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Views toward mental health: An adolescents' perspective

Breonna L. Davis
James Madison University

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Views Toward Mental Health: An Adolescents' Perspective

Breonna Davis

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FACULTY COMMITTEE:

Committee Chair: Dr. Patricia Warner, Ph.D

Committee Members/ Readers:

Dr. Tammy Gilligan, Ph.D

Dr. Ashton Trice, Ed.

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Abstract

The lack of mental health services received by adolescents is a continual concern. There has been less research on adolescents in regards to mental health in comparison to adults. There are many barriers that contribute to this lack of service, one main area being stigma. The current study used semi-structured individual interviews with ninth graders to explore adolescent's views including their knowledge toward mental health, knowledge about mental disorders, their preferred helping sources, and their overall attitudes towards seeking mental health services. Additionally, a cultural perspective was examined. The adolescent's responses reflected basic knowledge regarding mental health. The majority held positive views towards others receiving services. Furthermore; in regards to seeking services, many were more likely to seek help from a trusted adult. Additional results are noted within the discussion. Conclusions from this study may help mental health professionals better understand adolescent's mental health views in order to best meet their needs academically, socially, and emotionally.

A Literature Review

Introduction

Worldwide, it is estimated that one in five adolescents experience mental health problems (United Nations Children Fund, 2011). Of those, less than half receive professional mental health services (Costello et al. 2014). The most prevalent mental health disorder among adolescents is depression; others include anxiety, behavioral disorders such as ADHD, and substance use disorders (Knopf et al. 2008). Adolescence is a critical time in one's life that involves puberty and new, yet often challenging, experiences and transitions into adulthood. These challenges may often lead to mental health problems; however, many are reluctant to seek professional help. While the onset of many mental health disorders occur during adolescence (Kessler et al. 2005), there is a dearth of research available on adolescent's knowledge and attitudes toward mental health services and willingness to seek help in comparison to adults. The few studies that have been completed primarily focused on stigma as a common barrier. There are many additional barriers that also contribute to their overall views, including parental involvement. While adolescents are entering a new stage in life and are gaining more independence, parents can still be a driving factor in adolescent's mental health decisions. It is important to gain additional research on this population in order to better understand why many adolescents do not receive the help that they need and what can be done to increase their help-seeking behaviors.

Adolescents with psychiatric disorders such as ADHD, conduct disorder, and/or oppositional defiant disorder are more likely to receive services in the school setting. This indicates that authority figures may be more aware of the externalizing behaviors versus internalizing behaviors. An equal number of adolescents have also been shown to

receive services within specialty mental health settings for other disorders such as eating or drug use (Costello et al. 2014). While the number of adolescent psychiatrists has increased over the years, there is still a shortage in the services provided to meet the adolescent's needs (Thomas, 2006). There is also a shortage of trained mental health professionals who treat adolescents with mental health disorders (National Research Council & Institute of Medicine, 2009). Additionally, many school-based professionals have tight schedules and are often limited in their service provision. Gaining knowledge on adolescent's views towards mental health can help in provision of services and to guide them in the best direction possible. In doing so, adolescents may be able to contribute more time and energy to their studies with less mental health stress so that they may perform at their highest potential. Being aware of the cultural influences that are a part of adolescent's mental health views and decisions is imperative. Understanding these influences, along with adolescent's general knowledge and attitudes toward mental health, will expectantly aid a better understanding of what may be keeping them from seeking the help they need.

Adolescent's Knowledge on Mental Health

Several studies have examined adolescent's knowledge base on mental health. Wahl et al. (2012) discovered several inconsistencies in middle school student's knowledge concerning mental health. A survey was administered and determined that many adolescents lacked knowledge about specific symptoms that accompany psychiatric disorders, including bipolar disorder and schizophrenia. While the onset of bipolar typically occurs around twenty-five years of age, early signs and symptoms can begin even during childhood (DSM V, 2013). Only a quarter of the students were able to

identify symptoms related to specific disorders. Seventy-seven percent of the students recognized mental illness as a very serious problem, while twenty percent were unsure. In addition, thirty-seven percent saw medication as a useful way to treat mental illness. In reference to students' attitudes about mental illness within the study, many reported positive responses, with ninety-two percent believing that it is important to learn about mental illness (Wahl et al. 2012).

Chandra and Minkovitz (2007) also examined adolescent's knowledge concerning mental health. In-depth interviews were conducted with eighth grade students to gain a better understanding of their knowledge and how it related to their stigma toward mental health. Interview questions included students providing definitions of mental health and mental health services. The students also had to describe individuals with mental health disorders. It was found that many adolescents did not have a wealth of mental health knowledge, with many assuming that their peers with mental health issues were in special education classes. It was also noted that after students had gained more knowledge relevant to the topic, their views tended to change and resulted in more positive attitudes toward seeking services. Additionally, many adolescents have also been shown to not know the difference between mental illness and mental retardation, often considering them to be the same (Chandra & Minkovitz, 2007; Wahl et al. 2012). This information suggests that there is a need for better educational services regarding mental health for adolescents in order to help promote more positive attitudes.

In contrast, another study determined that adolescents had an adequate understanding of mental illness, mental health professionals, and the therapy process. The children and adolescents within this study ranged from ages seven to eighteen.

