

Assessing Teens' Access and Attitudes Towards Mental Health Resources During the Covid-19 Pandemic

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ABSTRACT

The prevalence of discourse concerning mental health and related inquiries have increased in the past few years. Existing research studies barriers in accessing mental health resources, emotional well-being in young adults, and how the Covid-19 epidemic affects mental health. Nonetheless, past research does not reveal the difficulties and behaviors teens may face when seeking mental health services during the Covid-19 pandemic. With this knowledge, my study recognized this gap. After having analyzed different research methods, I came to the conclusion that a case study would benefit my research. This case study methodology included a survey, free response questions, and an interview. This gap was fulfilled through the data- teens were not influenced by major barriers, but through minor barriers like the pandemic, insurance, and stigma. Furthermore, this study displays that teens' attitudes towards mental health resources were positively influenced and how their mental health profoundly changed due the Covid-19 pandemic.

Introduction

Even though mental health has been a sensitive subject in past years, it has now become a prevalent topic. This is due to mass media and individuals being open to talking about mental health (Naslund et al., 2014). 87% of American adults stated that having a mental health disorder is nothing to be ashamed of (The American Psychological Association, 2019). However, this does not indicate mental health resources are efficiently addressing these disorders. According to Lake and Turner (2017), models of mental health care fail to adequately address mental health disorders. This is alarming; mental illness (MI) affects one in four people (Mokkarala et al., 2016). Teens are especially at risk, "Half of all mental disorders will manifest before the age of 14, and three quarters by the age of 24, making adolescence a critical period for developing mental health disorders" (Vousoura et al., 2021, p. 1). Adding to this mental health crisis, the Covid-19 Pandemic just made mental health care that much more salient. "The world is going to face a tough time in dealing with the upcoming social, psychological, and emotional consequences stemming from this Covid-19 pandemic" (Sethy & Mishra, 2022, p. 2).

Addressing The Gap

The pre-existing research examines barriers individuals face when accessing mental health resources, adolescence mental health, and how the Covid-19 pandemic impacts mental health (e.g. Kolvenbach, 2018; Vousoura et al., 2021; Sethy & Mishra, 2022). However, the pre-existing research does not show barriers and attitudes teens face when accessing mental health resources during the Covid-19 pandemic. Therefore, my study will address this gap of knowledge. This gap is pertinent to research since "Access to mental health care has been an issue in the past and will only become more of an issue as Covid-19 continues" (Parrish, 2020, p. 485). As well, the adolescence period is full of changes that can have a vital impact on personal, social, and emotional life (Sharma et al., 2017). The data collected

will bring understanding to researchers pertaining to helping teens gain access to mental health resources during the Covid-19 pandemic. This study will analyze the gap guided by the question to what extent does the Covid-19 pandemic affect teens' access and attitudes toward mental health resources? From this question, I was able to develop the goal of the study, which is to expose teens' access and attitudes toward mental health resources during the Covid-19 pandemic.

Literature Review

Before exploring barriers and attitudes teens face when accessing mental health resources during the Covid-19 pandemic, background information pertaining to this subject should be examined. This includes the development of mental health illnesses, barriers to accessing mental health resources, and the Covid-19 pandemic impacting mental health.

Development of Mental Health illnesses

Mental health illnesses can stem from developmental environments and genes. A study utilizing animal models and programming to explore diseases found that development environments can impact children's mental and physical health. For example, conditions in the utero, such as high blood pressure in the mother, can lead to diseases later in life. This explains the cause of many mental health illnesses (O'Sullivan et al., 2012). Additionally, individuals can acquire mental health illness due to genetics. Moreover, prolonged environments of stress may cause alterations of genes causing mental health illnesses, meaning if a child is left in a stressful environment, their genes may alter and adapt to this environment by developing permanent anxiety, depression, and other mental health illnesses (Megala et al., 2021). The pre-existing research concludes that mental health illnesses might develop due to developmental environment or genes.

Barriers in Accessing Mental Health Resources

Mental health resources include “insight-oriented therapy and cognitive behavioral therapy” (Lake, 2017, p. 45). There are a myriad of barriers in accessing mental health services. These barriers consist of stigma, money, transportation, lack of emotional support, different cultural beliefs, and discrimination in the mental health system (Kolvenbach et al., 2018). Comparing these results to a different study, researchers in the Caribbean studied prevalent barriers to accessing mental health resources. They did this by garnering a cohort of asylum seekers as their sample, (individuals exposed to stressful events). The study utilized a methodology with surveys consisting of likert scale questions and found the main barriers to accessing mental health care were a negative representation of psychiatry, fear of being stigmatized, and poor information about existing psychiatric services (Bartolomei, 2016). Continuing with this notion, social anxiety and fear can be often disguised as shyness. This can lead to failure to recognize a mental health illness and potentially receive adequate mental health treatment (Mercy et al., 2021).

