

Internship Report

Planning and Evaluating Events about Mental Health and Illness on the Texas State University Campus

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INTRODUCTION

I conducted an internship with Joseph Meyer, the Director of Institutional Research at Texas State University during the 2013-2014 academic year. The Office of Institutional Research primarily functions to provide collected institutional data, such as enrollment history, to University administration and government officials. I specifically worked with Mr. Meyer on a project he was co-chairing called the Common Experience with the theme Minds Matter: Exploring Mental Health and Illness. I chose this internship to supplement my thesis research, which focused on mental health and illness among college students. My major duties associated with this internship included attending the Common Experience planning meetings, assisting with the planning and implementation of events, updating the Common Experience event calendar, conducting participant observation by attending events, and designing a survey to assess students' opinions about mental health and illness and if attending mental health related events affected students' opinions. This report includes information about some of the issues associated with mental health among college students, the Common Experience, my duties, the survey design process, and the results.

MENTAL HEALTH IN COLLEGE STUDENTS

According to the CDC (2011), a mentally healthy individual is able to appropriately deal with everyday stress, is productive, contributes to the community, finds joy in living and is able to realize his or her potential. Mental illness, on the other hand, is defined as "collectively all diagnosable mental disorders or health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress and/or impaired functioning." Mental illness can range from mild to severe and includes conditions

such as depression, anxiety, ADHD, schizophrenia, bipolar disorder, and various mood disorders.

Mental illness is a significant source of disease burden around the world (WHO 2004). Disease burden is an evaluation of premature death, loss of health, and disability. It is measured by determining the years of life lost due to early death and the years of life spent with compromised health. In other words, disease burden is a measurement of the difference between actual health and ideal health (WHO 2004). In 2004, depression alone was reported to be the third leading cause of disease burden in the world and the first leading cause in middle and high-income countries. It is projected that depressive disorders will continue to be one of the leading causes of disease burdens in the world (WHO 2004). The United States is no exception with about twenty-five percent of adults being diagnosable for one or more mental disorders (NIMH 2013). Close to six percent of US adults are considered to have a severe and debilitating mental illness such as major depression or schizophrenia (NIMH 2013).

The situation is more serious among college-age adults. Concern about sufficient mental health resources on college campuses has been growing, given the recent episodes of violence in schools (Yorgason et al. 2008, Monahan et al. 2011). A recent study showed that forty percent of U.S. college students met the requirements for having a mental illness as described by the *Diagnostic and Statistical Manual of Mental Disorders* (Anderson-Fye and Floersch 2011). Common issues among college students include suicidal thoughts, use of substances, depression, anxiety, eating disorders and various levels of distress (Yorgason et al. 2008).

College is an extremely stressful and impressionable time for students. The age range of 18 to 25 is typically filled with significant life changes associated with leaving home and transitioning from childhood to adulthood (Anderson-Fye and Floersch 2011). In addition to the stress of homework, deadlines, and choosing a career path, this transition into college is characterized by a decrease in supervision, homesickness, missing friends, feelings of isolation, disputes with peers and roommates, peer pressure, and a lack of sleep (Hefner and Eisenberg 2009, ACHA-NCHA II 2010, Anderson-Fye and Floersch 2011). This sudden loss of support and feeling of isolation is strongly correlated with psychological distress (Hefner and Eisenberg 2009).

Dramatic changes in the brain simultaneously occur during this difficult transition time. Neural plasticity associated with age, along with hormones from puberty, impact

psychopathological development that contributes to the high risk of mental disorders characteristic of the college age group (Anderson-Fye and Floersch 2011). Disorders such as anorexia and schizophrenia may develop during this time, while disorders like depression often get worse.

Late adolescence is believed to be a time when the brain becomes capable of self-monitoring without the support provided by parents and community. During the transition, however, college takes the place of parental and community support during the final stage of brain development that sets the meaning and trajectory for life, career, and conception of self (Anderson-Fye and Floersch 2011, Becker et al. 2002). Many people in the young adult age group are formulating their career plans (Becker et al. 2002). The onset of mental illness often disrupts these plans and sets individuals on a path of underachievement and educational and career distress (Becker et al. 2002). Thus, college students need adequate support during this time to be successful (Salzer et al. 2008).