Interview questions pertained to gaining general knowledge of mental illness and therapy and inquiring what professionals do and help with (i.e. psychologists and counselors). Adolescents' adequate knowledge on these topics was assumed to be related to previous classes that they had taken in school and previous treatment histories, involving themselves or a close family member (Mauro & Williams, 2013). While Chandra and Minkovitz (2007) and Mauro and Williams (2013) had some similar general questions, there were differing results regarding adolescents' knowledge of mental health. This indicates that there is a need to further investigate adolescent's knowledge about mental health with both general and more specific questioning.

Mental health literacy was examined in high school students through clinical vignettes of individuals with depression and social anxiety disorder. In comparison to other studies that have inquired about mental health knowledge through open-ended questioning or labeling symptoms, mental health literacy is more focused on the ability to recognize and interpret symptoms within a given context. It was gathered that the students performed better at recognizing the depression vignettes than the social anxiety vignettes, while the depression recognition was still less than half. Social anxiety was most often mislabeled as being shy, quiet, and having low self-confidence (Coles et al. 2015).

Adolescent's Attitudes and Willingness to Seek Professional Help

Many adolescents rely on informal services, such as family, friends, or themselves when dealing with their mental health (Lindsey et al. 2006; Mauro & Williams, 2013). This seems to be more of a safe place for adolescents not ready to reach out to a more formal setting. While they are less likely to personally seek help from mental health

professionals, adolescents have been shown to recommend counseling to other individuals such as family and friends (Coles et al. 2015). When asked questions such as who participants have talked to about mental health, Chandra and Minkovitz (2007) found that teenagers often conversed with friends or family. More specifically, they discovered that adolescents who interacted in conversations with peers about their mental health tended to result in a higher willingness to seek professional help. Adolescents in the study who reported interacting in family conversations about mental health also reported more help-seeking behaviors.

While some adolescents are less willing to talk with professionals about their mental health, there are also some barriers to speaking with their friends. This then may lead youth to rely on themselves to solve problems instead of seeking services (Mauro & Williams, 2013). Lindsey et al. (2006) conducted interviews with depressed African American adolescent boys examining help-seeking behaviors. It was discovered that adolescents not in treatment were not comfortable talking with their friends about their problems, while those in treatment stated that they would speak to their friends about their problems but would not tell them that they were receiving treatment. A similar study also found that over half of adolescents with no personal identifying mood component disagreed with the idea of telling their friends about their experiences with mental illness (Wahl et al. 2012). Munson et al. (2009) determined that adolescents diagnosed with a mood disorder expressed more positive attitudes. The adolescents within this study were recruited from outpatient clinics, community mental health settings, and alternative school settings. Many of the adolescents in the study expressed being comfortable seeking professional help even if their close friends found out.

Additionally, they were more willing to seek professional help if they were experiencing a mental crisis or breakdown.

Mauro and Williams (2013) found that all participants, children and adolescents, in their study were willing to seek help only if they were experiencing a “serious problem.” Otherwise, they were not willing to seek professional help. Bains (2014) discovered that adolescents are more likely to continue to seek professional help if they had a past positive experience with a mental health provider. Saporito et al. (2011) also discovered that adolescents were more willing to seek treatment if they had a previous or current experience with mental health treatment. Trust also played a part in adolescent’s willingness to seek professional help. Adolescents were more willing to receive help and experience positive gains if they felt that they could trust the therapist (Bains et al. 2014).

Stigma as a Barrier

Stigma is among one of the leading causes to adolescents being reluctant to seeking mental health services (Gulliver, Griffiths, and Christensen, 2010). Many studies have examined stigma within mental health and its relation to help-seeking behaviors, with limited studies pertaining to adolescents (Chandra & Minkovitz, 2007). It was found that many adolescents often worried about others viewing them negatively, as well as the fear of being judged as weak (Chandra & Minkovitz, 2007; Lindsey et al. 2006; Mauro & Williams, 2013). They often worried about their peers, who adolescents expressed would react negatively to them receiving services. Teachers have also been reported to contribute to adolescent stigma. Many adolescents have perceived their teachers as not showing concern or the ability to recognize their mental health problems (Chandra & Minkovitz, 2007).

Intervention programs have been shown to reduce mental health stigma among adolescents. A youth-led intervention program for at-risk sixth through eighth graders was conducted to address mental health stigma among adolescents. The intervention was a part of a larger program that was aimed to decrease stigma and promote help-seeking behaviors. The intervention was led by high school students who incorporated activities, including a presentation and open discussions that addressed mental health. Pre- and post-test data were collected and determined that brief interventions helped to increase adolescent's attitudes toward mental health. This in turn helped to reduce the stigma that many adolescents held (Bulanda, 2014).

Another intervention program was conducted by Saporito et al. (2011) that yielded similar results. The educational intervention included high school students that participated in either the experimental group, which consisted of an active presentation style covering basic information on mental health, common diagnoses among adolescents, and treatment. Brief video clips were shown during the presentation to convey the message. A control group was also implemented in the study that consisted of a presentation, with less emphasis on active participation. Information presented during this intervention was unrelated to mental health. Pre- and post-test data gathered from the experimental group determined that brief single interventions resulted in more positive attitudes towards mental health and willingness to seek treatment. Similar to Bulanda (2014), this intervention helped to reduce stigma towards mental health.

Additional Barriers

It is important to be aware of the numerous barriers that contribute to adolescent's willingness to seek mental health services in order to help minimize this occurrence.

Another barrier aside from stigma includes confidentiality (Mauro & Williams, 2013). Mauro and Williams (2013) discovered that many adolescents addressed concerns about professionals disclosing their personal information to others. They often stated that it would be harder for them to open up to someone that they thought of as a “stranger.” Adolescents within this study also addressed an interest in relying on themselves versus seeking help from a counselor.