Insurance Impeding Mental Health Resources

From a different perspective, mental health disorders are correlated with lower incomes and a lack of insurance. This poses an obstruction for individuals with lower incomes in receiving mental health care (Robinson et al., 2021). Nevertheless, individuals with insurance coverage may experience difficulty receiving mental health resources. This is because some insurances only cover a portion of mental health services, such as therapy, meaning insurance might not cover the total cost of mental health resources (Dunley & Papadopoulos, 2019). Subsequently, a study showed that expanding public coverage increased the number of patients receiving mental health care and decreased expenditures surrounding mental health care (McMorrow et al., 2016, p. 1349). Opposing this idea, another study found that

expansion of Medicaid reduced expenses, however, it did not increase the number of people utilizing mental health resources but did lower expenditures surrounding mental care resources (Golberstein & Gonzales, 2015). With conflicting views, Waumans (2022) opposes the whole picture that insurance is a barrier stating, “Financial barriers for treatment-seeking were of minor importance. However, health illiteracy and stigma disrupted early stages of treatment-seeking behavior” (p.13). Reviewing insurance obstacles in receiving mental health services, provides insight on what can deter individuals from receiving mental health resources.

Stigma Impending Mental Health Resources

Individuals with serious mental illnesses (SMI) have a history of being stigmatized, criticized, and in past years killed. “Before medication for (SMI), communities viewed people with SMI as too bizarre.” This led to discrimination preventing people from being a part of their community. This is called stigma (Garske & Stewart, 1999, p. 5). Adding to this, “People with mental health conditions are often labeled as dangerous, unpredictable, incompetent and dependent on others” (Douglass et al., 2022, p.2). With this in mind, another study found ethnic minority groups can experience negative emotions and different cultural beliefs surrounding mental health care by conducting interviews. Kolvenbach et al. (2018) found the following conducting an interview:

One participant explained: The first thing you think is: what will people say? It took me some time to tell my mother because I knew that she would not understand. In our culture, this is not something you wish on your enemy, let alone your family member. (Male, 47, Black African (p.102).

To yield data in hopes of reducing stigma, researchers conducted a free response survey with yes or no questions among diverse undergraduates. They found stigma mitigates quality of life and interferes with social support, income, and employment. Unfortunately, there is no systematic way of ending stigma (Elbulok-Charcape et al. 2021). However, learning about stigma can help understand future research concerning barriers and attitudes to mental health resources.

The Covid-19 Pandemic impacting Mental Health

The pre-existing research shows that the Covid-19 pandemic has created isolation and social distancing implying a loss of social support making it difficult to cope with pandemic-related stress” (Alzueta et al., 2021). Moreover, the pandemic has created additional negative issues, such as “The risk of people developing substance use, depression, anxiety, child abuse, domestic violence and suicide is anticipated to increase due to Covid-19” (Parrish, 2020, p. 485.) The Covid-19 pandemic has also required mental health resources to evolve. “Telehealth allows remote care for infected or suspected Covid-19 patients. With this technology, it is also possible to provide the necessary care for other patients with physical and mental problems” (Mohammadzadeh et al., 2019, p. 49). This means that the pandemic created therapy in-person to evolve to online therapy via telehealth. Overall, understanding how the Covid-19 pandemic impacts mental health can help understand future research regarding access to mental health resources.

Methods

This study explores the gap of barriers and attitudes teens face surrounding mental health resources during the Covid-19 pandemic. The goal is to expose access and behaviors towards mental health resources during the Covid-19 pandemic. This is pertinent because mental health access will continue to be an issue, especially with Covid-19 (Parrish, 2020). Also, teens are at a critical period in life for developing mental health illnesses (Sharma et al., 2017).

The method of my study is guided by the question: How does the Covid 19-pandemic impact teens' access and attitudes towards mental health resources? It is paramount to notice that I assumed the pandemic impacted teens' access and attitudes towards mental health resources. I hypothesized that there would be many negative attitudes and copious barriers surrounding teens' mental health access during the Covid-19 pandemic.

