

Analyzing the Understanding of Mental Health of 1990-2000 Graduates to 2023-2026

Graduates.

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ABSTRACT

The further analysis of mental health and illness is critical to the advancement of society. Thousands of the most recent and accessible research projects analyze mental health and mental illnesses but only within the scope of two factors: stigma, and covid. This project's aim differs as its goal is to analyze an overall change in awareness and in the number of people who have a mental illness. Covid was taken into account but only as one of many natural factors over this time period. Other examples of analyzed factors are the Columbine and STEM High School shootings. This literature review also showed that there has been a drastic decrease in stigma for the younger generations, so this data was taken into account but not specifically targeted in the research. Overall, this study analyzes mental health and mental illness over a 30-year period in order to fully analyze the change between these time periods. This study gathered data from 115 respondents for the quantitative data and interviewed 8 participants for the qualitative data. This project studies two different Groups, Group A and Group B. Group A is graduates of 1990-2000 and Group B is graduates of 2023-2026 from a suburban high school in Littleton, Co. This research project is critical for school district improvement. Beyond just high school application, the scope of this study can be applied proactively in middle and elementary school. Teachers and students still show confusion and a high amount of diagnosed Mental Illnesses that could be solved just by preventative learning for all students. This paper's role in that would be as evidence in proving why students need more targeted Mental Health learning.

INTRODUCTION

Though critical information to Doctors, Mental Health Professionals, Teens, Parents, and Education Providers lack research. Specifically on how the understanding of Mental Health and Mental Illnesses have changed and evolved from the 1990s to today's society. This provokes the question, does exposure and acceptance lead to increased awareness of Mental Illnesses from 1990-2000 graduates to 2023-2026 graduates of a suburban high school in Littleton, Co?

According to Mental Health America, there are more than 200 classified forms of mental illness though MentalHealth.com combines the classifications into nine more generalized categories. Those nine consist of Anxiety, Mood, Childhood, Eating, Cognitive, Personality, Sleep, Psychotic, and Substance Disorders. Even with this mass variety of mental illnesses, research on mental illness is lacking and the application of the known research is being underutilized.

This suburban district in 2023 has low rates of committed suicide but drastically high rates of contemplated and attempted suicide. With a statewide system implemented called "Safe2Tell", this district gets more accurate assessments of student's life-threatening Mental Illnesses. Safe2Tell was created in 2004 to report school threats but has turned into a way for students to anonymously call in peers if they are harming themselves or others. This system, though flawed, has prevented hundreds of separate school attacks, and thousands of youth suicides (S2T CO). Colorado law (C.R.S. Section 24-31-601 et seq.) allows Safe2Tell to send reports to schools and law enforcement while maintaining the anonymity of the protected reporting party. This means no tracing or tracking of calls, tips, or emails. Within the last few years, this program has become a critical part of the improvement of Mental Illness awareness.

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This leads to the hypothesis that there has been an increase in awareness due to a deeper understanding of Mental Health as well as Mental Illnesses.

GAP IN RESEARCH

Thousands of articles have been published about Mental Health, but most only analyze Mental Health in one place in time. This study aims to discover how views on Mental Health have changed over a 33-year period. More specifically, it will analyze graduates of 1990-2000 which will be referred to as “Group A” and graduates of 2023-2026 which will be referred to as “Group B.” Thousands of the most accessible and recent research projects take into account covid as a defining factor in the change of Mental Health. This research project differs due to it only taking Covid into account as one of many natural factors that have occurred in 33 years.

An identified gap in my research is the fact that articles in my literature review specifically studied adolescents in terms of ages 9-19 but the currently enrolled students at a suburban high school in Littleton, Co consist of ages 14-18, unlike the majority of the articles listed in the literature review. So this latter age group will be used and defined as “Group B.”

LITERATURE REVIEW

In the 1990s, hiding one's Mental Illness was required to not be outcasted by society. There was a social pressure to pretend that everything was fine and that everyone was happy all the time. Through the years this construct has died and created room for understanding and acceptance. Relias Media, a database of medical information, publications and education for healthcare professionals, published an article in 2022 about Mental Health in the 90s. The article states that “during the '90s, 26% of Americans said they felt close to a nervous breakdown and

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another 7% said they experienced a Mental Health problem,” (Relias Media). It is critical to analyze wording, which was one of the most noticeable shifts in Mental Health knowledge. The data is specifically phrased that more people have “nervous breakdowns” rather than Anxiety and 7% have “Mental Health problems” rather than Mental Illnesses. Based on definitions by MentalHealth.gov someone who has a “nervous breakdown” especially regularly would be considered to have a Mental Illness. The Journal of Psychiatric Research, says, “The number of incident cases of Depression worldwide increased from 1.72 million in 1990 to 25.8 million in 2017...,”(Qingqing Liu). These are significantly high numbers and they are why this lit review focuses on why certain data and wording appear based on the year it was published. Like differences between 1990 articles using “nervous **breakdown**” and “Mental Health **problems**” to less stigmatized and medically accurate terminology in 2020 articles like ‘Anxiety’ and “Depression.”

An important aspect of this lit review is the stigma placed on graduates in 1990-2000. A survey about stigmatizing attitudes shows that people with Mental Illnesses were highly stigmatized in the late 1990s and early 2000s (Crisp). Vicky Essler explains that in 1994 “some people diagnosed with a Mental Illness state that the stigma associated with the diagnosis is worse than dealing with the Mental Health problem itself,” (Essler). In the 2020s, Jesús Saiz explains how education is the most effective way to reduce stigma. He found that asking applicants questions like, “What is a Mental Illness?”, and then showing videos and pictures to explain Mental Health, differentiated Mental Illness from “antisocial behaviors,” and “intellectual disabilities.” He then went on to show famous people who had Mental Illnesses, to create relatability with idolized Figures. This was all aimed at destigmatizing Mental Illness. Jennifer Wright-Berryman explains that “one of the worst aspects of Mental Health illnesses, is

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the chance for suicide. Youth suicide rates have consistently risen over the past decade, and stigma related to Mental Health may create a barrier to young people seeking help,” (Wright-Berryman). One way to fix this stigma is explained in a 2017 article, by Lisa Townsend. It explains that students who took a Depression literacy test created a positive school climate, which created fewer stigmatizing beliefs among students. This is important to note, as the Journal of Psychiatric Research also states that “...adolescents with severe Depression are 30 times more likely to commit suicide (Stringaris, 2017),” (Qingqing Liu).

According to the U.S. Department of Health and Human Services, stress is the main factor for Mental Health disorders, which affects approximately one in five children ages 9 to 17 years (U.S. Department of Health and Human Services). That means around 550,600,000 adolescents in the world are at the very least stressed (Worldometer). This relates to a study done on how high school students deal with stress, which explains how the “National Youth Risk Behavior Survey indicates that 8.5% of teens had attempted suicide, 29% had felt sad or hopeless, 45% had used alcohol in the last month, and 22% had used marijuana,” (Centers for Disease Control and Prevention). Shannon Suldo states that these symptoms of Mental Illnesses have been linked to the negative effects of stress (Suldo). Stress is constant for most adolescents due to expectations from school, parents, and extracurricular activities. According to Paul Gilbert stress is everywhere in high schools and it’s, unfortunately, one of the most common causes of Anxiety. So how does one improve their mental health if the leading causes of mental illnesses are something adolescents have to battle with everyday? Most would analyze these drastic increases in numbers as representing “Mental Illness getting worse”. But, what if these numbers actually represented an increase in people's understanding of their Mental Health and Mental

Illness? What if these numbers represent society learning how to feel comfortable and learning how to get help?