Economic factors were reported as another barrier to receiving professional help. Rural towns, in comparison to urban, may experience more barriers in that adolescents may be more reluctant to seek help within the schools due to possibly being seen by others when receiving services (Sawyer, M. et al. 2012). Additionally, while mental health services are often limited, even fewer services are available and accessible in rural communities (Alegria, et al. 2002). Detained youth also experience barriers to accessing mental health services. Many incarcerated youth are commonly underserved when it comes to mental health. It was reported that many do not seek help because they felt that the problem would go away without additional help from others. Other barriers included being unsure of who to reach out to and where to receive help, difficulty with obtaining help, concerns about what others would think, and being concerned about the cost (Abram et al. 2015). All of these barriers are important to keep in mind as professionals aim to increase adolescent’s willingness to seek services.

Cultural Influences

There are many cultural factors that help to influence adolescent’s knowledge, attitudes, and willingness to seek mental health services. African American youth receive significantly less services than Caucasian youth. Caucasian youth are more likely to

receive specialized mental health services in comparison to other ethnicities (Costello et al. 2014). Husky et al. (2012) determined that while Caucasians tend to seek more professional services, African American adolescents tend to be more willing to receive mental health services through the school setting. Based on this study by Husky et al (2012), it is unknown why African American adolescents prefer school-based mental health services versus community-based; however, there is an interest in further examining stigmatization and peer belittlement as a reason for this preference.

Samuel (2014) conducted in-depth interviews with African-American adolescent boys who had been released from juvenile detention. They were asked a series of questions related to their views toward mental health issues. Many of the participants related mental health problems to racism and discrimination that they experienced. They also mentioned the violence that they experienced within their neighborhoods that had an impact on their mental health. For example, many reported being anxious and worried about their safety and others within their neighborhood. Many African American adolescents also believed that their community was less tolerant towards receiving mental health services than other communities. Some adolescent African American males with depression brought forth concerns about expressing their emotions to a mental health professional, as it was looked at as a sign of weakness within their culture (Lindsey et al. 2006). While Samuel (2014) determined that many African American adolescents in the study seemed to be less tolerant towards mental health services, several of them had more positive reactions to the services. Most of these participants had previously received mental health services on more of a continual basis. Their responses suggested that through the services, they began to notice a positive difference in their mental health.

Many African American parents would prefer their child to receive services through their church (Chandra & Minkovitz, 2007). Likewise, African American adolescents also reported relying on themselves or their religious beliefs when dealing with mental health problems (Samuel, 2014). Religiosity has been shown to be a coping mechanism for the African American community. Meanwhile, they tend to lack the awareness of available resources and perceive treatment as ineffective (Matthews et al. 2006). African American parents, as well as Asian parents, have been reported by adolescents to be less accepting of their child receiving mental health services than Caucasian parents (Chandra & Minkovitz, 2007). In relation to Asian culture, it has been noted that many Asian Americans are less likely to disclose mental health concerns, especially in relation to traumatic events (Clauss-Elhers et al. 2013). The Vietnamese adolescent population has received less research attention in regards to mental health. Many cultural factors helped to influence their behaviors towards mental health, one being their obligation to family values (Guo et al. 2015). This is common among many other Asian cultures, in particular Asian youth, who are taught to view their behaviors more collectively versus individualistically when it comes to family values (Clauss-Elhers et al. 2013). Within the Vietnamese culture, it was found that the majority often sought help from friends, with only a select few seeking professional services (Guo et al. 2015).

The Latino population is currently the largest minority population within the United States (U.S. Census Bureau, 2015). The mental health of Latino youth is becoming a rising concern. Garcia et al. (2015) discovered that many Latino adolescents reported a lack of knowledge regarding mental health resources available to them. Shannon et al. (2016) determined that this lack of knowledge is also relevant among the

refugee population who expressed similar concerns. Language may also be a barrier in the Latino population, but specifically refugees voiced concerns about language difficulty and how having to rely on interpreters may disrupt the flow of the health care provider and client relationship. While Latino adults are less likely to seek professional help, it has been shown that Latino youth would be willing to seek professional services if dealing with mental health issues, even with the perceived barriers (Garcia et al. 2015). Helping to educate the Latino adolescent youth on the many resources available concerning mental health may help to promote more frequent help-seeking behaviors.

Parental Involvement

While being an adolescent may come with increased freedom, many parents are still heavily involved in their child's life and contribute to their life choices. Many parents are more likely to pursue mental health services for their child that demonstrates externalizing behaviors and are less aware of their child's internalizing behaviors. However, parents are typically more likely to notice these internalizing behaviors within themselves and may seek services (Costello et al. 2014). Adolescents have also recognized similar actions among their parents, stating that some of their parents have demonstrated being more reluctant to acknowledging their mental health concerns, such as feeling sad. While their parents tended to overlook internalizing mental health concerns, they were more aware of physical health concerns (Chandra & Minkovitz, 2007). Additionally, Chandra and Minkovitz (2007) discovered that adolescent's negative attitudes toward mental health were in combination with their families who tended to avoid the topic or de-emphasized the occurring issues. In contrast, those that interacted in open conversations concerning mental health resulted in adolescents holding

more positive discussions on the topic. While some families were more open to communication, over half of the adolescents in the study expressed that their parents may disapprove of them seeking services outside of the family. This demonstrates that some parents may try to project their negative stigmatizing feelings toward mental health onto their child in order to keep them from seeking services. Lindsey et al. (2006) discovered that African American adolescent boys dealing with depression often would talk about their problems with their mother. While some parents may be more open than others about mental health discussions, many adolescents expressed their parent's negative reactions towards formal mental health services (Chandra & Minkovitz, 2007). Some adolescents in the Chandra and Minkovitz (2007) study shared that their parents would be bothered by them seeking services and may even deny their child's mental health issues. Even with some parent's negative views toward mental health, adolescents have expressed an interest in open communication with their parents. With this in mind, it is important to further examine factors that may be contributing to parent's distance toward mental health service involvement.