The lack of knowledge and understanding in conjunction with stigma can lead to serious issues in regards to the acceptance of people with mental health disorders and their access to or willingness to access mental health resources. Stereotypes exist about people with mental illness being dangerous (Corrigan 2004) and highly publicized incidences such as the shootings at Pima Community College in 2011 and Virginia Tech in 2007 have served to further propagate this belief (Monahan et al. 2011). Stigma, caused by fear and lack of knowledge, results in the creation of stereotypes and prejudices that yield discrimination (Peitl et al. 2011, Corrigan 2004) that function to prevent people with mental health issues from seeking help and developing a strong support network. In terms of mental health specifically, people with mental illnesses are often judged more harshly than people with other health conditions and those with psychotic disorders are even further stigmatized (Corrigan 2004). Stigma against people with mental illnesses is a significant issue because it has been shown to greatly impact help seeking behaviors (Anderson-Fye and Floersch 2011). Therefore, universities need to make a concerted effort to limit stigma on their campuses and ensure their students have a strong support network and adequate resources to be successful in school.

COMMON EXPERIENCE

<http://www.txstate.edu/commonexperience/>

Recognizing this issue, Texas State University selected a mental health and illness related theme for the 2013-2014 Common Experience. The Common Experience is a program designed to engage the campus and community in an intellectual discussion focused on a single topic. The topic changes every year. It is designed to specifically target incoming freshmen by introducing the topic during freshman orientation, providing an assigned reading book following the theme that all freshmen are encouraged to read, theme based assignments in required freshman experience classes, and encouraging students to attend events sponsored by the Common Experience. All Texas State students and community members are welcome at most of the events and are encouraged to attend.

Mr. Meyer originally proposed the topic of mental health and illness for the Common Experience and served as the co-chair for the 2013-2014 Common Experience Committee. This committee consists of two core permanent members, a group of volunteer faculty, staff, and students who are interested in contributing to that year's theme, and members whose participation centers on planning particular events hosted by their departments or organizations. After the theme is selected, the planning process starts during the spring of the previous academic year with choosing the book that will be distributed, contacting experts in the subject to come speak, reserving event locations, and planning some of the major events. The actual events generally start the following fall and run through spring semester. Events often include speeches by celebrities and experts in the subject, art gallery exhibits, theater and music performances, a philosophy dialogue series, and various other activities arranged by campus organizations and departments that are fitting for the theme.

Involvement in the planning committee and attendance of events afforded me the opportunity to conduct participant observation. This allowed me to gain knowledge of resources and comprehend aspects of the planning process and the effect of events. Planning a program of this scale requires a great deal of effort and many people simultaneously working on various aspects. Although the Common Experience every year requires great care in planning and a wide array of events, it was especially important this year considering the sensitive nature of the topic. The goal of *Minds Matter: Exploring Mental Health and Illness* was to raise awareness and open a dialogue about the subject of mental health, which is often treated as taboo. As discussed above, mental illness is often associated with fear and perceptions of the mentally ill

as dangerous. Many of the events this year addressed this stigma. By having a Common Experience program focusing on mental health and illness, the dialogues and conditions associated with this topic begin to be normalized and thus act to reduce the stigma.

Efforts to reduce stigma involved a variety of approaches that began in the planning meetings. Great care was taken to choose the right words for publicity. Overall the goal was to break stigma, not reinforce it. One particular challenge was the art gallery exhibits. Artists with mental illnesses or those who address mental health in their work were recruited. However, it was imperative to find a way to promote the artists for their talents in gallery exhibits, rather than highlighting mental illnesses, while still sticking to the theme. One of many art exhibits that were held throughout the year was called “Face Forward: Portraits of Emotional Exposure.” This exhibit featured over 40 pieces of art by a number of artists. In addition, many of the artists were present at the public reception to discuss their work. I talked to the artist of a piece that I found particularly interesting. She depicted people that had a physical abnormality and morphed the image into a somewhat grotesque depiction of internal anatomy while also using medical supplies for texture. The people in her art weren’t “normal” and she was trying to convey their internal struggle with overcoming the abnormality. Given the wide variety of talent showcased, many styles and emotions were depicted. This effectively displayed a wide range of human emotions and mental states that functioned to work towards the goal of promoting conversation about mental health.