By reviewing the methods of other researchers, for example, Sarah Wood (2021) who used Cross-sectional web-based surveys and Waumans (2022) who utilized an in-depth semi-structured interview method, it inspired me to conduct a case study method. This case study method would incorporate a survey, free response questions, and an interview. I used a case study method because it allowed me to collect quantitative and qualitative data. This was ideal because it allowed for further in depth analysis of the survey, with qualitative answers from the free responses and the interview.

Google Forms was the perfect manner in constructing my survey and free response because it was able to generate qualitative and quantitative data. More specifically, it allowed the construction of the consent form, eight free responses, nine likert scale, seven checkbox, and six multiple choice questions.

The interview was conducted over a phone call. It took approximately one hour. This was done to make the interviewee feel comfortable with an abundance of time to share their experience and give clear answers regarding mental health. Moreover, it provided me with ample time to administer the questions.

Survey Questions

The survey was structured with eight free responses, nine likert scale, seven checkbox, and six multiple choice questions. The survey was formulated with different topics. The first topic was the "Consent Form and Eligibility," which included questions such as, "Have you tried finding a mental health therapist or have had a mental health therapist in the last one to two years?" The second topic was "Background" questions, such as, "Do you eat school lunch?" The third topic was "Barriers," which included questions such as, "Is there discomfort to talk about mental health therapy with peers?" The fourth topic was the "Pandemic," which consisted of questions such as, "Has the pandemic created barriers to finding a therapist?" And the last topic was "Last questions", which included questions such as, "If you would like to participate in a short interview to help this study, please put your email below." This is where I was able to obtain participants for the interview. I developed my survey from questions that were going to be the most helpful in understanding what barriers and attitudes teens face surrounding mental health resources during the Covid-19 pandemic. For example, in the third topic, from knowing if a teen has discomfort in discussing mental health therapy with peers, I was able to speculate if this was a barrier with accessing mental health resources.

Free Response Questions

The free response questions were divided into "Pandemic" questions such as, "Has the pandemic changed your view on mental therapy?" "Motive" questions such as, "What were you seeking therapy for?" In addition, "Barrier" questions such as, "If you have experienced any barriers finding a mental health therapist, please elaborate?" This was done to receive a more detailed explanation to the survey answers. For example, a teen elaborating on experienced barriers could clarify survey responses.

Interview Questions

The interview was organized with different topics consisting of "Attitude" questions such as, "Why did you go to therapy?" "Access" questions such as, "Did you experience barriers when trying to access mental health resources?" As well as "Pandemic" questions such as, "Was Covid-19 a barrier in receiving mental health resources?" These specific questions were used as a catalyst in understanding personal experiences surrounding mental health.

Participants

The next step of this study was gathering a sample. The sample was garnered from C.E. Jordan High School. This is a public school located in North Carolina. It was the most efficient place to generate data due to the diverse student population, the suburban environment, and the large school size.

Golberstein (2015) utilized a method consisting of a survey restricted to individuals from 21-64 years old. I mirrored this by utilizing a case study composed of a survey, free response, and interview, restricting participants to teens from 9th-12th grade who were 14-18 years old and who had a therapist in the last one to two years. I chose this sampling method with efficiency in mind, so I could generate data in line with my research question. I limited this study to teens who had a therapist in the last one to two years because the Covid-19 Pandemic first started around 2020, which is two years prior from now (2022). To sum up, limiting my sample was to achieve a focused analysis in order to explore the gap regarding barriers and attitudes teens face surrounding mental health resources during the Covid-19 pandemic.

Participants had to answer yes to having a therapist in the last one to two years at the beginning of the survey. If an individual said they did not have a therapist in the last one to two years, they were directed to a page that said they were unfortunately not eligible to partake in the survey, free response, and interview.

Procedures

After the construction of the survey, free response, and interview, and the target sample was identified, this survey was emailed to two teachers. This was done via Canvas, a school learning platform. Then, the teachers distributed the study to their classes. As well, bar codes were placed in one teacher's classroom to distribute my survey in different ways. I distributed the study to teachers who were located in different locations around the school, allowing individuals from different areas of the school to take part of the study, yielding different perspectives.