Parent's involvement in mental health care may contribute to barriers that they may have experienced. Young and Rabiner (2015) conducted a study with parents of third and fourth grade children. Parents completed written responses to questionnaires and a survey focusing on the barriers and attitudes toward their children receiving mental health services. It was found that many parents were concerned that their parenting would be judged negatively if their child received services. Hispanic parents reported higher barriers in comparison to African American parents, including being worried that the school or child's teacher would find out and be concerned that this would reflect

negatively on them. Hispanics also reported higher barriers than Caucasian parents, such as being embarrassed about their child receiving services and being concerned that their child would be made fun of by their peers.

Negative parental perceptions of mental health can also influence their decisions on their child's involvement in the special education process. In regards to special education in the school setting, it has been shown that some parents are reluctant to consenting for their child to go through the eligibility process. Their reluctance has been reported as fear of the evaluation harming their child, such as increasing their child's physical and emotional symptoms (Etscheidt et al. 2012). Specifically, the special education category of emotional disturbance (ED) has an impact on parent's views. Latino and Asian/Pacific Islander parents have been shown to believe that their child's emotional problems were due to relationship difficulties and personality characteristics. This in turn provided an explanation for Latino and Asian/Pacific Islander children being underutilized in ED services. In contrast, African American children in this study were slightly over identified for ED services. In relation to race and ethnicity, it was found that African American parents viewed prejudice as a reason for their child's emotional difficulties (Yeh et al. 2004).

Summary

There are limited studies examining mental health among adolescents. While mental health disorders typically begin to occur during adolescence (Kessler et al. 2014), less than half experiencing mental health problems receive professional help (Costello et al. 2014). The review of literature notes themes that have emerged from previous studies and contribute to adolescent's views toward mental health. There have been a few

studies that have worked to reduce adolescent's stigma toward mental health through interventions (Bains, 2014; Saporito et al. 2011). While these brief interventions have shown positive results in increasing knowledge and in turn reducing stigma, there is a need for more information from adolescent's directly about their views toward mental health. These views should continue to be examined and addressed in order to best meet the needs of students in the school setting. Specifically, addressing what hinders adolescents from reaching out about their state of mental health should continue to be researched. It is important for adolescents that receive treatment to do so in a way that is positive and promotes consistency in future involvement. Positive attitudes may be diminished by the stigmatization that tends to accompany mental health services (Chandra & Minkovitz, 2007). Positive experiences with mental health may help to promote positive attitudes among adolescents. Additionally, barriers aside from stigma also contribute to adolescent's mental health views, such as confidentiality and economic factors. Parental involvement may also interfere with adolescent's views towards mental health. However, these additional barriers have received less attention and should be more thoroughly researched.

Cultural influences have also been shown to play a crucial role in mental health, as minority adolescents are less likely to seek professional mental health services than Caucasian adolescents. Cultural competency within professionals implementing mental health services to adolescents should be maintained and continually examined.

Addressing the direct views of adolescent's cultural influences on mental health may help to continue to gain cultural competency and therefore provide the best services possible to minority students.

Within the current study, the researcher directly examined adolescent's 1) understanding and attitudes toward mental health, based on their prior knowledge and experience. This gave insight into 2) adolescent's willingness to seek mental health services. Lastly, 3) an interest in how culture influences adolescent's views and behaviors was also examined.

Methods

Participants

Ninth grade participants were recruited from a public high school in Virginia via email. Ninth graders were chosen because they are still emerging into adulthood and they are at a new stage in their life that may emit challenges leading to mental health concerns. There is also a lack of studies that have focused particularly on this grade level. Thirteen students participated in the study, of which, eleven were female and two were male. In regards to ethnicity, eight participants were African American, two were Caucasian, one was Hispanic, one was African American/Caucasian, and one was African American/Hispanic.

Measures

In order to further examine the research questions, a one-on-one semi-structured interview was conducted with each participant. The qualitative interview questions were open-ended to gather more thorough data from the participants.

A *Demographic Questionnaire* (see Appendix A) created by the researcher was distributed to each participant prior to the interview including gender, age, ethnicity, and grade level.

An *Interview Questionnaire* (see Appendix B) also created by the researcher was used to guide the interview process.

Procedures

After gaining Parent/Guardian Informed Consent and the Youth Assent from the participants and their parents, the researcher asked a set of questions during the interview session relevant to mental health following the demographic questionnaire. The researcher recorded the interviewee's responses through hand written notes. The interviews lasted approximately fifteen minutes and took place in a conference room within the high school.

Data Analysis

Grounded Theory helped to guide this research study. This theory was developed based on the data that was collected, and then analyzed. Common themes were developed from the interviewees' responses. These emerging themes were the primary focus when discussing the data results. The researcher coded the transcripts using an inductive coding technique to identify the main categories and concepts emerging from the participant's responses.

Results

Categories and patterns emerged in the following areas: knowledge about mental health, knowledge about particular mental disorders, preferred helping source, and attitudes towards seeking mental health services.