Image 1: Marilee Ratliff in front of art piece described

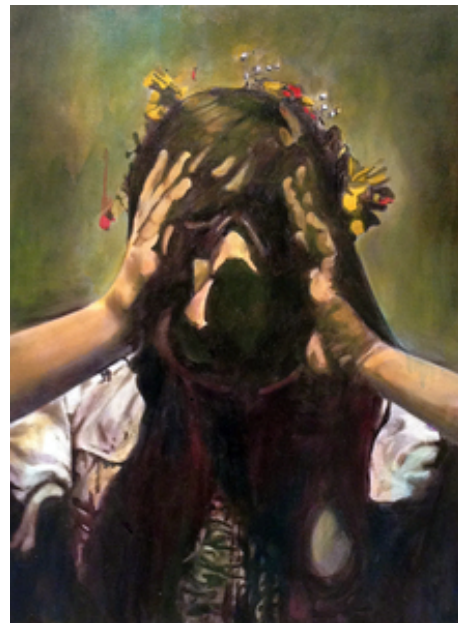


Image 2: Face Forward publicity image

Incorporating a variety of events into the program that were sponsored by multiple departments allowed a wide audience to be reached. The broad range of events also helped illustrate how aspects of mental health and illness are intertwined throughout many disciplines and are truly part of everyday life. In fact, after some research, a number of events already occurring on campus were added to the Common Experience calendar. These events were not originally designed to be part of the program but were added because they had an underlying connection to mental health. In addition, incorporating multiple disciplines and campus groups spawns feelings of inclusion and community that is a vital component of a Common Experience. Feelings of inclusion are also an important aspect of mental health (Hefner and Eisenberg 2009). Events such as el Día de Los Muertos, a Hispanic celebration known in English as the “Day of the Dead,” offered a culturally unique look at mental health aspects while also expanding community involvement in the program. This event involved face painting, food, and crafts. While I previously hadn’t recognized the significance of face painting in relation to mental health, after participating in the event, I was able to see what an interesting way getting one’s face painted to look like a skeleton is of processing death and connecting to the other side. The result of the face painting is a depiction of death that is distorted and creepy but ornate and beautiful in way. It offers the participants a unique way of interacting with the concept of death and dealing with death and mourning.



Image 3: Face painting at el Día de Los Muertos



Image 4: Marilee Ratliff with her face painted

Direct efforts to persuade the audience and combat stigma through speeches seemed especially powerful as well as informative. There were a number of guest speakers that

presented on a variety of mental health topics throughout the program. Two major speakers, Patrick Kennedy (former U.S. Representative) and Ross Szabo (author of the selected Common Experience book “Behind Happy Faces”) each drew in a large crowd of students and community members to hear them speak. Both speakers directly combatted stigma by acknowledging its existence and worked to normalize mental illness by discussing their own personal mental disorders. A connection with the audience was built through these personal anecdotes and humor that made their message have a greater impact on the audience. Ross Szabo emphasized that mental health is a spectrum. He also provided a lot of information about mental health in college students that would help one realize that suffering from a mental disorder while in college is actually very common and there are resources out there to help.



Image 5: Presentation by Patrick Kennedy

In addition to the events described, a variety of other events with various goals were held throughout the school year such as the De-Stress fest that functioned to connect students with campus resources and activities, counseling center workshops taught coping skills to students, faculty were taught to deal with distressed students, and panel discussions allowed for conversations about topics associated with mental health. All of these events combatted stigma

by educating and continuing to normalize the conversation about mental health. In this way, the program appears very successful. However, in order for a program to reach a large audience, there must be sufficient publicity. This is one aspect of program planning that is always a struggle. It is difficult to assess the best method of notifying students of upcoming events and ultimately, the lack of a publicity fund greatly limited the options available and may have limited the effectiveness of the program in reaching its target audience.