RESEARCH DESIGN AND METHODOLOGY

This research project aims to analyze the change in knowledge about Mental Health and analyze the numerical difference in high school students from Groups A and B who had a Mental Illness. This research project will be focused on separately collecting data for both Groups A and B. Then, the data will be analyzed to compare against the research question.

First, Google Forms will be used to collect quantitative data. Google Forms were chosen due to their simplicity and familiarity for respondents to receive and fill out. This is crucial because the form can accommodate any former graduates who have moved to a different state. The form will gather quantitative data. Google Forms automatically creates charts compiling statistics from all respondents. Each form is designed to have three sections. First, the questions will aim toward the individual, then go into an analysis of their high school experience and finish by narrowing into a more basic assessment of their Mental Health knowledge. This order is so respondents will answer honestly based on their personal Mental Health and not from what they might inquire from the definition-based questions. It's important to note that for questions like 1D (Figure 1) respondents were expressly told not to self-diagnose and to seek out a medical professional if they felt they had an undiagnosed Mental Illness.

Overall, This survey is targeted at taking five minutes or less. It is also important to note that all questions will be required in the Google Form unless specified otherwise. Questions that won't be required will include identifying factors like the respondent's name or email. Due to the anonymity, this method ensures that respondents feel comfortable accurately answering

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questions about their Mental Health. All questions asked and all data gathered from each group can be found in Figure 1. There will be two other sections in the form. The first section will be at the beginning and is solely to gather the surveyor's name if they would like to be interviewed, and the graduation year to sort them into either Group A or B's survey. Though Group A and B's survey is almost identical, separating them allows for clearer data. The second section will be at the very end of the survey. This is to thank the respondents and remind them that all the data is anonymous.

The last method is interviewing respondents from Group A and B to get personal opinions on the Google Forms' final data. The interview will go more in-depth about the participant's experience and feelings about the questions asked in Figure 2. Interview time will vary but with 12 questions (shown in Figure 2) it should take between 10 to 20 minutes. Every question will be phrased as, "Based on the question (state question here) what in the data surprises, alters, or agrees with your opinion, and why?" Participants were only asked the questions shown in Figure 2. This consists of most of the Google Form and specific additional questions. The additional questions like I12 are essential since participants and respondents were all from the same high school, which helps analyze a change in Mental Health knowledge on a school basis. By comparing the collected data, the overall change in Mental Illness knowledge will be derived.

RESULTS AND DISCUSSION

Part A:

In two weeks, 115 respondents completed the Google Form. Respondents comprised 36 respondents in Group A and 78 in Group B. With 12 data-based questions listed in Figure 1,

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responses were completed in an average of five minutes. All but one question followed a clear trend. Question 2A in Figure 1 stuck out, reporting that 50% of Group A reports peers, teachers, administration, and/or counselors almost always correctly using Mental Health and Mental Illness. This is a stark contrast to the 26.6% Group B reported. Despite this singular discrepancy, the data trend was strong. Group A had less knowledge and awareness in high school than Group B.

Starting in section 1, question 1A, 9.4% of Group A said they were diagnosed with Mental Illness in high school. Looking into question 1C only three Mental Illnesses were documented. Those are Depression at 66.7% and ADHD and Dyslexia at 33.3%. This data shows low percentages of diagnoses and within those diagnoses, there's a limited range of specified Mental Illnesses. This provoked the thought "maybe respondents in Group A truly only had Depression, ADHD, and Dyslexia." So looking at question 1D respondents were asked if they thought they should've been diagnosed with a Mental Illness in high school. This included those who already were diagnosed but believed they might have had another Mental Illness. From the data, 59.4% in total stated that they were either diagnosed with everything they believed they had or they didn't believe they had a Mental Illness that needed to be diagnosed. Though high, 40.6% still said that they either thought they absolutely had another Mental Illness or were not sure. When asked if there was a Mental Illness that they believe they might have (question 1E), 75% stated that they might have Depression, 66.7% for Anxiety, 16.7% for ADHD, 8.3% for PTSD, and 8.3% for Dyslexia. It's important to remember that these additional or new Mental Illnesses are not combined with the percentage that has already been diagnosed.

Looking at Group B's data in section one, one can immediately see a drastic change. First off in question 1A, 32.9% of respondents said they had a diagnosed Mental Illness. This is a

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stark contrast to 9.4% in Group A. Looking at question 1C, 50% of respondents said they were diagnosed with Depression, 56.7% with Anxiety, 40% with ADHD, OCD, and PTSD at 13.3%, Bulimia Nervosa at 6.7%, and Dyslexia, Anorexia, and Bipolar at 3.3%. Not only does this have a higher diagnosed percentage but it has a wider, and more specific diagnosed Mental Illness. Going on to section 1D, 58.2% of respondents said they believed they might or do have an undiagnosed Mental Illness. Compared to Group A the percentages have almost swapped, with 41.8 % saying that they have been diagnosed with everything.

At first, it was alarming to see that more respondents in Group B believe they have a Mental Illness but to gain a greater understanding of these results, the society in which these students were completing high school needs to be analyzed. This is to determine if the increase in those who were being diagnosed and think they should be diagnosed is higher due to increasing rates of Mental Illness or increasing rates of knowledge about Mental Illness.

This leads to Section 2 of the form. Looking at Group A, question 2B, 61.7% of respondents said that their Mental Health was somewhat too highly impacting their everyday life in high school. Now, looking at Group B 84.7% of respondents said that their Mental Health was somewhat highly impacting their everyday life in society. Now, this question only asks if Mental Health specifically impacts them. It does not specify positively or negatively. In order to better derive if the increase in those who were being diagnosed and think they should be diagnosed is higher due to increasing rates of Mental Illness or increasing rates of knowledge about Mental Illness, question 2C will need to be analyzed. Question 2C analyzes respondents' overall knowledge about Mental Health and Mental Illness. Group A reports 81.3% knowing “absolutely nothing. Whereas Group B reports 8.9% as “knowing absolutely nothing.”

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In section 3, respondents answered what they know about Mental Illness. The question did not ask what they thought in high school so it was important to ask participants what their overall impression was.