Knowledge about Mental Health

When asked, "When you hear the word 'mental health,' what does that mean to you?" nine out of thirteen (69%) participants related mental health to "the brain," "the

mind,” and/or what is “going on in your head.” Seven out of thirteen (62%) participants also related mental health to thoughts, feelings, and/or actions.

Participants were also asked, “Where have you learned about mental health?” The majority of participants (69%) mentioned that they learned about mental health in health class. Interestingly, the majority of those participants reported learning about it during the current school year. Four of the thirteen participants (31%) said that they learned about mental health during a physical education course, which may have been related to the health class. Other resources, while less common, included “articles,” “radio,” “family,” “news,” “guidance counselor,” “personal experience,” and “sports.”

Knowledge about Particular Mental Disorders

Anxiety

When asked, “How would you know if your friend was experiencing anxiety?” fifty-four percent of participants described physical symptoms such as “sweating,” “shaking,” “breathing hard/heavy,” and/or “anxiety attacks.” Thirty-one percent of participants described symptoms such as being “really quiet,” “not as talkative/sociable,” and/or “stop talking a lot.” Thirty-one percent of participants also mentioned that their friend may “act differently” or “act strange.” Two students mentioned their friend may not be doing as well academically as a sign of them experiencing anxiety.

Depression

When asked, “How would you know if your friend was experiencing depression?” eleven out of the thirteen participants (85%) described common features of depressed mood symptoms such as “really sad,” “sad all of the time,” “not in a very good mood,” “withdrawal,” “down,” and “not talking as much.” Three participants made reference to

the duration of symptoms (i.e. “long time”). Similar to when asked about anxiety, five participants (38%) made reference to their friend “acting different” or “not acting normal.” Two out of thirteen participants (15%) mentioned acts of physical self-harm. Only one participant made reference to lack of interest in normal activities.

Preferred Helping Source

When asked “Who would you go to for advice if you were feeling emotional distress? and Why?” ten out of thirteen participants (77%) said that they would go to a parent or close family member. Four of those participants specifically mentioned their mother. Some of the reasons for participants choosing these individuals included phrases such as “they want the best for me,” “who I am closest to,” “always there for me,” and “supportive.” Four participants (31%) mentioned school counselors as “there to help” and “trustworthy.” Additionally, three participants stated friends as someone that they would go to because they feel “comfortable” around them, they “don’t trust adults,” and/or they have “experienced something similar.” One student mentioned their teacher as a person they would go to if feeling emotional distress. The student stated that she viewed the teacher as “really open.”

Attitudes toward Mental Health

Friend Views

When asked, “What would your friends think if you sought out mental health services?” over half (62%) responded with positive statements such as “supportive,” “want me to get help,” and “be there for me.” However, four (38%) participants mentioned their friends as being “worried,” “thinking something is wrong,” and “feel bad

for me.” Two respondents were unsure of what their friends would think. One participant shared that her friends “wouldn’t have much to say.”

Family Views

Similar responses were also noted in response to their family’s thoughts about them seeking mental health services, with eight participants (62%) stating that they would be “supportive,” “try to understand,” and/or “ask what they could do to help.” Four (31%) of the participants mentioned their family members as being “worried” or “concerned.” Two respondents (15%) said that their family “wouldn’t understand” or “would ask why” services were needed because “they would think that nothing was wrong.” Lastly, one participant mentioned her family as being “upset” because they would think that she did not “trust them” enough to tell them first.

Personal View of Others

The majority of participants, ninety-two percent, responded positively when asked, “What do you think about other students who use mental health services?” Many participants mentioned being “glad” that they were “getting help.”

Discussion

This study explored and provided insight into adolescents’ views toward mental health. The following categories were analyzed: knowledge toward mental health, knowledge about mental disorders, preferred helping source, and attitudes towards seeking mental health services. The purpose of the study was to explore adolescents’ views and better understand why many do not receive the help that they need and determine what can be done to increase their help-seeking behaviors.

The United States Department of Health and Human Service's definition of mental health states, "Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices." Based on this definition, the results suggest that most adolescents demonstrated basic knowledge of the term "mental health." Additionally, the adolescents primarily referenced their health class that they had taken last semester or were currently taking as the focal area for their mental health knowledge base. These findings are consistent with Mauro and Williams (2013). Based on the results of this study, it can be inferred that the students' health course seemed to have a positive impact on their views. Therefore, it is important to continue to educate adolescents on mental health in order to increase their help-seeking behaviors. Existing research supports the idea that the more adolescents know about mental health, the more positive attitudes they will have towards it, resulting in less stigma (Mauro & Williams, 2013; Bulanda, 2014; Saporito et al. 2011).

As for knowledge about specific mental disorders, such as anxiety, half of the participants named physical symptoms typically common with panic disorder and/or externalizing symptoms. When asked to describe how they would know if their friend was experiencing depression, the majority were able to name common symptoms, including withdrawal and/or "sad." While many adolescents did not describe thorough details of the disorders, they seemed to portray general knowledge regarding symptoms of anxiety and depression. These results are similar to Wahl et al. (2012), who found that adolescents lacked specific details when describing bipolar disorder and schizophrenia, though these disorders are less common. While adolescents need not be experts in the

area of mental disorders, the more they know, the more likely they will be aware and/or able to recognize such symptoms, as early signs and symptoms can begin during childhood (DSM V, 2013).