EVALUATING THE COMMON EXPERIENCE

Considering how important it is for students to have a strong support network and access to resources, the question was raised about whether students at other universities might benefit from a similar program about mental health and illness on their campuses. In order to answer this question, an evaluation would need to take place. It is an important and complex task to assess the effectiveness of a program. A successful program evaluation requires the use of both qualitative and quantitative methods.

Quantitative research has become a standard component in applied anthropology. Decision makers want concrete statements supported by numbers that sometimes necessitates the use of surveys. In addition, surveys provide a valuable component to the methodological principle of triangulation. The results from surveys are of greater benefit when combined with knowledge of cultural context gained through qualitative research methods, such as participant observation and interviews.

While one can read about the steps to conducting a survey, first-hand experience is essential to fully understand and appreciate the amount of time and effort that goes into survey design and implementation. In addition, learning to work with a client to meet their needs is a pivotal lesson for an applied anthropologist. It is a skill not typically gained through regular course work or through studying survey methods. The best way to develop this skill is to practice in a real life setting with actual objectives and obstacles. It is important to understand that the client's needs are fluid and as circumstances change, so must the goals of the survey and the strategy. The challenges and obstacles describes below, according to my professors in the Anthropology Department, are not at all uncommon when setting out to conduct research. An applied anthropologist must learn to be adaptive.

Goals

Identifying the goals and feasibility of the survey is the first step in survey design. Originally, my client, Mr. Meyer, expressed an interest in having this year's Common Experience program be evaluated in order to find out if students enjoyed the events, if they learned more about mental health and illness from the program, if students' opinions about mental health and illness changed as a result of the Common Experience events, and if a similar mental health program would benefit other universities. I was asked to perform an evaluation to answer these questions. Unfortunately, although Mr. Meyer had a personal interest in the topic and wanted answers to these questions, the fact of the matter was that the Common Experience theme changes every year and allocating resources to perform an evaluation of a specific topic was not cost and time effective. The decision was made to continue to perform a small scale evaluation without the aid of funding. This budgetary restriction greatly limited options but the experience still provided a unique learning opportunity in applied anthropology.

The goals and implementation plan for the survey shifted many times throughout the research process. The original objective was to conduct a pre and post survey with the same target population to see if opinions changed after the program. However, as obstacles were encountered and overcome, the goals shifted to getting a general understanding of students' opinions about mental health and illness and the events associated with the Common Experience.

Survey Design

The design process began by identifying the information the client desired from the study. Mr. Meyer provided a list of topics and questions he wanted addressed. I used these guidelines along with survey questions from other research studies in mental health to design a rough draft of a questionnaire. This draft went through multiple revisions with input from professors, peers, and the client before being shown to the Common Experience planning committee. Suggestions were taken from committee members and incorporated into subsequent drafts. The revision process is a very important step because proper wording and layout are surprisingly difficult skills to master. For example, it was identified through various drafts that Likert scale questions would be the best format for measuring change in opinions.

The initial research designed included a pre and post survey of the same population, exit surveys at specific events, and the possibility of focus groups of students and faculty involved in

the freshman experience courses. However, as discussed earlier, profound issues of stigma surround the topic of mental health. This fact meant that research on mental health issues in conjunction with University-sponsored Common Experience events created the potential for a delicate situation that raised concern among some committee members. In addition, we were limited by the lack of a research budget that would have allowed us to provide incentives for research participants and survey materials. Therefore, Mr. Meyer and I decided on a more modest research objective. In order to downsize the project to be achievable with limited time and funding and to remain separate from the program, the pre-survey was discarded and a filter question was incorporated into a survey that would be given towards the end of the program. Exit surveys for individual events were also excluded. Voluntary online surveys using free software seemed like the most feasible way of distributing the survey. Since a full program evaluation was not possible, the goal of the survey became about getting a sense of students' overall opinion about mental health.

As revisions continued, I was simultaneously conducting other research aspects. Therefore, I was able to incorporate knowledge gained from participant observation in the Common Experience events, information from the assigned Common Experience reading book, and material from my thesis interviews with students dealing with mental health issues.