Part B:

Instead of answering similar questions as the survey, participants were asked to analyze the overall survey data. Within one week, eight respondents were interviewed. Four from Group A and respectively four from Group B. Both were asked the questions listed below in Figure 2. Each of the eight participants will be referred to by their reference number shown in Figure 3. The reference numbers in Figure 3 correspond to the statements listed in Figure 4. Starting with question I1 (Figure 2) Every participant stated that it made complete sense to them that Group B had a higher percentage of those who were diagnosed with Mental Illness in high school. Specifically, participant BI1 states that “Group B makes sense because we’re more open about Mental Health... They didn’t diagnose Mental Illness back then they just kinda said, ‘go take a walk’... I think the amount of those who are Mentally ill is the same but it’s not recorded... there are a lot of older people in my family who definitely have Mental Illnesses, and they know it, but they just haven’t gotten diagnosed because they still don’t think it exists, ” (BI1, Figure 4). Going on to question I2, BI2 explains, “I feel like there definitely has been progress regarding Mental Health but like there's still not enough progress... the Group A doesn’t surprise me, Group B definitely has more awareness... I feel like older generations just tell you to ‘deal with it’ and they don’t really address what ‘it’ is. Group B may be higher because there's more understanding,” (BI2, Figure 4). This same thought is continually expressed and it is impressive to see how Group B is diagnosed and comprehends more in high school than Group A did when they were in high school. Proceeding to question I3, participant AI1 states, “I think “yes and not

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sure” might be higher in group A... People are more aware now... A good percentage of adults have Mental Illnesses that they’ve had since high school but they just realized it within the last few years... I think Group B’s ‘diagnosed everything’ category would be higher,” (AI1, Figure 4). This was expressed by the majority of the other respondents. Participants thought that Group A was correct but they were surprised that Group B expresses an increase in knowledge of Group B, especially in the difference in diagnosed Mental Illnesses in Group B was still so high. For question, I4 participants BI3 and AI4 both bring up PTSD. BI3 states that they don’t know as much about PTSD but they think PTSD would show up more, (BI3, Figure 4). AI4 says that “This is nice to see that there's a big knowledge of PTSD, it's not uncommon and it's good to see that this data reflects that...,” (AI4, Figure 4). Now, looking at questions I5 and I6, participants expressed a huge discrepancy in the data. Participant AI1 stated that the question in question I5 “Unexpected... I don't recall any emphasis on Mental Health or Mental Illness in school... I had no counselors in elementary, middle school had some counselor help but only if you were a problem kid, and high school was focused on education and academics rather than Mental Health aspects..., I don't recall any education about Mental Health... there was no support,” (AI1, Figure 4).

The rest of the answers for participants were fairly similar. Most showed that Group B had a pretty decent increase in understanding. Where Group A participants expressed never being taught, let alone hardly even talking about Mental Illnesses, Group B expressed little teaching but a great amount of conversation among peers, teachers, administration, and/or counselors. Especially in question, I11 Group A participants seemed appalled by the lack of Mental Health education in health class or formally known as personal survival. They stated that “‘Personal survival’ was awful and if it’s the same now it needs to be greatly reworked... need so

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much more education,” (AI1, I11, Figure 4), and participant AI4 states, “Wow, that’s terrible, the amount of time our health is impacted by physical health is insane... this is horrible... The amount of awareness that is centered around Mental Health today is insane... but I was told to just ‘tuff’n up.’ There's no excuse for that... Mental Health needs to be talked about more. There's a sprawling negative effect for those who don't know to notice or understand... knowledge allows for empathy,” (AI4, I11, Figure 4).

IMPLICATIONS

This research project has the potential to be a catalyst for school district improvement. Not even just in high school but proactively in middle and elementary school. This data shows a clear increase in Mental Health knowledge and a decrease in Mental Health stigma. Though this data shows that the increase in knowledge doesn't inherently mean a decrease in Mental Illness. There's still confusion and a high amount of Mental Illnesses that could be solved just by preventative learning for all students. This paper's role in that would be as evidence in proving why students need more targeted Mental Health learning.

LIMITATIONS

Question 2A from the questionnaire created a discrepancy in data. Likely due to confusion about the word “interchangeably” combined with unclear answers to the Likert scale. One on the Likert scale represented “always” which meant that peers, teachers, administration, and/or counselors always got the terms “Mental Health” and “Mental Illness” mixed up. Therefore, five on the Likert scale represented “never” or peers, teachers, administration, and/or counselors always correctly used the terms “Mental Health” and “Mental Illness.” There was a

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clear discrepancy due to a drastic change in the data trend, which showed a consistent lack of Mental Health knowledge in Group A. Participants also expressed confusion with the question and the data gathered. Due to this limitation in data participants were asked where they thought the percentages for Group A and B would land if respondents fully understood this question. Participants reported a wide lack of knowledge of Group A's peers, teachers, administration, and/or counselor or ranking majority in sections one, two, and three. Whereas, participants reported that the majority of Group B would be between three and four representing not perfect but very high knowledge between Mental Health and Mental Illness.

Like almost everything, Covid affected this lit review. This was due to the vast amount of research available about how Covid impacted Mental Health, especially analyzing Mental Health from 1990 to the height of Covid. Though Covid was a limitation for the lit review it did not impact the study because this study was solely focused on the overall change in Mental Health knowledge over a 33-year period. This only took Covid into account as one of many natural variables that occur like the jihadist bombing of the World Trade Center, the Columbine High School shooting (which sits only miles from this high school in Littleton, Co), and many other variables that can be found in the works cited. This limitation also created a gap between the majority of other recent research projects and this one.

The last limitation is the adult or Group A's sample size. The true struggle of this project was getting in contact with past graduates. Where there were 4,000+ students collected all in one high school to administer Group B's form, the adult availability was harder to access. This was especially due to the fact that most 1990-2000 graduates either moved out of state or no longer have contact with the school. In order to remedy this limitation, Group A was expanded to an eleven year graduation period (1990-2000) compared to the four year graduation period for

Group B (2023-2026). The extended graduation year combined with personal connections to previous teachers and previous students almost completely mediated this limitation. Though it is necessary to point out that social media was also critical in solving this limitation. This school had multiple Facebook groups consisting of everyone in one specific graduating year. Group A's Google Form was posted to as many of the previous graduation Facebook groups as possible.

AREAS FOR FUTURE RESEARCH

Mental Health and Mental Illness are such a big and diverse topic that there is a wide variety of future research that could take place. The most impactful data collected in this study focuses on two categories, teaching, and further research.

Starting with teaching the graduating classes of 1990-2000 could be significant especially as these people have around half or more of their lives left to live. Especially those who choose to have a role in teaching the younger generations could make an impact. Respectively, the other step in teaching would be to teach future generations in school how to better improve their Mental Health. Now there would need to be research done on both groups in order to determine the best way and more specifically what needs to be taught.

As for the future research itself, interviewing teachers both from 1990-2000 and from 2023-2026, interviewing graduates between 2000 and 2023 to see a year-by-year change, and increasing the overall sample size would all be critical first steps in future research.

Conclusion

All in all, there's more research that needs to be done. While there is extensive evidence that Group B has not only learned more but talks more openly about Mental Health. The big data

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point that appeared is the fact that there has been a significant increase in Mental Illnesses for Group B. From the data analysis, it is explicitly clear that more people are getting diagnosed; that's not because they are more informed about mental illness but because more people in Group B are mentally ill compared to Group A. It was important to analyze how Group A perceived themselves as an adolescent to now as an adult. Within Group A's interview they showed clear gratitude towards the new learning and acceptance that has come about.

Overall, the data shows that there has been an increase in awareness due to more understanding of Mental Illnesses, but not a decrease in Mental Illnesses due to the understanding. There needs to be more research done in order to mitigate the majority of mental illnesses for Adolescents.