In regards to adolescents' preferred helping source, it has been reported that many tend to seek help from informal sources (Lindsey et al. 2006; Mauro & Williams, 2013). The adolescents' responses indicate that many would rather seek advice from their parents or close family members, because it is who they feel closest to or most comfortable with. Interestingly, only about a quarter of adolescents mentioned that they would seek advice from a friend. Those that did mention their friends were in response to going through or having been through "similar situations." Furthermore, adolescents appeared to be more open to seeking advice from their guidance counselor and viewing them as someone who is "there to help." This highlights the importance of professionals playing a role in adolescent's mental health. While many have been known to seek informal services, there are some that are open to seeking professional help within the school setting. With increased mental health awareness, even more students may be open to seeking professional help. This is important to note in that school psychologists can also play a role in adolescent's mental health needs in the school setting and help to promote positive views.

Many of adolescents stated that their friends would be "supportive," want them to "get help," and/or "be there" for them. The same number of students recognized their family as responding in the same manner. However, some adolescents, while in combination with positive views, also mentioned their friends as being "worried," "thinking something is wrong," and/or "feeling bad" for them. For example, in response

to “What would your friends think if you sought out mental health services?” One participant stated, “Be there for me. If I go that far to seek services, they would know that it is bad. They would know that I needed it.” This participant’s response coincides with Mauro and Williams (2013) who found that adolescents in their study would only seek help if they were experiencing what they considered to be a “serious problem.” Overall, the adolescents’ responses suggest that while many of their friends were perceived to be open-minded and receptive towards them seeking help, some of their perceptions of their friends infer that they may be holding on to the stigma around the topic of mental health; therefore, adolescents may be less likely to share personal information with them. Additionally, in regards to adolescents’ views on how their family would react to them seeking mental health services, some reported responses including that their family would be “worried,” “concerned,” and/or “would not understand.” It can be assumed that being worried or concerned is a normal reaction for someone who cares or someone else, in this case, the family and child relationship. One participant stated, “They may think ‘what happened?’ They may think I have a problem, they may ask ‘why do you think you need it?’, because they would think nothing is wrong.” It can be suggested through the research study that while most family members seem to be positive towards their loved one receiving professional services, there are some that lack full understanding of why their loved one is in need of help. This may be due to family members struggling with their own stigma or lack of knowledge in regards to mental health. It can be inferred based on the adolescents’ responses that while some parents seem to lack understanding, adolescents are still interested in communicating with them when dealing with emotional distress.

Along with continued educational training on mental health at the adolescent level, it may also be beneficial to provide these services to parents/family members in order to provide them with better understanding and hope towards more positive views; similar to that of Bulanda (2014) and Saporito et al. (2011) who found that after completing short intervention sessions with adolescents, educating them on mental health, the more positive attitudes they displayed and willingness to seek services.

In contrast, when asked “What do you think about other students who use mental health services?” Almost all adolescents had positive responses such as “I think that it is good for them to be confident and go and get help,” and “I would think of them as any other person, just with mental health services.” This suggests that adolescents are demonstrating positive attitudes towards others receiving mental health services. This may be a positive outlook for the future in regards to mental health and the younger generation. Continual learning and awareness to reduce stigma and increase help-seeking behaviors are imperative. It is hoped that more adolescents will reach out to mental health professionals long before reaching a “serious problem.”

To address the question of why many adolescents do not receive the help that they need, or more specifically, why do less than half of those dealing with mental health issues receive professional mental health services? This could be in response to roughly the thirty percent of friends demonstrating less positive views which then may influence adolescents’ overall views or willingness to seek services. Therefore, as previously stated, continued education to help reduce stigma and continued mental health awareness are imperative to moving towards more positive behaviors. Furthermore, the answer

could also be in response to additional barriers, as noted previously, such as the lack of services available and/or lack of access to such services.

There was a personal interest in regards to how culture influences an adolescent's views. Stigma around mental health has been known to be even more common within minority groups. It has been researched and found that from the minority adult perspective, many are less likely to seek professional help, let alone be accepting of their children receiving professional help (Chandra & Minkovitz, 2007). Many the participants in the current study were African American, therefore it can be assumed that from a minority, African American adolescent perspective, many are open to the idea of their peers seeking mental health services and demonstrate positive views. Interestingly, Garcia et al. (2015) found that Latino youth would be willing to seek professional services despite their adult figures holding more stigmatizing views. While the questions in this study were more indirect, it can be assumed that similar responses would occur with African Americans, as well as other minority adolescent groups due to their positivity towards their peers seeking mental health services.

Limitations and Suggestions for Future Research

This research is not without limitations. First, there is the potential for socially desirable responding that may have resulted in more positive responses in order to please the researcher. Future research in this area may benefit from collecting responses in other formats, such as questionnaires to avoid socially desirable responses; while questionnaires may also demonstrate their own set of limitations. Second, future research should aim at recruiting more participants to determine stronger themes, as this study only analyzed thirteen participants' responses. Third, no probes were asked during the

interviews. For example, some students' responses were very short and did not include much depth. Having a set or standardized set of probe questions to ask in order to gather more thorough information may be beneficial. Fourth, since studies have seen positive results on short-term educational interventions with adolescents, it would be interesting to see if this same trend would occur with adults, which may then lead to adult family members holding more positive views.

Implications for School Psychologists

It is hoped that this study provided insight about adolescent's mental health views and can contribute to the underlying research to best help meet their needs. Based on the results of adolescents being open to the idea of their peers seeking services, there is no better time to be implementing interventions, parental in-services, and continuing the education on this topic to continue to raise awareness and openness.