A few major concerns during survey design were eliciting students' honest responses rather than leading people to answer in a politically correct fashion and asking questions in a way as to not offend people. Since mental health and illness is a sensitive topic, finding the right language to use in questions was challenging and required great care. This process was greatly assisted by a pilot test.

Pilot testing

Pilot testing is a prudent step to take in survey design, especially when dealing with a sensitive topic. This step allows the question format and language to be tested and offers the opportunity to confirm that participants are interpreting questions as intended.

Twenty-one undergraduate students from an introductory course in Biological Anthropology were recruited to participate in the pilot test in exchange for extra credit points. Being that it was an introductory course, there was a range of ages and majors represented by the participants. This was believed to offer a good range of perceptions. Students willing to participate were given a hard copy of the online version of the survey and were asked to

complete the following: “1) Take the survey. 2) As you complete the survey make note of any misspellings, confusing questions, strange wording, general comments, or anything that you find offensive. 3) Write a brief statement describing what your concerns or comments are and any suggestions you might have to fix them. 4) Rewrite two questions, which I assign, in your own words describing what you think the questions are asking.”

This process proved to be very useful. A number of questions were identified as needing revision. It is important to recognize that when someone knowledgeable in a particular field is working with others who are also knowledgeable in the same field; questions are written in a way that may make sense to the experts but not to the general public. The pilot testing process allowed for the identification of these issues and suggestions on how to change the wording.

Software

Since funds were not available for the purchase of a software platform, free options were explored. SurveyMonkey, a free online software, was attempted first. This software was very easy to use. However, after attempting to build the survey using the software, I discovered that the free version only allowed ten questions per survey. While it was possible to combine the questions to fit so that there were ten questions with multiple parts, the layout was overcrowded and not user friendly.

After extensive searching and referrals, I identified the SNAP survey program to be the best possible option. I was referred to SNAP by the IT department on campus. Texas State University has a subscription to the SNAP program so it was available to use at no additional cost. In order to use the SNAP program, one must have administrator rights, get permission to use the program, complete an online training course, and pass a test before using it. It took some time to get all these requirements fulfilled but permission to use the program was eventually granted.

The SNAP program is far more complicated than SurveyMonkey and I found it more difficult to use. For example, it was not obvious to me what tools performed which tasks or what steps needed to be completed in order to set up the survey and I frequently had to refer back to the training material. I also experienced some trouble with fitting long passages of text from my survey, such as the consent form, into the program because there was a limit on the number of characters allowed in each text box. However, the program has many appealing options, such

as routing, which allows the researcher to direct participants to various questions based on their previous responses, and a variety of question formats. The program also allows the survey to be stylized and participants can even be sent to another website after submitting their responses. I set up my survey so that, after completing the questions, participants were sent to a website that was created that contained a thank you message and information about the counseling services on campus. These options make SNAP an excellent program choice for online surveys after one learns how to use it.

IRB

One of the greatest hurdles to any research project can be getting approval from the Institutional Review Board (IRB). This process takes dedication and adaptability. It also offers a chance to reflect on the details of one's research.

Texas State University, like many other educational institutions that allow research to be conducted on campus, has established an IRB to meet the requirements of the U.S. Department of Health and Human Services (HHS) regarding all research involving human subjects. The requirements laid out by the HHS came from the ethical principles established in the Belmont Report in 1974. Reported abuses of human subjects in various scientific studies, especially during World War II, led to the creation of a set of codes and ethics, meant to protect human subjects, that later were expanded and adopted with the Belmont Report. Now, all research, associated with the university, involving human subjects, must be reviewed and approved or declared exempted before research can legally proceed. During review, the IRB considers the possible risks and benefits to the subjects, the importance of the knowledge that may result, and the process of obtaining informed content that will be used. Based on this information, IRB can approve, deny, or request the research be revised to protect the best interest of the human participants.

Multiple application revisions were required in order to get approval for this research. This process takes a considerable amount of time and should be taken into consideration when planning a research schedule. The survey was designed to be a voluntary, anonymous online survey but the subject matter made the research sensitive. The major revisions required for approval were the creation of a consent form, strong warnings about the subject matter, thorough evaluation of the risks associated with the research, and making every question in the survey optional to answer. As a researcher, one must be willing to reevaluate the research

design in order to get approval and protect the best interest of the participants. Consequently, these modifications may have impacted the results.