The total number of participants for the survey were sixteen, which included the one interviewee, and the number of participants who answered the free response questions were unknown because a participant may have answered the same free response question twice. All participants approved of the consent form. All answers were kept anonymous for privacy. To remove any ethical issues, this method was approved by an institutional Review Board

Grounded Theory Analysis

Subsequently, to interpret the free responses and interview, the grounded theory for analyzing qualitative data was used. This enabled the connection of data to main themes in the study. It used open coding to break data into categories, axial coding to draw conclusions from those categories, and selective coding to develop a central theme. This method was optimized over other methods because it draws conclusions that are not biased and closely correlated with the data. Moreover, it worked especially well with my study, considering the qualitative questions in the free response and interview.

Results

Quantitative Results: Survey Responses

Table 1: Mean responses of independent yes, no, or sometimes questions:

	Transportation	Stigma	Money	None	Other
If you have experienced any barriers finding a mental health therapist please check?	0%	43.8%	25%	43.8%	18.8%

Table 2: Mean responses for likert Scales questions:

	1	2	3	4	5	6	7	8	9	10
Has the pandemic created barriers to finding a therapist?	12.5%	12.5%	0%	12.5%	6.3%	6.3%	12.5%	12.5%	6.3%	18.8%
Has the cost of therapy changed for you due to the pandemic?	25%	0%	12.3%	31.1%	0%	6.3%	6.3%	6.3%	6.3%	12.5%
Is there discomfort to talk about mental health therapy with peers?	12.5%	12.5%	12.5%	12.5%	12.5%	6.3%	12.5%	12.5%	6.3%	0%
Has the pandemic impacted your mental health?	0%	0%	0%	6.3%	6.3	6.3%	6.3%	12.2%	6.3%	56.3%

Table 3: Mean responses for type of therapy

	CBT	DBT	Interpersonal Therapy	Mentalization-based Therapy	Other
What kind of mental health therapy were you looking for or have?	26.7%	13.3%	40%	26.7%	26.7%

Table 4: Mean responses for type of insurance

What kind of insurance do you have?	Private insurance: For example, Geico, and State farm	Public Insurance: For example, Medicaid and Medicare	I do not know what type of insurance I have	I do not have insurance
	62.5%	12.5%	25%	0%

Table 5: Mean responses for insurance being a barrier

Has your insurance been an obstacle to finding the correct therapy for you?	No	Yes	I do not Know
	56.3%	18.8%	25%

Table 6: Mean responses for how the pandemic changed views on mental therapy

Has the pandemic changed your view on mental therapy....	positively	negatively	not changed
	50%	12.5%	37.5%

Qualitative Results: Grounded Theory Analysis

The Grounded Theory of analyzing qualitative data was used to interpret the free response. Through selective coding the main theme developed was the research question: To what extent does the Covid-19 pandemic affect teens’ access and attitudes towards mental health resources? Through open coding, data was broken into two categories: access and motives. From those categories, through axial coding, three conclusions were drawn.

Additionally, this process was used to analyze the interview. Through selective coding the main theme developed was the research question: To what extent does the Covid-19 pandemic affect teens’ access and attitudes towards mental health resources? Through open coding, data was broken into attitudes and pandemic categories. Through axial coding two conclusions were drawn.

Free Response

Access

Conclusion 1: There were barriers accessing mental health therapy due to the Covid-19 pandemic. All respondents answered barriers pertaining to the pandemic. For example, one teen stated, “I need a mix of social interaction and alone time, so the pandemic was very hard for me.”

Conclusion 2: Insurance was a barrier in accessing mental health resources. For example, a response to “If you have experienced any barriers finding a mental health resource please elaborate?” was, “That therapist did not take my insurance provider.”

Motives

Conclusion 3: Teens had different motives when receiving mental health therapy. For example, answers to, "What were you seeking therapy for?" were, "Anorexia," "Anger issues," and "Sexual abuse."

Interview

Attitudes

Conclusion 1: It can be concluded the interviewee had positive attitudes towards therapy. For example, through therapy coping mechanisms to process emotions such as journaling, communicating, accepting their emotions, and how to manage anxiety attacks were mastered.

Pandemic

Conclusion 2: It can be concluded the pandemic impacted the interviewee in accessing mental health care. The interviewee stopped going to therapy since it was only offered online.