Some additional ways to continue to raise awareness and knowledge on this topic could be working directly with the health classes, where the majority are reported to learn about mental health. Collaborating with the health class teacher, relying on the current results and any additional information that he/she may know about the students, may help to best promote mental health awareness. This collaborative approach could also be done with school counselors. School websites often include their school counselors with additional information and resources. Since the results of this current study demonstrate that some parents lack understanding around the topic of mental health, this may be another avenue to reach out to parents by providing additional support and knowledge via the web. This may not only be beneficial to parents and family members who lack knowledge on the topic, but for anyone open to additional resources. Lastly, while there

will always be some barriers to seeking mental health services, the more other adolescents know that their peers are open towards them seeking services, it is hoped that more students will be open to receiving professional help.

Appendix A
Demographic Questionnaire

Gender: Boy ___ Girl ___

Age: _____

Ethnicity: _____

Grade Level: _____

Appendix B
Interview Questionnaire

Opening Statement: Today I will be asking you some questions about mental health. I am interested in learning more about student's knowledge and attitudes toward mental health. There are no right or wrong answers. Just answer them the best way that you can. Any specific questions you have can be answered after the interview questions have been completed. I will be taking notes as you answer to the questions to keep track of your responses. Your participation is voluntary. You are free to choose not to participate at any time without any consequences. Also, all of your responses will be kept confidential.

1. When you hear the word "mental health," what does that mean to you?
2. How would you know if your friend was experiencing anxiety? What about depression?
3. Who would you go to for advice if you were feeling emotional distress? Why?
4. What would your friends think if you sought out mental health services? What about your family?
5. What do you think about other students who use mental health services?
6. Where have you learned about mental health?

Appendix C

Question 1:

When you hear the word mental health what does that mean to you?

Participant 1:

Answer: Your brain is wired differently than everybody else's.

Participant 2:

Answer: Think about the health, activity of the brain. How it affects the body, "like the way we think." Mental health can affect emotional health. Emotional health can affect how you treat people around you.

Participant 3:

Answer: "In your feelings."

Participant 4:

Answer: "Depressed or something."

Participant 5:

Answer: The brain, how a person acts. Everybody is different in their mental health issues.

Participant 6:

Answer: The mind of it being healthy, coming to illnesses and disorders.

Participant 7:

Answer: Something that is going on in your head. Learning about it now. Disabilities that people have. Talk about suicide, ADD, ADHD.

Participant 8:

Answer: Mental stage of how you feel about society and how you are in your life.

Participant 9:

Answer: Disorders and the brain.

Participant 10:

Answer: Mental toughness. Being able to do things and not give up. About mindset and being able to finish what you do.

Participant 11:

Answer: How your mind works and how you feel.

Participant 12:

Answer: Your attitude towards what is going on in your brain. How you think, how you act.

Participant 13:

Answer: When you have trouble with the mind. Try to know if they are suffering something. Mental illness. Something happening in their life.

Question 2:

How would you know if your friend was experiencing anxiety? What about depression?

Participant 1:

Part 1: Start sweating, shaking, can't focus on one or more things.

Part 2: Sad all of the time. Physical self-harm.

Participant 2:

Part 1: "Saying things that would make me concerned." Sound very upset. Do what I can to make them feel better.

Part 2: When I see them not in a very good mood for a very long time. Things that someone used to do that they were interested in but not anymore. Never really experienced it with someone before, so just my guess.

Participant 3:

Part 1: "How they act, I don't know."

Part 2: Not talking. Trying to stay out of people's way.

Participant 4:

Part 1 & Part 2: "They would tell me." "I can tell because I have anxiety and experience severe depression." "I would know, I can tell when others are depressed. Even if they act like they aren't."

Participant 5:

Part 1: Them acting differently, attitude towards things. Not acting like they usually do. If they tell me something is wrong or if they are always stressed.

Part 2: "Same." Act differently. Usually happy and then down. Don't seem like themselves.

Participant 6:

Part 1: By the way they act and reaction to certain things, symptoms: breathing hard.

Part 2: If they withdraw from you, down all the time. No positive outlook, not wanting to be around family. Wanting to bring you down. Sad.

Participant 7:

Part 1: Really quiet. Scared and shaky.

Part 2: Really sad. Down all of the time. Try to hide what's going on in their family. Grades might slip. Sound upset.

Participant 8:

Part 1: Talk to them, help them through it. Breathing heavy, face changes.

Part 2: Attitude changes. Don't talk as much anymore. That's why you go to talk to them to make sure.

Participant 9:

Part 1: Act different and saying different things. Outgoing then, but may be more reserved now. Not as talkative.

Part 2: Wouldn't talk as much, act different.

Participant 10:

Part 1: Stop talking a lot, trying not to be around people that they are normally around. Not doing as well in school. Not as much communication.

Part 2: See it in their face. Bags under their eyes. Clammy hands, looks like they are crying a lot (Red eyes, teary)

Participant 11:

Part 1: Acting out of the norm. More on edge about things.

Part 2: Might not act normal. Quiet, sad, standoffish.

Participant 12:

Part 1: By the way they act in emergency situations. Anxiety attacks, stress.

Part 2: Different in attitude, but not a huge difference. Not sadness but lack of happiness.

Participant 13:

Part 1: Not sociable as usual. Go from A's to failing and attending school to skipping class. Strange behavior.

Part 2: Talk about suicide. If family is poor and does not fit in. Want to start cutting self.

Question 3:

Who would you go to for advice if you were feeling emotional distress? Why?

Participant 1: Guidance counselor and parents. I know guidance counselors are here to help us and my parents want the best for me.

