contacted by means of purposive and convenience sampling, with the intention of recruiting a group of faculty diverse in population and age, while contacting those deemed likely to respond as well. In total, 135 faculty were originally contacted and provided with the same incentive of free lunch and the chance to win a $25 Visa gift card. Subsequent individual recruitment efforts were based on convenience sampling as well. All four faculty were able to convene together for the purpose of speaking with one another as a focus group.

Measures

Participants were asked to fill out a demographic cover sheet upon arrival to the focus group session. Variables included rank (if applicable), department (if applicable), age group ($\leq$30, 31-40, 41-50, $\geq$51), years at Colorado College, race/ethnicity, and gender. Demographics by occupation can be seen in table 1 for faculty, and table 2 for students.

During the focus group, participants were provided three documents. The first was a sheet with questions, accompanied by a disclaimer at the top stating that "Focus groups are designed to be free-flowing, unrestricted conversations. As such, the researcher may pose questions not included on this sheet as deemed appropriate." Listed below were the following questions:

1. What are your thoughts on the growing national conversation/movement regarding mental health?

    a. How do you feel about treatment towards mental health such as therapy?

    b. When you consider your own perceptions on the topic of mental health, what factor(s) have influenced your point of view the most?

    c. Do you think your unique position as a student, faculty, or staff member impacts your perceptions of mental health? If so, how?

    d. Do you think your age influences your perceptions of mental health? If so, how?

2. How do you feel about Colorado College's approach to mental health?

    a. What role should the college play in *your* mental health?

    b. In recent months, Colorado College administration has been more vocal about improving mental health on campus. Where do you think the motivation for this increased focus comes from? Is it genuine?

    c. Can you name something the college has done that you see as positive for mental health? What about negative?

    d. Included is a copy of Colorado College's recent **Cabinet Mental Health & Wellness Commitments**. Are there particular commitments that you do or do not

support? Are there particular commitments you see as more or less doable? Is there anything you wish was included that is not?

e. Included is a copy of Colorado College student **Mental Health Day Demands**. Are there particular commitments that you do or do not support? Are there particular commitments you see as more or less doable? Is there anything you wish was included that is not?

Participants were also given the two supplemental documents referenced in the question sheet, the *Cabinet Mental Health & Wellness Commitments* and *Mental Health Day Demands*.

Findings

Table 1 - Faculty statistics

Rank	Department	Age Group	Years at CC	Race/Ethnicity	Gender
Assistant Prof.	Sociology	41-50	2.5	White	Male
Assistant Prof.	Political Science	31-40	2	Asian	Female
Associate Prof.	Sociology	≥51	22	Asian American	Female
Associate Prof.	Anthropology	41-50	12	Indigenous and Latina	Female

Table 2 - Student statistics

Age Group	Years at CC	Race/Ethnicity	Gender
≤30	2	White	Female
≤30	3	White	Male
≤30	3	White	Female
≤30	1	White	Male
≤30	3	White	Male

Focus group questions were divided into two broad categories: perceptions of mental health in general and perceptions of mental health policy at Colorado College. To begin with, both students and faculty expressed a shared sense of support for the growing national conversation on mental health. This affirmation did tend to come with a sense of urgency, though. As one student put it "Like in the past… you just get PTSD from going to war and die with that, right?" Another student noted that "More conversations need to be had, honestly."

Faculty expressed a similar sentiment, with one Sociology Professor labeling increased conversation regarding mental health "a long time coming," while also noting that the ongoing national mental health crisis has been "just sort of distressing." Another Sociology Professor said that "Given the kind of culture… of American society… what it values related to its political economy and the society itself, it's not surprising that we haven't paid a lot of national attention or other attention to mental health and sort of relegated it to this sort of deviant category, right?"

Both groups spent the majority of their time discussing mental health policy at Colorado College, approaching the topic with a variety of nuanced responses. Two students expressed positive attitudes regarding the school's strategy, albeit with different levels of confidence. One student said she thought Colorado College is "Doing their best… at least trying to do their best." Another said "I think they've done a great job, just like opening up the conversation." This student did not reference current schoolwide policy, but instead spoke to practices that may be up to a professor's discretion, saying "It's (mental health) a very big part of, like, the beginning of classes I feel like, like the professor always includes it in the syllabus. So I think that's… at least my experience." In explaining how she thought Colorado College was trying its best, the student mentioned above referenced specific school policy, describing the mental health hotline as well as six free counselor sessions. She also spoke positively on certain professors' choices to allow

students one mental health day during the block, although later added that such a policy may cause stress for some students. Speaking broadly on the increased campus focus on mental health at school, two students explicitly mentioned recent student suicides as a catalyst for increased attention.

Evidently, these policies were not without criticism. The same student clarified her position on the six free counselor sessions, saying "As much as they say oh it's accessible for everyone… I took the first six free sessions and I was like, I can't afford more… Is there any way I can get help with that? And they're like, 'well through your insurance it's $60 per session' and like I can't afford that." Other students spoke to mental health resource shortcomings as well, including various stories of being let down by the currently existing and available measures. One student said he and his friend called a phone line that was supposed to have 24/7 support, but no one answered.