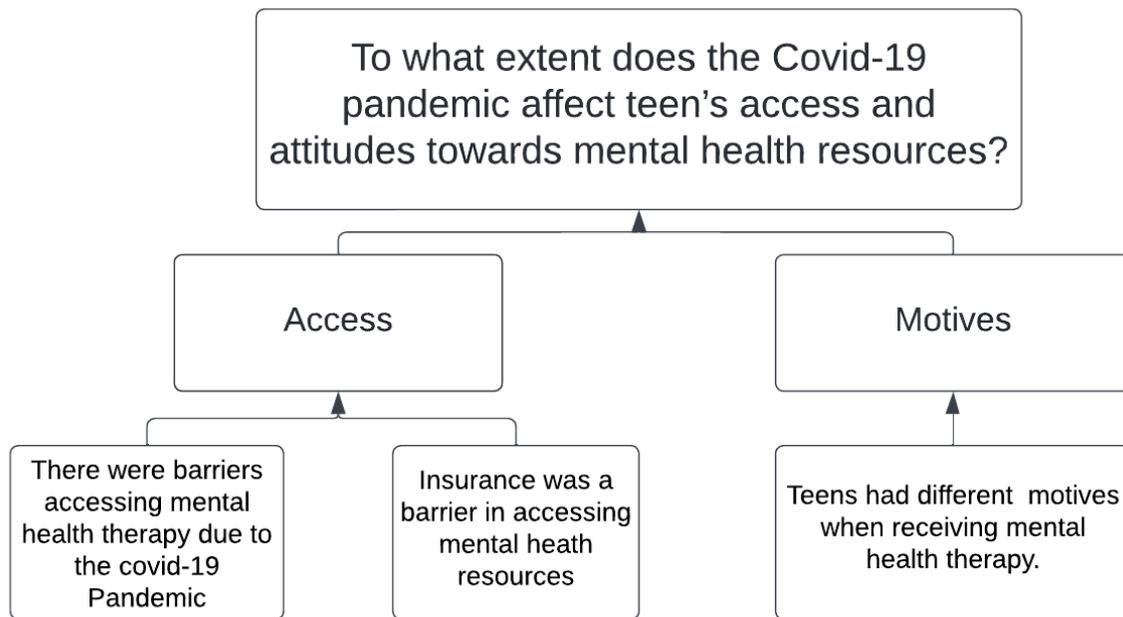


Figure 1: Breakdown of Grounded Theory Analysis for the free response

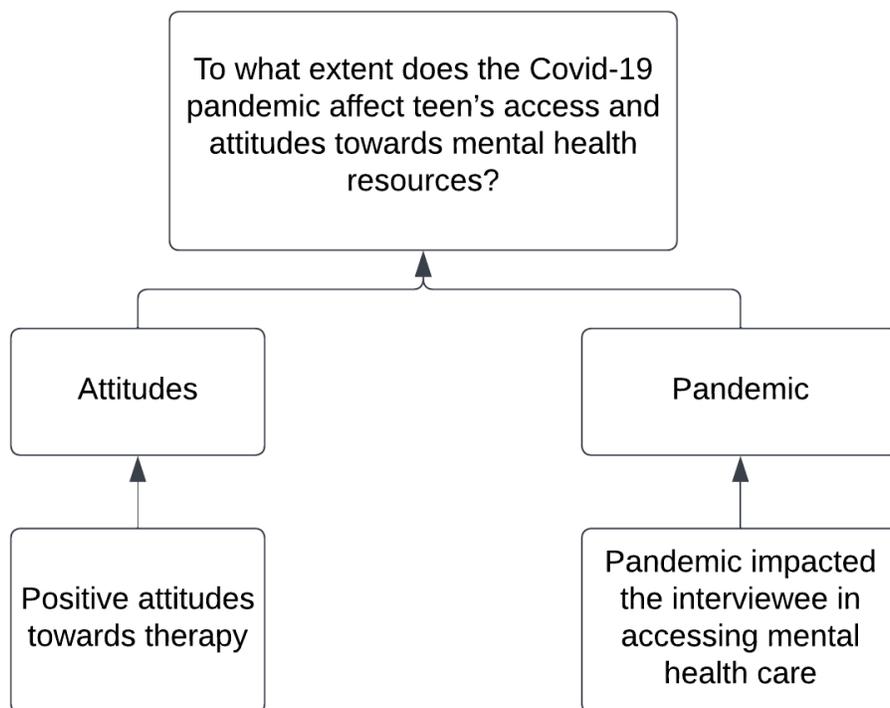


Figure 2: Breakdown of Grounded Theory Analysis for the interview

Discussion

This study examined the gap of knowledge regarding barriers and attitudes that teens face surrounding mental health resources during the Covid-19 pandemic. From this gap of knowledge, the goal of this study, which was to expose teens' access and attitudes towards mental health resources during the Covid-19 pandemic, was developed. This led to the research question: To what extent does the Covid-19 pandemic affect teens' access and attitudes towards mental health resources? This question was answered through the survey, free response, and interview.