APPENDIX

Figure 1

REFERENCE #	QUESTIONS	GROUP A	GROUP B
SECTION 1	SECTION 1	SECTION 1	SECTION 1
1A	Did you have a diagnosed Mental Illness in high school?	90.6%- NO 9.4%- YES	67.1%- NO 32.9%- YES
1B	If yes, did you agree or disagree with your diagnosis?	“Not really, I felt like it was just a blanket” “disagreed with it”	15.6%- YES 84.4%- NO
1C	What is the Illness you were diagnosed with?	66.7%- Depression 33.3%- ADHD 33.3%-Dyslexia	Depression- 50% Anxiety- 56.7% OCD- 13.3% ADHD- 40% PTSD-13.3% Dyslexia- 3.3% Bulimia Nervosa- 6.7% Anorexia Nervosa- 3.3% Bipolar- 3.3%
1D	Even though you weren't	25%- yes	29.1%- yes

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	diagnosed, do you think you had a Mental Illness in high school?	15.6%- not sure 53.1%- I don't 6.3%- diagnosed everything	29.1%- not sure 19%- I don't 22.8%- diagnosed everything
1E	If yes or I'm not sure, what would you describe this Mental Illness as?	75%- Depression 66.7%- Anxiety 16.7%- ADHD 8.3%- PTSD 8.3%- Dyslexia	38.9%- Depression 59.3%- Anxiety 16.7%- OCD 38.9%- ADHD 9.3%- PTSD 3.7%- Dyslexia 3.7%- Anorexia Nervosa 1.9%- Bulimia Nervosa 1.9%- BDD
SECTION 2	SECTION 2	SECTION 2	SECTION 2
2A	Did your school (peers, teachers, administration, and/or counselors) use the terms Mental Health and Mental Illness interchangeably? 1- Always 5- Never	1- 6.3% 2- 12.5% 3- 31.3% 4- 15.6% 5- 34.4%	1- 1.3% 2- 25.3% 3- 46.8% 4- 22.8% 5- 3.8%

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2B	How do you think your Mental Health affected your experience in high school? 1-It affected nothing 5- It impacted me every day	1- 6.3% 2- 31.3% 3- 21.9% 4-18.8% 5- 21.9%	1- 8.9% 2-6.3% 3-17.7% 4-39.2% 5-27.8%
2C	How much did you know about Mental Health and Mental Illness in high school? 1- Absolutely nothing 5- Absolutely everything	1- 37.5% 2- 43.8% 3- 9.4% 4- 6.3% 5- 3.1%	1- 1.3% 2-7.6% 3-51.9% 4-32.9% 5-6.3%
SECTION 3	SECTION 3	SECTION 3	SECTION 3
3A	What is Mental Health?	100% right	96.2% right
3B	What is Mental Illness	100% right	10%0 right
3C	What do you think is the most diagnosed Mental Illness in teens?	40.6%- Depression 31.3%- Anxiety 28.1%- ADHD	50.6%- Depression 38%- Anxiety 6.3%- ADHD 5.1%- ED
4C	How many Mental Illnesses can you accurately describe	Depression- 93.8% Anxiety- 93.8% Bipolar- 78.1%	Depression- 87.3% Anxiety- 82.3% Bipolar- 46.8%

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		ASD- 62.4%	ASD- 22.8%
		PTSD- 87.5%	PTSD- 57%
		OCD- 71.9%	OCD- 45.6%
		ADHD- 81.3%	ADHD- 65.8
		Dyslexia- 53.1%	Dyslexia- 21.5%
		Bulimia Nervosa- 75%	Bulimia Nervosa- 40.5%
		Anorexia	Anorexia Nervosa- 51.9%
		Nervosa-71.9%	None- 8.9%
		None- 3.1%	

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Figure 2:

Reference #	Figure 1 Relation #	Base Question	Data Shown To Participant: Group A Data	Data Shown To Participant: Group B Data
I1	1A	Did you have a diagnosed Mental Illness in high school?	90.6%- NO 9.4%- YES	67.1%- NO 32.9%- YES
I2	1C	What is the Illness you were diagnosed with?	66.7%- Depression 33.3%- ADHD 33.3%-Dyslexia	Depression- 50% Anxiety- 56.7% OCD- 13.3% ADHD- 40% PTSD-13.3% Dyslexia- 3.3% Bulimia Nervosa- 6.7% Anorexia Nervosa- 3.3% Bipolar- 3.3%
I3	1D	Even though you weren't diagnosed, do you think you had a Mental Illness in high school?	25%- yes 15.6%- not sure 53.1%- I don't 6.3%- diagnosed everything	29.1%- yes 29.1%- not sure 19%- I don't 22.8%- diagnosed everything

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I4	1E	If yes or I'm not sure, what would you describe this Mental Illness as?	<p>75%- Depression</p> <p>66.7%- Anxiety</p> <p>16.7%- ADHD</p> <p>8.3%- PTSD</p> <p>8.3%- Dyslexia</p>	<p>38.9%- Depression</p> <p>59.3%- Anxiety</p> <p>16.7%- OCD</p> <p>38.9%- ADHD</p> <p>9.3%- PTSD</p> <p>3.7%- Dyslexia</p> <p>3.7%- Anorexia Nervosa</p> <p>1.9%- Bulimia Nervosa</p> <p>1.9%- BDD</p>
I5	2A	<p>Did your school (peers, teachers, administration, and/or counselors) use the terms Mental Health and Mental Illness interchangeably?</p> <p>1- ALWAYS</p> <p>5- NEVER</p>	<p>1- 6.3%</p> <p>2- 12.5%</p> <p>3- 31.3%</p> <p>4- 15.6%</p> <p>5- 34.4%</p> <p>Low- 18.8%</p> <p>Medium- 31.3%</p> <p>High- 50%</p>	<p>1- 1.3%</p> <p>2-25.3%</p> <p>3-46.8%</p> <p>4-22.8%</p> <p>5-3.8%</p> <p>Low- 26.6%</p> <p>Medium- 46.8%</p> <p>High- 26.6%</p>
I6	2A	Do you agree with the data in question 2A? Why or why not?	<p>Question 2A:</p> <p>1- 6.3%</p> <p>2- 12.5%</p>	<p>Question 2A:</p> <p>1- 1.3%</p> <p>2-25.3%</p>

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			<p>3- 31.3%</p> <p>4- 15.6%</p> <p>5- 34.4%</p> <p>Low- 18.8%</p> <p>Medium- 31.3%</p> <p>High- 50%</p>	<p>3-46.8%</p> <p>4-22.8%</p> <p>5-3.8%</p> <p>Low- 26.6%</p> <p>Medium- 46.8%</p> <p>High- 26.6%</p>
I7	2B	<p>How do you think your Mental Health affected your experience in high school?</p> <p>1-It affected nothing</p> <p>5- It impacted me every day</p>	<p>1- 6.3%</p> <p>2- 31.3%</p> <p>3- 21.9%</p> <p>4-18.8%</p> <p>5- 21.9%</p> <p>Low- 37.6%</p> <p>Medium- 21.9%</p> <p>High- 40.7%</p>	<p>1- 8.9%</p> <p>2-6.3%</p> <p>3-17.7%</p> <p>4-39.2%</p> <p>5-27.8%</p> <p>Low- 15.2%</p> <p>Medium- 17.7%</p> <p>High- 67%</p>
I8	2C	<p>How much did you know about Mental Health and Mental Illness in high school?</p> <p>1- Absolutely nothing</p> <p>5- Absolutely everything</p>	<p>1- 37.5%</p> <p>2- 43.8%</p> <p>3- 9.4%</p> <p>4- 6.3%</p> <p>5- 3.1%</p>	<p>1- 1.3%</p> <p>2-7.6%</p> <p>3-51.9%</p> <p>4-32.9%</p> <p>5-6.3%</p>

