



Positive mental health and mental health stigma: A qualitative study assessing student attitudes



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ARTICLE INFO

Keywords:
Mental health
Stigma
Benefits
Barriers
Students

ABSTRACT

Background: Mental health problems and mental health stigma are critical public health issues. With less than one third of individuals with mental health problems receiving treatment, studies are needed to examine perceived stigma and help-seeking for mental health problems. **Aims:** The present study investigated positive mental health and mental health stigma among college students. **Methods:** Structured interviews were conducted with 23 students to examine study aims. **Results:** Several main themes emerged from the interviews including staying mentally healthy, awareness/education, compassion/understanding, and benefits and barriers to mental health treatment. Students perceived stigma as a barrier to mental health treatment. Students felt increasing education and awareness, linking students to resources, and being compassionate and understanding to those experiencing mental health problems were important to reduce stigma-related attitudes. **Conclusions:** Mental health professionals may use study findings to enhance awareness of mental health among college students and increase rates of those seeking-treatment by incorporating main themes into prevention and intervention programs.

1. Introduction

Mental health problems are considered a critical public health issue (United States Department of Health and Human Services, 2016). In the United States [US], it is estimated that 1 in 5 adults experience a mental health problem each year with 1 in 25 adults living with a serious mental disorder that impedes at least one aspect of their daily life (Substance Abuse and Mental Health Services Administration, 2015). Among youth and young adults, 1 in 5 have a mental health problem (Merikangas et al., 2010).

Mental health problems are widespread among college students (Blanco et al., 2008) with 60.9% feeling overwhelming anxiety, 39.3% of students reporting past year depression, and 12.9% seriously considering suicide in the past year (American College Health Association [ACHA], 2018). Alarming, 51.7% of college students cite feeling hopeless and over 86.5% report being overcome by the responsibilities they had in the last 12 months (ACHA, 2018). With the high prevalence of mental health problems among college students and young adults, suicide has become a major concern with it being the 2nd leading cause of death among those aged 15–24 (American Association of Suicidology, 2015). Such problems may perhaps be partially due to adult responsibilities that are placed upon college students as well as the academic workload they carry (Pedrelli, Nyer, Yeung, Zulauf, &

Wilens, 2015).

If left untreated in adolescence and young adulthood, mental health problems can have detrimental consequences on the individual as an adult (Patel, Flisher, Hetrick, & McGorry, 2007; Post et al., 2010) including interfering with relationships, decreasing productivity at work and affecting finances (Wagner, Silove, Marnane, & Rouen, 2006). In addition to the aforementioned adverse social impacts, mental health problems may also result in physical health ailments (De Hert et al., 2011). A study by Colton and Manderscheid (2006) found that experiencing a serious mental health problem increases the odds of undergoing a chronic medical health issue. Typically, adults without a serious mental health problem live 25 years longer than their counterparts whom may have a medical condition that was left untreated (National Association of State Mental Health Program Directors Council, 2006).

Despite the extent of individuals having some degree of a mental health problem, many do not receive the appropriate treatment they need (Anxiety and Depression Association of America, 2016; Kessler et al., 2001; Olsson, Blanco, & Marcus, 2016; Substance Abuse and Mental Health Services Administration [SAMHSA], 2015). In fact, 40% of college students report not seeking treatment for a mental health problem (National Alliance on Mental Illness, 2012). In addition, a recent report by SAMHSA found that among adults with a mental health

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<https://doi.org/10.1016/j.mhp.2018.11.006>

Received 3 May 2018; Received in revised form 24 October 2018; Accepted 26 November 2018

Available online 27 November 2018

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problem, less than half received treatment for their condition in the past year (SAMHSA, 2015). The report also indicated that within the last year 63% of adults with a serious mental health problem such as severe depression received treatment.

It is evident that the treatment gap between those who need mental health care and those who actually receive treatment is extensive (SAMHSA, 2015) and this is in part due to various barriers this population can face. A common barrier for seeking treatment is that the individual believes that he or she does not have a mental health problem requiring treatment (Kessler et al., 2001). As for those who recognize they have a mental health problem, situational barriers, financial barriers, perceived lack of treatment effectiveness and wanting to overcome the problem by themselves are frequently reported impediments to obtaining treatment (Kessler et al., 2001). In addition, previous research suggests that concerns about medication side effects, apprehensions pertaining to overall treatment available, and fear of being placed in a hospital against their consent are other barriers those with a mental health problem encounter when acquiring treatment (Dockery et al., 2015).

Among those with a mental health problem, stigma can play an important role in not receiving adequate treatment (Ahmedani, 2011; World Health Organization [WHO], 2001). Stigma is defined as an attribute or behavior, which is socially discrediting and results in that individual being perceived as unfavorable or abnormal by society (Goffman, 1963). Factors that attribute to stigma include prejudices, discrimination, and stereotypes (Corrigan, 2005). Stigma surrounding mental health problems can result in the individual not wanting to seek treatment due to fear of being labeled or treated differently from society (Corrigan, Druss, & Perlick, 2014).

Unfortunately, stigmatization among this population is fairly common as past research has indicated that those experiencing a mental health problem are more likely to be stigmatized than individuals with a learning or physical disability and individuals suffering from a health condition (Kaushik, Kostaki, & Kyriakopoulos, 2016). Stigma surrounding mental health problems is wide reaching as many parts of the world exhibit some form of prejudice or discrimination towards individuals with a mental health problem (Seeman, Tang, Brown, & Ing, 2016). One recent study also found that among developed nations, 45% of participants cited mental problems as the same as a physical illness and 15% reported those with a mental health problem are more violent than individuals not experiencing a mental health problem (Seeman et al., 2016).