The survey did not show insurance as a major barrier. Possibly, because as seen in Table four, more than half of the teens had private insurance. This could indicate that the teens had enough money to buy insurance. As well, in table four and five, 60% of teens stated that they had private insurance, and about 60% stated that they did not have insurance as a barrier. It is possible that the teens who had private insurance were the same teens who did not check insurance as a barrier. This could indicate that therapy only takes private insurance, creating barriers for only the teens who do not have private insurance.

As apparent by table two from the Likert scale question, "Has the pandemic impacted your mental health?" Over half of the teens' mental health were impacted, possibly because teens face different circumstances in the pandemic. For example, loss of a loved one. From table six, most teens' attitudes towards therapy changed positively because of the pandemic. Possibly, teens going to therapy due to a change in their mental health could potentially explain the shift of positive attitudes towards therapy. As made apparent by table one, stigma was the most notable, but not the most popular barrier. Stigma was more of a barrier than transportation and money. As well, some teens experienced no barriers. Possibly, because teens experienced barriers not listed in the survey such as bad scheduling or teens just do not have barriers in accessing mental health resources.

The free response, contrary to the survey, showed teens having pandemic and insurance barriers. This finding displays the prominence of utilizing a survey, free response, and interview to yield data. If only the free response or survey were utilized the study would yield more or less barriers concerning the pandemic and insurance. However, a

couple of reasons for the pandemic and insurance barriers is that the pandemic prohibited teens from in-person therapy, therapists only accept certain insurance providers, and teens may not know what insurance their family has. Alternatively, in the free response, teens showed varying motives for receiving therapy. Possibly, because teens face different endeavors, such as depression, leading to different reasons for therapy.

The interviewee showed positive attitudes towards mental health resources. Possibly, because the interviewee did not think much of therapy, until it helped them to find coping mechanisms. Alternatively from the survey, the interview displayed the pandemic as a barrier. Possibly, because the interviewee did not want to receive therapy given online.

This conclusion refuted my hypothesis that there would be negative attitudes and copious barriers, such as insurance, surrounding teens' mental health and access during the Covid-19 pandemic. This was succinctly shown by the data with positive attitudes towards mental health therapy. As well, the majority of teens displayed no major barriers. This demonstrates that teens had more positive attitudes and access to mental health resources than anticipated. This does not mean the data proved that there were positive attitudes and no major barriers for teens accessing mental health resources during the Covid-19 pandemic, but suggests that teens responded this way.

Stigma was the most notable barrier to access mental health resources. Knowing this, a plausible solution to this issue is to have classes in school- in and out of Jordan High School- to understand the prominence of mental health resources and their treatment. This would emphasize the importance of mental health resources, potentially reducing stigma displayed by this study.

Another noticeable consequence was the pandemic impacted some teens' access towards mental health resources. A solution to this would be to incorporate more of a hybrid schedule with a therapist. Meaning, a patient has the option to attend therapy online or in-person. That way, the patient has more options whether they feel comfortable enough attending therapy in-person while still being mindful of the Covid-19 pandemic. This would eliminate the discomfort individuals had, such as the interviewee in this study, surrounding attending therapy during the Covid-19 Pandemic.

Even though insurance was not a major barrier in the survey, some teens did mention insurance as a barrier in the free response. Having legislation, specifically in North Carolina, to have therapists be open to all insurance providers would help this group of teens who do not have insurance or who can not afford private insurance. This would potentially reduce the barrier concerning insurance providers. This would allow patients to choose which therapy would be most optimal for their mental health, and not just choose a therapy that their insurance allowed them to access.

Qureshi et al. conducted a study examining barriers inhibiting global mental health services such as lack of human services, difficulty incorporating mental health care, and stigma (Qureshi et al., 2021). Similarly, my study found barriers such as lack of human resources and stigma. For example, in the free response a participant stated "Trying to find one who was actually accepting clients." Meaning, lack of human services similar to Qureshi's study. However, there were different results such as motives patients had when going into therapy and insurance. The reason for these differences was that my study was exclusive to teens in North Carolina during the Covid-19 pandemic, while Qureshi interviewed individuals from all over the world from all different ages.