Survey deployment

Due to various issues that arose throughout the design process and IRB approval, the survey was dispersed much later in the school year than intended. This may have decreased the number of potential respondents since recruitment was conducted close to the end of the semester and final exams. The client generated and gave me a dispersal list of 1000 randomly selected Texas State University email addresses belonging to students who were enrolled in the US 1100 course (a required freshman course) during the fall semester. This population was selected by the client because it was believed that students taking this course would be more likely to have attended Common Experience events since attendance at events was often encouraged by the instructors for class credit. Although this negated the original goal of a comparison between opinions from those who attended events versus those who didn't, it provided an increased likelihood of getting feedback from people who actually attended events.

A recruitment email was sent to the students on the dispersal list that contained an invitation to participate in the research, a description of the research, a warning about the subject matter, and a link to the online survey. A reminder email with similar information was sent to the same list of students seven days later. The online survey was kept active for seventeen days.

Results

Although a lot of time and effort went into planning this research, sometimes things don't go as planned. A very low response rate was obtained by this dispersal method. Due to time and budget constraints, this could not be remedied for the purposes of this project. However, my future research endeavors will benefit from the knowledge gained from this venture. If this project was to be repeated, a better response rate would likely be obtained by dispersing surveys directly to students in US 1100 courses, conducting exit surveys at individual events, or offering incentives for research participation.

A 2.5% response rate was obtained via the email dispersal method. Given that there were only twenty-five respondents, statistical tests to make inferences about the student population in general could not be reliably used. Therefore, only specific statements about the respondents can be made.

Two of the twenty-five respondents answered that they were under eighteen years of age and therefore did not complete the survey. All of the twenty-three respondents that remained were either eighteen or nineteen years old. Nineteen respondents were female and four were male. As far as knowledge of services, there seems to be some gaps in knowledge of available services and who can access them and if there is a fee associated or not. Eighteen people claimed that they personally knew someone with a mental health issue. All but one person said that they attended an event on campus that was related to mental health or illness. The one person who did not attend an event on campus indicated that he had attended an event related to mental health or illness that was not associated with Texas State University. Seventeen of the twenty-three students responded that they were required to attend an event for class credit. Seventeen people responded that the event(s) related to mental health that they attended affected their opinions about mental health or mental illness. Two people were neutral and three did not feel their opinions were affected. Twelve students indicated that attending the event(s) increased their knowledge about mental health or mental illness. Seven felt neutral and three people did not feel the events increased their knowledge. Respondents provided the following comments about the mental health event(s) that they attended: "It was interesting to understand how people with mental issues feel and how they think they're outcasts. It made me feel empathetic." "Very well presented and gave you a better outlook at mental health." "The events helped me see that your mental health is something that you constantly work on and that everyone struggles with it to some degree." "They really did not put emphasis into mental illness."

Given the nature of the responses and limited comments, it would be more beneficial to conduct exit surveys so the context surrounding the events is clear. Focus groups would also have been helpful to determine what appeals most to students. Overall, after this experience, I can see that there were a number of aspects to this research design that could be improved. I never would have understood the complexities, dedication, and time commitment that are involved in survey design if I had not taken on this project.

LEARNING OUTCOMES

Through this internship, I saw first-hand the importance of triangulation. My thesis research gave me the qualitative research opportunity through interviews while my internship allowed me to conduct participant observation. In addition, I was able to explore how qualitative

methods can lend themselves to quantitative research through the design and implementation of the survey. I am grateful for the opportunity to have hands on experience with applied anthropology by designing a survey to meet the needs of a client. I learned valuable lessons about real-world bureaucracy and the importance of really getting to know and build a rapport with your clientele.

The main difficulty that I experienced with this internship was not having the opportunity to conduct a full evaluation of the program. However, I feel the lessons that this experience taught me as an applied anthropologist will greatly benefit my future research endeavors and client interactions as I build a career.

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