Students were also provided with two supporting documents, *Cabinet Mental Health & Wellness Commitments* and *Mental Health Day Demands* as mentioned above. The former comes directly from Colorado College administration and outlines policies and practices the school is either currently enacting or plans to engage in. The latter is a student-generated list of demands, accompanied with a letter directed toward administration. As with existing policy, students had nuanced opinions on these documents as well. The student who spoke about Colorado College doing a "great job" spoke to the student demands, highlighting one that he was particularly drawn to. "I'm looking at number three on the second page, 'Establish boundaries for classroom assignments and expectations.' I think that's probably one of the biggest parts of having like a good foundation for mental health and knowing, you know, exactly what class is going to be like."

This same student referenced the cabinet mental health commitments as well, speaking to a section titled "Peer-to-peer resources." He said "Someone who's had, like, a very similar experience to you, I think you can relate the most to. So I would, you know, value those connections probably more than I would like a faculty or something… Yeah, I would definitely emphasize that." Another student expressed support for specific parts of the cabinet commitments, but fully clarified his response to be less absolute. He referenced a section of the cabinet commitments titled 'New and existing resources for students, faculty, & staff,' next to which reads "Through our Task Force and Rankin Climate will be identifying, testing and investing in new and varied resources to meet our student's needs." He reflected, "I think that's great. But… it's really vague. That doesn't mean necessarily anything as of yet, that's just kind of like a 'we're going to do some stuff… we're gonna put in work to make sure something happens.' And like, if that really happens, this is exactly what we need. But also, like, there's no accountability in this exact line."

He continued on to another section titled "Additions to counseling staff," next to which it reads "We understand that we have limited hours and are working toward increasing our counselors' hours…" He commented, "…These are great ideas, but like *working towards* and *we will do this* are very different things… they were definitely thinking about that when they chose to word this in this specific way, and it wasn't a 'we're committed to this,' it was 'and maybe we will possibly be doing this.'" Such an attitude seemed to resonate with other students, one of whom called the school's approach "performative."

Students also reflected on their positionalities, which influence their perceptions of mental health and mental health policy. One student spoke to how being a student "definitely changes things because we're in such a environment where it's like we're learning to be our own

people and learning to be, like, take care of ourselves basically, and so it definitely influenced how we think about [mental health]." In the case of this study, all students fit into the same age cohort, which they spoke to as well. One student positioned herself distinctly between younger and older generations, saying, "I think when you're younger, you don't necessarily understand a lot of what's going on, like with mental health… people older have, like, a warped view of just like, pull yourself up by your bootstraps, you know, like take care of, like, your family, your work… becoming a productive member of society rather than a functioning human with a good outlook on life, I guess."

In a different focus group session, another student reinforced a similar idea, commenting on how he felt as if mental health has a lower stigma now than in the past. On the question of if age affects perceptions of mental health, one student had a slightly more complicated answer. "Yes and no," he said, explaining how "in high school, like, the mental health talk between, like freshmen and seniors is different, whereas here I feel like it's not that different." This student did, however, express greater differentiation in perception between cohorts with larger age gaps. He said "I like know people, like, my age that have like… more like clinical mental health issues like clinical anxiety, clinical depression and like, I've never, I mean this just could be coincidence, I just, I've never really met someone like, like middle-aged… who has that?" Students considered other personal factors that may influence perceptions of mental health as well, such as income, political ideology, and family.

Some faculty responded similarly to students in their opinions that Colorado College is trying their best to promote positive mental health. Like students once again, however, these perceptions were not simply cut and dry. One Anthropology professor said that Colorado College is doing "Better than some (schools), due to students making this an issue that needs to be at the

forefront." One Sociology professor echoed a student's positive affirmation of having a 24/7 mental health resource, saying "that stuff is like going to make a immediate impact." The same Anthropology professor also said, "But then we also have some of the more traditional messages about how we are supposed to be, you know, demonstrating our worth on a more individual basis… I still hear, you know, departments having discussions of who has more majors and all of these types of things…" She continued on to say "I feel like we have very conflicting messages that we're supposed to be building community and working together."

The Sociology professor mentioned above agreed with this tendency for individualization which can lead to issues, speaking to how "we're always celebrating people's accomplishments, which is great in a community, but at the same time, you are creating kind of a competition…" He continued on to say "Maybe, I don't know, paradoxically if CC was like, 'let's take this competitive spirit that we all think is partially problematic, let's take all of this, like accomplishment-focused energy and become the *best* college with the best mental health." Such messages dealing with the intersections of collectivity and competition were accompanied by detailed viewpoints of existing and current school policy.

One Political Science professor spoke to Colorado College's positionality in regards to the broader mental health movement, saying "…so I wonder how much CC sees itself as part of the superstructure and wanting to change kind of the entire… how much impact it would make if it's just within the institution and how much it actually thinks about the space that it is in, the kind of spatiality of mental health nationally… at least at the state level…" She continued on to say "sometimes it feels like they're too, maybe, narrow and piecemeal…maybe that's why it sometimes seems a bit performative." Another Sociology professor extended this comment, calling the school's approach "responsive" as opposed to "reactive."