Dunley & Papadopoulos found that insurance coverage was impeding in receiving adequate mental health resources (Dunley & Papadopoulos, 2019). Similarly, my study found insurance as a barrier; however, it did not find it to be a major barrier like in Dunley's study. A potential reason for these differences was she conducted a study with a five-stage framework which was conducted to summarize evidence of barriers of North American post-secondary students while my study conducted a case study method incorporating a survey, interview, and free response in North Carolina.

Limitations

Prior to concluding, it is pertinent to address limitations which may have skewed the results. The first limitation was the small sample size. There were sixteen teens who partook in this study. This was potentially because I preserved this study to teens who had a therapist in the last one to two years. Participant limitations might have resulted in less people eligible to partake in the study. It would have been beneficial to have distributed my survey to a therapy clinic, since patients at a clinic may have received therapy in the last one to two years. More participants may have led to improving my understanding of the data.

Another limitation was that 85% of the participants were white. A more diverse sample would have reflected the diverse population. It would have been beneficial returning to the beginning of the study to distribute my survey to a Black Student Union or different geographical locations to receive a more diverse sample. This would allow the analysis of potential correlations between races in barriers in accessing mental health resources.

Also, no questions regarding gender were asked. It would have been beneficial to ask questions regarding what a participant's gender was in the survey since this could have found similarities and differences between genders yielding a new understanding. I did not incorporate gender questions due to human error. My study findings can be used; however, it is vital to consider these limitations.

Conclusion

The research question for this project was, "To what extent does the Covid-19 pandemic affect teens' access and attitudes towards mental health resources?" This question was commenced by researching in the fields of mental health illnesses, barriers in accessing mental health resources, and the Covid-19 pandemic impacting mental health. As well, by examining articles such as, (Lake & Turner, 2017) and (Sethy & Mishra, 2022), which discussed the need for reforming mental health resources and the pandemic impacting mental health, a gap was identified. This gap concerned barriers and attitudes teens face surrounding mental health resources during the Covid-19 pandemic. Subsequently, this led to the goal of the paper to expose teens' access and attitudes towards mental health resources during the Covid-19 pandemic.

After distributing and yielding data from the survey, free response, and interview, the gap was succinctly fulfilled. This gap was shown through the data because teens were not influenced by major barriers. However, teens were influenced by minor barriers like the pandemic, insurance, and stigma, which was the most notable barrier. This study shows that teens' attitudes towards mental health resources were positively transformed by the Covid-19 pandemic. This study also shows that teens' mental health drastically changed due to the pandemic.

Implications

These findings will be vital in future research for improving teens' access and attitudes towards mental health resources during the Covid-19 pandemic. More specifically, doctors and psychiatrists can use this data to understand why patients felt a certain way about mental health resources and why patients wanted or did not want therapy during the Covid-19 pandemic. Knowing that individuals face insurance barriers, accessing therapy, schools such as C.E. Jordan High School can use this data to incorporate mental health resources into classes. For example, high schools can implement mental health resources that are free so that barriers displayed by the free response, such as insurance, cannot interfere with receiving these services. Implementing mental health services in high schools, such as a journaling club to write out emotions, can help with anger issues, as displayed by the free response.

The pre-existing research states adolescents are vulnerable to mental health illnesses (Vousoura et al., 2021). However, these findings (e.g. individuals experiencing stigma) can be utilized in order to make mental health resources more accessible for teens and potentially other ages. By analyzing attitudes, teens surrounding mental health resources

(e.g. stigma), organizations, researchers, and programs can perhaps find ways to reduce stigma, improving people's access to mental health resources. These findings will also bring new understandings to different reasons individuals might approach mental health resources. For example, the free-response showed teens receiving therapy for issues ranging from anorexia to anger issues.

Areas For Future Research

After collecting data on barriers and attitudes teens face when accessing mental health resources during the Covid-19 pandemic, other ways of helping people receive access should be researched. Further analysis should also be done regarding how insurance impacts different ethnic groups' access to mental health resources. Expanding from North Carolina, there should be exploration on how to implement changes for teens to gain access to mental health resources across the globe. As stated before, only one-third of individuals receive psychological treatment (Dunley & Papadopoulos 2019). Extending from this idea, one can look into if this is related to gender. My research also opens up questions such as, how does the Covid-19 pandemic affect adults' mental health or children's mental health?

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