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			<p>Low- 81.3%</p> <p>Medium- 6.3%</p> <p>High- 9.4%</p>	<p>Low- 8.9%</p> <p>Medium- 51.9%</p> <p>High- 39.2%</p>
I9	3C	What do you think is the most diagnosed Mental Illness in teens?	<p>40.6%- Depression</p> <p>31.3%- Anxiety</p> <p>28.1%- ADHD</p>	<p>50.6%- Depression</p> <p>38%- Anxiety</p> <p>6.3%- ADHD</p> <p>5.1%- ED</p>
I10	4C	How many Mental Illnesses can you accurately describe	<p>Depression- 93.8%</p> <p>Anxiety- 93.8%</p> <p>Bipolar- 78.1%</p> <p>ASD- 62.4%</p> <p>PTSD- 87.5%</p> <p>OCD- 71.9%</p> <p>ADHD- 81.3%</p> <p>Dyslexia- 53.1%</p> <p>Bulimia Nervosa- 75%</p> <p>Anorexia Nervosa-71.9%</p> <p>None- 3.1%</p>	<p>Depression- 87.3%</p> <p>Anxiety- 82.3%</p> <p>Bipolar- 46.8%</p> <p>ASD- 22.8%</p> <p>PTSD- 57%</p> <p>OCD- 45.6%</p> <p>ADHD- 65.8</p> <p>Dyslexia- 21.5%</p> <p>Bulimia Nervosa- 40.5%</p> <p>Anorexia Nervosa- 51.9%</p> <p>None- 8.9%</p>
I11	N/A	What is your thought about	N/A	N/A

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		Health class, formally known as Personal Survival not changing in the curriculum since 1990?		
I12	N/A	Did your school (peers, teachers, administration, and/or counselors) talk about Mental Health and Mental Illness?	N/A	N/A
I13	N/A	How do you think knowledge around Mental Health and Mental Illness has changed? Has it gotten more positive, negative, or mixed?	N/A	N/A

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Figure 3:

Participant #	Graduation Year	Participant Group
AI1	1992	Group A
AI2	1994	Group A
AI3	1994	Group A
AI4	1995	Group A
BI1	2023	Group B
BI2	2024	Group B
BI3	2025	Group B
BI4	2026	Group B

Figure 4:

Question # (Figure 2)	Participant Notes
I1	<p>AI1- “Doesn't surprise me, there’s definitely more awareness these days of Mental Illness and treatments... Denial was the norm when I was younger.”</p> <p>AI2- “Not surprising... More awareness now... More likely to seek professional help”</p> <p>AI3- “Speculated there was a higher diagnosis now... surprised about the increase... I think it's critical... Shows that students are able to access Mental Health resources better than they were years ago.”</p> <p>AI4- “not surprising... The conservation has improved miles.”</p> <p>BI1- “Group B makes sense because we’re more open about Mental Health... They didn't diagnose Mental Illness back then they just kinda said, ‘go take a walk’... I think the amount of those who are Mentally ill is the same but it’s not recorded... There are a lot of older people in my family who definitely have Mental Illnesses, and they know it, but they just haven’t gotten diagnosed because they still don’t think it exists. ”</p> <p>BI2- “Well, it makes sense that group B has more “yes” but I didn’t think it would be that big of a difference.”</p> <p>BI3- “makes sense... Mental Illness or diagnosed Mental Illnesses are there more or there are the same and are they being diagnosed more.”</p> <p>BI4- “because of covid and social media... This has caused a rise in Mental Illnesses.”</p>
I2	<p>AI1- “This seems pretty accurate... Group B is definitely more aware... Mental Illness is less</p>

stigmatized in group B which is why they likely have more variety in illnesses... More young people are also getting help.”

AI2- “Dyslexia is interesting as a Mental Illness... there’s sophistication in group B due to more knowledge about the differences between Mental Illnesses... Surprised that there were no eating disorders in group A.”

AI3- “Increase in diagnosis and increase in accuracy in diagnosis. Group A seemed more lumped together... Didn’t cover what was truly going on with individuals... Students show greater awareness with hopefully corresponding treatment.”

AI4- “for me, it is surprising that Depression and Anxiety differ because Depression and Anxiety are lumped together. The medications were basically the same then.”

BI1- “there’s a lot of stuff to unpack because a lot of teens are overdiagnosed these days while some are still underdiagnosed. My Anxiety presents as ADHD which became really tricky in understanding what I actually had.

BI2- “I feel like there definitely has been progress regarding Mental Health but like there's still not enough progress... Group a doesn’t surprise me, group B definitely has more awareness... I feel like older generations just tell you to “deal with it” and they don’t really address what “it” is. Group B may be higher because there's more understanding.”

BI3- “Interesting that there were only 3 in group A thought ADHD was most common surprised that Depression was high... Anxiety surprising thought more had a different Mental Illness.”

BI4- “Depression and Anxiety were definitely caused by covid... so group A didn't have covid so their Mental Health was way better... Ed can happen from social media and an idea of being perfect... looking good is perceived as being a better human.”

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<p>I3</p>	<p>AI1- “I think “yes and not sure” might be higher in group A... People are more aware now... A good percentage of adults have Mental Illnesses that they’ve had since high school but they just realized it within the last few years... I think Group B’s diagnosed category would be higher.”</p> <p>AI2- “Surprised that group B's yes (not diagnosed) number is still so high... Group B states they have a high Mental Illness when maybe they don’t.”</p> <p>AI3- “Interesting that group b is higher... Personally says that group a and group b share similar struggles like they're still finding that they weren't diagnosed but they thought they had a Mental Illness... Had self-awareness but still was uncertain... that piece has not changed... Numbers are similar... The bottom section shows a greater awareness that more people are diagnosed.</p> <p>AI4- “when I was in high school... There was a big use with drug abuse, you didn’t share unless you were very close. It was top secret information... it was shunned for our generation. It's about dead on.. ‘2 out of 5 people who actually do need therapy and they just don’t”</p> <p>BI1- “I just think that professionals are more willing to diagnose Mental Illnesses now... but this can leave room for overdiagnosis.”</p> <p>BI2- “pretty accurate... as time goes on we have more access to get help for Mental Illnesses.”</p> <p>BI3- “Interesting the Group A “I don't’ percentage was high... thought there weren't as many people being diagnosed.”</p> <p>BI4- “You want to make excuses by labeling sadness as a Mental Illness. People are hiding.... 30 years ago you had one because you had it not because you wanted to “show off”... especially for males you wouldn’t show you had a Mental Illness because you didn’t want to appear weak.</p>
<p>I4</p>	<p>AI1- “My generation doesn't know as much as yours... most of us don’t pick up on Mental Illnesses”</p> <p>AI2- “There’s definitely a lot of knowledge of different Mental Illnesses in Group B.”</p>