These comments on genuine intent sparked more conversation. Referencing the cabinet commitments, the same Political Science professor noted a section titled "Stress due to Block Plan," noting how "That category is interesting, the way they 'recognize the block plan can create different stressors than semester school,' and there's nothing else." The Anthropology professor cited a different section titled "Hiring a new AVP (Associate Vice President) for Wellness," posing the question of "…how is this person going to be someone who's going to help to build those types of spaces on campus for talking altogether about how we address mental health?" She continued on to say "And if it's just like we're going to hire this person, then it does seem just like for show and, and really just to sort of make it look like we're doing something but working in a very traditional sort of way…" A Sociology professor built off this comment, speaking to how the college is selling something and asking if the school's mental health initiative is about "getting people through the door."

Faculty spoke to their positionality in relation to their perceptions of mental health and mental health policy as well. The Sociology professor mentioned above said "I'm thinking about mental health so much more… but in a very particular way, being a faculty member here. I'm thinking about students' mental health all the time now in a way that I think it's just different…I feel responsible for my students, like this is my classroom they're coming into." The Anthropology professor spoke to the unique situation of faculty members as well, speaking to "a part of this idea of rigor that's very much a part of academic culture that we all went through. All professors went through these academic systems where we were put in a position to have to prove ourselves." She tied this idea into the factor of age, saying "…I think there is a mentality among older faculty that you just need to kind of, you know, pull yourself up by your

bootstraps… especially as they get older and they are maybe phasing out of their careers and trying to think of, like, how do I prove that I really am like successful and important."

Another Sociology professor, the oldest person present at the focus group session, spoke to the effect of age in perceptions of mental health as well. She described "…a greater difficulty of people of my cohort to understand." She elaborated on this gap, explaining how "I attribute that to growing up at a time when many of us had Depression Era parents… even though we were not Depression Era children, we heard it." Faculty also mentioned other factors that influence their outlooks on mental health. The Anthropology professor spoke to perspectives gained from growing up in an indigenous Mexican lower income community, as well as being a first-generation college student. She described how growing up people around her did not talk about mental health, and how such an upbringing simultaneously hardened her to struggle while helping her to develop more empathy for others going through difficult situations.

One Sociology professor felt similarly, yet for different reasons as a trans person. The other Sociology professor present spoke to her own intersecting experiences involving class and ethnicity, actively questioning to what extent each played a role in her upbringing and subsequently her perceptions. She said "…some people might surmise that there is something about Chinese American culture background that does not invite… a lot of conversation about what you're experiencing, especially if it's suffering… then I do ask myself was it, was it a kind of class issue of was it intersecting, in this case I would say some kind of ethnic background." The Political Science professor also spoke to her own personal unique positionality as someone who is South Korean and also a mother. She described intense mental health pressures on youth in South Korea, but also explained that she felt there was a lack of "top down national conversation" regarding the issue, while such a movement may be happening in the United

States. She also described how having a child makes her "perceptions of mental health… more

multi-dimensional because I am pulled in different directions."

Discussion

This study was designed with the focus of better understanding students' and faculties' perceptions of mental health and mental health policy in a college community. Participants described personal thoughts and opinions, and many had the opportunity to speak in collaboration with others. Mental health is a complicated social issue and as such, respondents were detailed and nuanced in their approaches to the questions asked. All five students and four faculty expressed that an increase in focus and conversation on the topic of mental health is positive.

Looking back at other literature surrounding this topic, it is evident that this study does support previous findings in several ways. Through anecdotal evidence as described by both students and faculty of ranging age cohorts, it is apparent that several of those who participated understand there to be a generational gap in attitude towards mental health and mental health treatment (Askari et al. 2022). One student's comment on clinical issues in youth vs. adults may also possibly support the idea that younger cohorts have a higher perceived need for mental health treatment (Askari et al. 2022).

Where my own study differs from past literature is its focus on school policy during a uniquely situated, unprecedented time period. In analyzing both students' and faculties' perceptions of mental health policy, most respondents described a sense of something along the lines of "performative activism." This idea was highlighted by documents containing proposed or future policy which were criticized as being too vague and detached from language which suggests action. Only one student out of the nine total respondents did not frame the school's policy in at least somewhat of a negative light.

Participants were also asked to reflect on their own positionality in relation to these perceptions. The study explicitly asked about age and occupation, to which students and faculty spoke about responsibilities of growing up, as well as being in a position of power with the given job of educating others.

Conclusion

This study is by no means complete. Rather, it represents a small step into the larger venture of better understanding how we perceive mental health on college campuses. This study was limited by a low number of participants and relatively short interviews, both of which could be improved should it be continued. Regardless of limitations, however, this study offers a small window into the mechanisms with which we ascribe meaning to life, and gives a glimpse into the realities we create.

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