Participant 2: Friend or parent. It matters who I am close to physically/or by phone. Depends on the situation at that time. That's who I am closest to and would feel comfortable telling them.

Participant 3: Guidance counselor or parent. "I can trust them with what I am saying."

Participant 4: Friends because I don't trust adults because they will put you in mental hospitals and they have the decision to put you in residential.

Participant 5: Family. I can always ask any question and there is no wrong or right answer. "Always there for me."

Participant 6: Mom. Strong relationship with mom. Always be by my side. Can talk to her about anything. Uncle-experienced same problems growing up and I am closest to him.

Participant 7: P.E. teacher- really open about things. Outside of school- sister, really open. Let's me know what I need to do. Scared to go to mom.

Participant 8: Parents- always be there for me and know that they can help. Guidance Counselor- help through a lot of situations.

Participant 9: Mom- really supportive. Easy to talk to about "stuff like that."

Participant 10: Mom- she went through it too at her age. Can't connect with friends when I talk about my feelings.

Participant 11: Mom-tell mom everything. Easiest to go to because she always gives advice.

Participant 12: Friends- experiencing something similar and they provide different view point versus someone who is not going through it.

Participant 13: Trusted adult (teacher/guidance) sometimes parent and sometimes other family members. Guidance counselor is there to help if struggling. Teacher- friend. Parent- work a lot and would depend on family situation. Family members- try to talk to parents about it.

Question 4:

What would your friends think if you sought out mental health services? What about your family?

Participant 1:

Part 1: Think nothing of it because most of them go to therapy.

Part 2: My family wouldn't care because they would know I am getting help.

Participant 2:

Part 1: Not sure.

Part 2: "Concerned, but would support me in whatever the problem is."

Participant 3:

Part 1: Something is wrong with you.

Part 2: Trying to get help.

Participant 4:

Part 1: Would understand. They would want me to get help.

Part 2: "Don't know and don't really care."

Participant 5:

Part 1: "Think there might be something wrong. They would think that it would be the best thing for me if I was in that situation."

Part 2: "They may think 'what happened'?" "May think that I have a problem, they may ask why do you think you need it, because they would think that nothing was wrong."

Participant 6:

Part 1: "Ask if I was alright. Encourage me."

Part 2: "Support me and be by my side."

Participant 7:

Part 1: Don't know. Feel bad for me. Would stay my friend to make me feel better. If I even have any."

Part 2: Support and be there for me.

Participant 8:

Part 1: Be there for me. If go that far to seek services they would know that it's bad. They would know that I need it.

Part 2: I know they would be with me. Through thick and thin. Got to be with me through rest of life.

Participant 9:

Part 1: Don't know.

Part 2: Be worried because I am always a happy person.

Participant 10:

Part 1: Good for me. If I really needed it. Want me to be better from whatever I am going through.

Part 2: I think they would be supportive, more than friends.

Participant 11:

Part 1: Be worried and they would ask "why?" Want to know everything that led up to the point to why I asked for help.

Part 2: Same. Worried, keep check and ask what happened and what they could do to help.

Participant 12:

Part 1: I have monotone friends. They wouldn't have too much to say.

Part 2: My family hasn't had to seek out anything like that. So they wouldn't understand but would at least try to understand.

Participant 13:

Part 1: Think something might have happened. Wondering why I am acting weird. They would agree with me instead of trying to solve it by myself.

Part 2: Get a little upset because I didn't trust them enough. They would say that they were sorry that they weren't there to help a lot. But they would be glad that I said something instead of staying quiet.

Question 5:

What do you think about other students who use mental health services?

Participant 1:

I think that it is good for them to be confident and go and get help.

Participant 2:

I would think of them as any other person, just with mental health services. Glad they are getting help.

Participant 3:

I don't know. Somebody that is trying to get help for whatever is going on in their life.

Participant 4:

If they want help, they can get it. I don't feel that people should be forced.

Participant 5:

It matters if they have a "real problem." If they are usually happy, I would think "what's wrong." If usually sad/depressed I would better understand why.

Participant 6:

Trying to get help, trying to be normal so they don't have to deal with it in the future.

Participant 7:

Going through things. What they need.

Participant 8:

I understand where they are coming from. Know people in the past who have used it.

Participant 9:

Maybe they are just working on their problems.

Participant 10:

Isolated, other kids push them away. Struggling with things we don't understand. Might help them in future, even though tough now.

Participant 11:

They need help. If they need the help its good for them if they can have it.

Participant 12:

I think they are smart for going. Can cause issues, due to being dramatic which I feel that they are sometimes. If in trouble, should seek help.

Participant 13:

Depends on circumstance. If they don't have anyone at least they found someone who could help them with their problems. Good for them.

Question 6:

Where have you learned about mental health?

Participant 1: In (Science Technology Engineering and Math)-elective class in middle school. In health during second half of mandatory P.E.

Participant 2: Health textbook, article that interests me, radio discussions.

Participant 3: Nothing

Participant 4: P.E. and within my family. I am diagnosed with depression and borderline personality disorder.

Participant 5: Health class in middle school and news.

Participant 6: Academy-HOSA and health class.

Participant 7: Middle school-P.E. and Health 9th grade

Participant 8: Guidance Counselor came to class in 5th grade English.

Participant 9: Personal experience, show it in school, bullying.

Participant 10: Basketball season- coaches/track AND health class, but not much.

Participant 11: School-health class this school year and TV ads.

Participant 12: Health Class- a little bit about it.

Participant 13: Academy- Government Health Science Academy. P.E. class, family, and health teacher.

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