	<p>AI3- “Shows that Group A had the information now in order to describe that they were depressed or anxious in high school. Group B is very certain... able to help themselves more</p> <p>AI4- “this is nice to see that there's a big knowledge of PTSD, it's not uncommon and it's good to see that this data reflects that. They're really acknowledging that.”</p> <p>BI1- “old people can also just be ignorant because they also don't think they have any Mental Illnesses when very clearly they do.”</p> <p>BI2- “I feel like the younger group has more resources than the older group had... our generation is also more open because there's less stigma around Mental Illnesses.”</p> <p>BI3- “Depression and Anxiety high... PTSD shows up more... Haven't heard about it as much... Not educated about PTSD... Dyslexia for Group A is higher than Group B.”</p> <p>BI4- “Mental Illness just wasn't a thing in the 90s but now it's like a huge thing that everyone obsesses over.”</p>
<p>I5</p>	<p>AI1- “Unexpected... I don't recall any emphasis on Mental Health or Mental Illness in school... I had no counselors in elementary, middle school had some counselor help but only if you were a problem kid, and high school was focused on education and academics rather than Mental Health aspects..., I don't recall any education about Mental Health... there was no support.”</p> <p>AI2- “Wording is weird but overall this is surprising... I think that the number would be higher for group B and lower for group A.”</p> <p>AI3- “Data is very wrong... this shows great discrepancy... There's no way to have 34.4% because Mental Health was pretty much a non-discussion.”</p> <p>AI4- “health class was really discussed... There were only Mental Health discussions about smoking. People didn't really realize they were different terms”</p>

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	<p>BI1- “there's a lack of knowledge of Mental Health... honestly I don't have much of an opinion because this is something that I truly haven't been paying that much attention to.”</p> <p>BI2- “I feel like that makes sense... Just because you have a Mental Illness it doesn't inherently mean you have bad Mental Health.”</p> <p>BI3- “Perceived less attention and education and to group A.. Group B had data that showed a 50-50 bell curve more of a low medium or high.”</p> <p>BI4- “back then it was easier to describe Mental Illness but now there's differences.”</p>
I6	<p>AI1- “No I don't”</p> <p>AI2- “Surprised people in group B affected every day was low compared to those who have a Mental Illness.”</p> <p>AI3- “As stated before, I absolutely don't.”</p> <p>AI4- “I really strongly disagree... I feel like there was a lot more misunderstanding.”</p> <p>BI1- “Really, what I said before, I truly haven't paid attention to this.”</p> <p>BI2- “ya I feel like it makes sense.”</p> <p>BI3- “what I said before.”</p> <p>BI4- “your brain gets affected by social media and other things that can all affect your opinion of Mental Health so I agree with what the data shows.”</p>
I7	<p>AI1- “Mostly makes sense for Group B, attributed to Mental Health... with Group A, it impacted them but they didn't acknowledge it... Surprised 5 was as high as it is</p> <p>AI2- “Very accurate... Group A knew very little... Group B seems to know much more.”</p> <p>AI3- “Thought that Group A would've been Higher for 3-4. Seems like it had a lower impact on</p>

	<p>Group A... group A did not talk about Mental Health or Mental Illness... It was hard to say it affected you because it was treated like it didn't exist.”</p> <p>AI4- “I guess it was maybe that I didn't think about it but looking back it really did affect me.</p> <p>BI1- “This is surprising because like it feels like everyone has some sort of Mental Illness and it clearly affects them enough to talk about it so I think Group B would've been higher.”</p> <p>BI2- “I especially agree with the younger one because that's like half that put the 4 and the 5... more people in our generation are aware that Mental Illnesses affected them.”</p> <p>BI3- “Interesting that Group B less spread out and more spread out... thought that with less diagnosis would let students be impacted as much.”</p> <p>BI4- “Covid highly affected data for group B and group A was spread out because there were no extremes then.”</p>
18	<p>AI1- “A lot of people had autism but it wasn't identified...I think I could say the difference between Mental Health and Mental Illness... Didn't know how it affected me and how to treat it... Not knowing how to be happy... we didn't acknowledge...”</p> <p>AI2- “Group A could've been affected by parenting and life experience.”</p> <p>AI3- “Impressive that Group A knew nothing... Compared to Group B has a pretty strong awareness of Mental Health and Mental Illness. Group B can ask for conversations, talk about it with peers and reduce stigma... The older generation has no clue what's going on.”</p> <p>AI4- “By the age of 13 I got Mental Health experience because my family hosted orphans... very few people acknowledge close situations.”</p> <p>BI1- “this simply just goes back to education... the older people truly just didn't get the same kind of education that we do.”</p>

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	<p>BI2- “we could still improve a lot in the area where we could learn... the older generation makes a lot more sense because people are afraid of being outcasted.”</p> <p>BI3- “The amount of absolute notion.. 1 or 2 touched on a lot more medium and high seem like there's little knowledge.”</p> <p>BI4- “this makes sense because more people have Mental Illnesses now.”</p>
<p>I9</p>	<p>AI1- “This all makes a lot of sense, I agree with Depression.”</p> <p>AI2- “ASD had zero awareness but it was there... Eating disorders should be listed for group A.”</p> <p>AI3- “Based on the data it makes sense. Depression is high probably the highest.”</p> <p>AI4- “Id says this is accurate... Depression seems very common.”</p> <p>BI1- “ya, I feel like this makes sense... a lot of people around me are anxious but I can definitely see Depression just kicking everyone's asses.”</p> <p>BI2- “Okay, I feel like that also makes sense because we have been taught more about the impact of social media on our self-images... There are points in the past when I felt eating disorders were romanticized because you would look a certain way or eat a certain way.”</p> <p>BI3- “Interesting that group B is the most diagnosed... Older people tend to have more extremes... Fewer distributions... Anxiety is higher makes sense... ED made it to the top of Group B.. don't hear as much...”</p> <p>BI4- “when you don’t think about Mental Illnesses you don't feel affected.. And when you research Mental Health you're more likely to have a Mental Health problem because like you're infecting yourself with like that knowledge.”</p>
<p>I10</p>	<p>AI1- “Surprised that group A is higher than B but I guess that makes sense due to A’s life</p>

	<p>experience.”</p> <p>AI2- “This all makes sense.”</p> <p>AI3- “Makes sense because Group A has 25-40 years more of life experience but there also could be discrepancies among definitions of certain Mental Illnesses.”</p> <p>AI4- “not a surprise, we now have had children so we've learned from our experiences... we've focused on talking to each other to learn more for your kid.”</p> <p>BI1- “I feel like the others, this makes sense.”</p> <p>BI2- “I've struggled a lot with Depression so this really makes sense to me.”</p> <p>BI3- “Yes there's more discrepancy in Mental Illness... It's not just your crazy, it's that you are on a range of sadness... A broader range of symptoms.”</p> <p>BI4- “going back to people self-diagnosing, people don't know what disorders are because people they know aren't being affected.. Eating disorders really don't appeal anywhere so people don't know about them.”</p>
I11	<p>AI1- “Surprises me that the health class is the same and that Mental Health is so short... Needs to be related to every part of Mental Health”</p> <p>AI2- “Personal survival” was awful and if it's the same now it needs to be greatly reworked... need so much more education.”</p> <p>AI3- “There should absolutely be more of a focus on Mental Health and Mental Illness in health class and especially in all of school. Mental Health should be the main focus in health not reading food labels and learning about drug abuse. They should be taught but there need to be trigger warnings and it needs to take into account that someone with an eating disorder should under no</p>

	<p>instance be graded on a BMI score. It should work to improve understanding not create other problems.”</p> <p>AI4- “Wow, that’s terrible, the amount of time our health is impacted by physical health is insane... this is horrible... the amount of awareness that is centered around Mental Health today is insane... but I was told to just “tuff”n up.” there's no excuse for that... Mental Health needs to be talked about more. There's a sprawling negative effect for those who don't know to notice or understand.. Knowledge allows for empathy.”</p> <p>BI1- “This literally makes so much sense because our curriculum in health is awful but at least Mental Health is mentioned elsewhere.”</p> <p>BI2- “we are more aware of how Mental Illnesses affect people so the textbook definitions won’t always specifically match what someone is experiencing... those who are diagnosed with Depression all have it but we all come in on different areas on the ‘Depression scale.’”</p> <p>BI3- “Should be changed... Massively... As much as possible... Medical papers... Doesn't make sense to change... 100% we need more Mental Health talk... School should always be a base for fact and understanding.”</p> <p>BI4- “I would say there are more Mental Illnesses now but there's also more understanding now so both kind of go hand in hand.”</p>
<p>I12</p>	<p>AI1- “It truly was not talked about... no one acknowledged it was a thing.”</p> <p>AI2- “Only in relation to books Mental Health was talked about... it was a theme in literature.”</p> <p>AI3- “There was no discussion of Mental Health or Mental Illness..it was just not talked about.”</p> <p>AI4- “ya, no... only peers and it was only those who I truly trusted... Counselors were not trusted... There were clearly people who struggled but we didn’t talk about it... never talked about suicide</p>

	<p>awareness.”</p> <p>BI1- “I mean they talk about it but it truly depends who your teachers are... some are really uncomfortable talking about it and others make it their life mission to teach you about Mental Health.”</p> <p>BI2- “Absolutely... I mean now we like to talk about it together all the time. It’s not really in the curriculum but peers are really comfortable sharing.”</p> <p>BI3- “Interesting the BPD made it on Group B... Alcoholism made it on Group A... including drug abuse... interesting 93.8% of Group B can describe Depression and Anxiety due to the discrepancy in definitions of Mental Health definitions.”</p> <p>BI4- “oh it’s definitely talked about, maybe a little too much because it could like cause others to have “Depression” because their friend does.”</p>
<p>I13</p>	<p>AI1- “It’s been an effort to destigmatize Mental Illness... In school there has been a big change, especially in how they handle things... it goes towards Mental Health... People know what to look out for and understand how to help... Doctors have more understanding... More awareness overall... Group A is learning from their kids... Government helps now...Autism or severe ADHD... They would get kids kicked out of school and labeled as bad kids... The neurotypical kids then did not go to school with those kids and learn and adapt. Group A wouldn't get it.”</p> <p>AI2- “I think knowledge has increased but I also think kids today believe they have Mental Illnesses that they don’t.”</p> <p>AI3- “understanding does not create other problems. I think that there's definitely an increase in Mental Health and Mental Illness understanding but I don't think it's all been positive... I think social media has been bad for overall Mental Health and I think that there has definitely been an increase in</p>

Mental Illnesses.”

AI4- “I’d say it’s mixed... For the most part, Mental Health is more talked about... They commonly talk about how they’re different and how what their Mental Health is like it’s wonderful... This was not how it was but now it's more positive towards Depression and Anxiety but those who are addicts still get highly stigmatized it increasing in negativity.”

BI1- “I mean, like I've said before there's definitely more knowledge but more learning needs to be done because people are simultaneously being overdiagnosed and underdiagnosed.”

BI2- “Umm, I think it’s definitely mixed. We have destigmatized a lot of Mental Illnesses but like people kind of abuse Mental Illnesses and use it as something to brag about or to show off.”

BI3- “8.9 in group Is expected for none ASD is low compared to now... ASD is rarely talked about. Depending on the people.. Newer generation has a lot less stigma around all Mental Illnesses. Parents are in the middle ground. Ed is maybe stigmatized still due to it involving a prevalent part of people's lives... Self image... Self image is more stigmatized today... So it conflicts with the lack of stigma. Grandparents and parents scoff when people mention Depression and Mental Illness... it's probably due to stigma and knowledge... less open... ‘You're crazy or you're not’ ...Yes, there's more discrepancy in Mental Illness... It's not just that you are crazy, it's that you are on a range of sadness... The broader range of symptoms.”

BI4- “like I said before there's more understanding but it's definitely led to an increase in Mental Illnesses.”

WORKS CITED

- American Psychiatric Association. “Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR).” Psychiatry.org, American Psychiatric Association, 2013, www.psychiatry.org/psychiatrists/practice/dsm.
- Assistant Secretary for Public Affairs (ASPA). “New HHS Study in JAMA Pediatrics Shows Significant Increases in Children Diagnosed with Mental Health Conditions from 2016 to 2020.” HHS.gov, 14 Mar. 2022, www.hhs.gov/about/news/2022/03/14/new-hhs-study-jama-pediatrics-shows-significant-increases-children-diagnosed-Mental-health-conditions-2016-2020.html.
- Better Health Channel. “Types of Mental Health Issues and Illnesses.” Vic.gov.au, 18 Sept. 2015, www.betterhealth.vic.gov.au/health/ServicesAndSupport/types-of-mental-health-issues-and-illnesses.
- Bowers, Hayley, et al. “Stigma in School-Based Mental Health: Perceptions of Young People and Service Providers.” *Child & Adolescent Mental Health*, vol. 18, no. 3, Sept. 2013, pp. 165–70. EBSCOhost, <https://doi-org.proxy.marmot.org/10.1111/j.1475-3588.2012.00673.x>.
- Crisp AH, et al. “Stigmatisation of People with Mental Illnesses.” *The British Journal of Psychiatry: the Journal of Mental Science*, U.S. National Library of Medicine, July 2000, <https://pubmed.ncbi.nlm.nih.gov/10945080/>.
- C.R.S. Section 24-31-601 et seq.
- “Dictionary by Merriam-Webster: America's Most-Trusted Online Dictionary.” *Merriam-Webster*, Merriam-Webster, 2023, <https://www.merriam-webster.com/>.
- DuBois-Maahs, Jessica. “The Top Five Most Common Mental Illnesses.” Talkspace, 25 Oct.

ANALYZING THE UNDERSTANDING OF Mental Health OF 1990-2000 GRADUATES TO
2023-2026 GRADUATES

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2018,

www.talkspace.com/blog/the-top-five-most-common-Mental-illnesses/#:~:text=Depressi
on.

Essler, Vicky, et al. "Using a School-Based Intervention to Challenge Stigmatizing Attitudes and Promote Mental Health in Teenagers." *Journal of Mental Health*, vol. 15, no. 2, Apr.

2006, pp. 243–50. EBSCOhost,

<https://doi-org.proxy.marmot.org/10.1080/09638230600608669>.

Fitzpatrick, Colleen. "Screening Adolescents for Mental Health and Substance Abuse Issues Will Expand with Federal, State and Local Efforts." *Alcoholism & Drug Abuse Weekly*, vol.

17, no. 1, Jan. 2005, pp. 3–7. EBSCOhost,

[https://search-ebSCOhost-com.proxy.marmot.org/login.aspx?direct=true&db=pwh&AN=1](https://search-ebSCOhost-com.proxy.marmot.org/login.aspx?direct=true&db=pwh&AN=15529029&site=ehost-live)
5529029&site=ehost-live.

George, Brittany. "The Importance of Mental Health Awareness in Schools." *The Australian & New Zealand Mental Health Association*, AST Management, 29 Mar. 2021,

<https://anzmh.asn.au/blog/Mental-health/Mental-health-awareness-in-schools>.

Gilbert, Paul. "Information You Can Trust + Find a Therapist." *MentalHealth.com*, 29 Aug.

2022, <https://www.Mentalhealth.com/>.

"1990s." *History*, 2023,

[www.history.com/topics/1990s#:~:text=However%2C%20the%20decade%20was%20not](http://www.history.com/topics/1990s#:~:text=However%2C%20the%20decade%20was%20not,of%20the%20World%20Trade%20Center)
,of%20the%20World%20Trade%20Center.

"Information You Can Trust + Find a Therapist." *MentalHealth.com*, 2022,

<https://www.Mentalhealth.com/>.

Jepson, Lisa, et al. "Mental Health Care in a High School Based Health Service." *Adolescence*,

ANALYZING THE UNDERSTANDING OF Mental Health OF 1990-2000 GRADUATES TO
2023-2026 GRADUATES

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vol. 33, no. 129, Spring 1998, p. 1. EBSCOhost,

<https://search-ebSCOhost-com.proxy.marmot.org/login.aspx?direct=true&db=pbh&AN=589741&site=ehost-live>.

Liu, Qingqing, et al. "Changes in the Global Burden of Depression from 1990 to 2017: Findings from the Global Burden of Disease Study." *Journal of Psychiatric Research*, vol. 126,

July 2020, pp. 134–40. EBSCOhost,

<https://doi-org.proxy.marmot.org/10.1016/j.jpsychires.2019.08.002>.

Mental Health America. "Mental Illness and the Family: Recognizing Warning Signs and How to Cope." Mental Health America,

www.mhanational.org/recognizing-warning-signs#:~:text=There%20are%20more%20than%202000.

"Mental Health Disorders in Adolescents." [Www.acog.org](http://www.acog.org), 2017,

www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2017/07/Mental-health-disorders-in-adolescents#:~:text=Anxiety%20disorders%20are%20the%20most.

Muller, Imelda. "Mental Health Awareness among High School and College Students: Barriers to Knowledge, Accessibility, and Utilization of Resources." *Family Medicine Clerkship Student Projects*, Jan. 2015, scholarworks.uvm.edu/fmclerk/100/.

Ph.D, Nicole Celestine. "12 Most Reliable Mental Health Assessment Tools."

PositivePsychology.com, 2 June 2021,

[positivepsychology.com/assessment-tools/#:~:text=Minnesota%20Multiphasic%20Personality%20Inventory%20\(MMPI\)](http://positivepsychology.com/assessment-tools/#:~:text=Minnesota%20Multiphasic%20Personality%20Inventory%20(MMPI)).

"- Reports of the Surgeon General - Profiles in Science Search Results." Nih.gov, 2020,

[.profiles.nlm.nih.gov/spotlight/nn/catalog?search_field=all_fields](http://profiles.nlm.nih.gov/spotlight/nn/catalog?search_field=all_fields).

ANALYZING THE UNDERSTANDING OF Mental Health OF 1990-2000 GRADUATES TO
2023-2026 GRADUATES

Ferguson 41

“S2T CO | Make a Call. Make a Difference.” Safe2tell.org, 2019, safe2tell.org/.

Saiz, Jesús, et al. “Five Strategies to Reduce the Stigma Among High School Students Towards People with Persistent Mental Disorders in Three Cities of Spain.” *Journal of Rehabilitation*, vol. 87, no. 2, Apr. 2021, pp. 63–72. EBSCOhost, <https://search-ebSCOhost-com.proxy.marmot.org/login.aspx?direct=true&db=ssf&AN=154632437&site=ehost-live>.

Steiner, Hans, et al. “The Juvenile Wellness and Health Survey (JWHS-76): A School Based Screening Instrument for General and Mental Health in High School Students.” *Child Psychiatry & Human Development*, vol. 29, no. 2, Winter 1998, pp. 141–55. EBSCOhost, <https://doi-org.proxy.marmot.org/10.1023/A:1025088016749>.

Stringaris, Argyris. “Journal of Child Psychology and Psychiatry.” *Association for Child and Adolescent Mental Health*, 2017, acamh.onlinelibrary.wiley.com/journal/14697610.

Suldo, Shannon M., et al. “Relationships among Stress, Coping, and Mental Health in High-Achieving High School Students.” *Psychology in the Schools*, vol. 45, no. 4, Apr. 2008, pp. 273–90. EBSCOhost, <https://doi-org.proxy.marmot.org/10.1002/pits.20i> feel like 0.

“The '90s Were a New Era for Nervous Breakdowns: 2000-10-01: AHC...” *Relias Media | Online Continuing Medical Education | Relias Media - Continuing Medical Education Publishing*, Relias Media, 17 Oct. 2022, <https://www.reliasmedia.com/articles/46943-the-8217-90s-were-a-new-era-for-nervous-breakdowns>.

“Timeline of United States History (1990-Present).” *Onetwothree.net*, 2009, stateoftheunion.onetwothree.net/timelines/Timeline_US_hist_1990-pres.html.

ANALYZING THE UNDERSTANDING OF Mental Health OF 1990-2000 GRADUATES TO
2023-2026 GRADUATES

Ferguson 42

Townsend, Lisa, et al. “The Association of School Climate, Depression Literacy, and Mental

Health Stigma Among High School Students.” *Journal of School Health*, vol. 87, no. 8,

Aug. 2017, pp. 567–74. EBSCOhost,

<https://doi-org.proxy.marmot.org/10.1111/josh.12527>.

“What to Look For.” What To Look For | MentalHealth.gov, MentalHealth.gov, 10 Mar. 2022,

<https://www.Mentalhealth.gov/what-to-look-for>.

“Why Mental Health Awareness Should Be Taught in Schools.” *Resources To Recover*, 17 Aug.

2022,

<https://www.rtor.org/2021/12/15/why-Mental-health-awareness-should-be-taught-in-scho>

[ols/](https://www.rtor.org/2021/12/15/why-Mental-health-awareness-should-be-taught-in-scho).

World Health Organization. “Adolescent Mental Health.” *World Health Organization*, World

Health Organization, 17 Nov. 2021,

www.who.int/news-room/fact-sheets/detail/adolescent-Mental-health.

Worldometer. “World Population Clock.” *Worldometers*, 2022,

www.worldometers.info/world-population/.

Wright-Berryman, Jennifer L., et al. “Reducing Suicide-Related Stigma through Peer-to-Peer

School-Based Suicide Prevention Programming.” *Children & Schools*, vol. 44, no. 4, Oct.

2022, pp. 216–23. EBSCOhost, <https://doi-org.proxy.marmot.org/10.1093/cs/cdac015>.