Unfortunately, stigma can adversely impact help seeking behaviors among those with a mental health problem (Clement et al., 2015; Crowe, Averett, & Glass, 2016). A study conducted by Crowe et al. (2016) indicated that stigma leads to decreased help seeking and resilience among individuals with a mental health problem. Similarly, Clement et al. (2015) found that stigma was the fourth most commonly cited barrier to help seeking among those with a mental health problem. Among youth, the negative connotation towards mental health problems as well as possible embarrassment of seeking help can result in individuals being discouraged from pursuing the treatment they require (Gulliver, Griffiths, & Christensen, 2010).

1.1. Study Purpose

The purpose of the present study was to examine student perceptions and attitudes towards mental health, mental health stigma, and help-seeking behaviors. Specifically, the following were study research questions: (1) What is positive mental health? (2) What are perceived benefits and barriers to mental health treatment? (3) What are student attitudes towards mental health stigma? and (4) What are student attitudes toward help-seeking behaviors?

2. Methods

2.1. Participants

Students were recruited from undergraduate classes at an urban university via email and class announcements to participate in structured interviews. It was anticipated that 15–25 students would participate. Student interviews were conducted until saturation of responses occurred.

2.2. Procedures

All student interviews lasted 20–35 min. Interviews were held in person in a private office using structured interview guidelines. After training on structured interviews by the primary investigator, the co-investigator performed all student interviews. Before the interviews, students were provided with an overview of the study purpose and informed that all participation was completely voluntary. The co-investigator presented a research information sheet to all participants, which explained the study in detail. Students were also informed that they may quit participating in the study at any time. All student participants granted their consent to participate in this research study. No incentives were provided for student participation. This study was approved by the university Institutional Review Board.

2.3. Structure interview instrument

Interview questions were based on a comprehensive review of the literature and previous research on mental health stigma (Vidourek, King, Nabors, & Merianos, 2014; Vidourek, King, Nabors, Lynch, & Merianos, 2014). A total of ten questions were developed and comprised four sections: (1) Positive mental health, (2) Mental health stigma, (3) Benefits and barriers to mental health treatment, and (4) Help-seeking behaviors. Positive mental health, benefits and barriers and help-seeking behaviors comprised two questions each whereas mental health stigma include three questions. Two researchers with expertise in mental health and one researcher with expertise in college health reviewed the questions for content validity.

2.4. Data analysis

Upon conclusion of the interviews, all interviews were transcribed by the research team. Transcripts of interviews were subsequently reviewed by each team member and interview sections and responses were coded by the authors as suggested by Strauss and Corbin (1998). Open-coding of all interview data was meticulously performed to provide a line-by-line analysis and labeling of responses to determine key themes in the data (Strauss & Corbin, 1998). Using a grounded theory approach, the research team first identified descriptive labels for data in order to create low-level categories (Glaser & Strauss, 1967; Corbin & Strauss, 1990). After line-by-line analysis, using axial coding methods, the research team met to identify higher-level categories through analytic labeling and subsequently placed data into appropriate categories based on data property and features. Selective coding was then employed to accurately portray main themes from the data (Lofland & Lofland, 1995). Listed in the results are the emergent themes identified by the research team.

3. Results

3.1. Demographic characteristics

A total of 23 students participated in this study. Of students, nineteen were female and four were male. Concerning grade level, one freshman participated whereas two were sophomores, nine were juniors, ten were seniors, and one was a fifth-year senior. Students were

from a variety of majors with 8 from a health-related major, three psychology majors, two criminal justice, two communication, and one each from epidemiology, pre-pharmacy, dietetics, finance, marketing, history, computer science and aerospace engineering. One student declined to disclose his/her major.

3.2. Positive mental health

Student defined positive mental health by discussing different components of health. One junior participant stated: “it’s the balance between different determinants of health....mental, emotional, and spiritual health.” Another junior participant commented: “positive mental health means to function well under stress and be able to cope with issues.” One senior participant stated positive mental health means “being in control of your moods and emotions and also your well-being including self-esteem and confidence.”

3.3. Staying mentally healthy

When asked about positive mental health, participants stated that staying mentally healthy involved an action or behavior to be mentally healthy. One junior participant stated that positive mental health involves “staying active, being occupied, and surrounding oneself with good people.” Another junior participant commented that staying mentally healthy involves “being conscious of emotions and reactions, learning new coping skills.” Another senior participant stated that staying mentally healthy involves “working out, taking me time, and talking to friends and family.” One freshman participant mentioned that staying mentally healthy involves “being aware of how you feel and seeking help if necessary.”

3.4. Perceived mental health problems

Students mentioned numerous mental health disorders that were experienced today. Anxiety and depression were mentioned by almost all participants. One junior participant stated: “Anxiety for sure....ADHD is big...I think basic stress, anxiety, depression, everyday things in life.” Another sophomore participant commented: “Anxiety is a big one and stress and OCD (obsessive compulsive disorder).” One senior participant mentioned: “I work at [a local hospital] and I see a lot of depression and anger issues. I think it would be these two.” Interestingly, students also mentioned stigma as a common mental health problem. One senior student stated: “Stigma around mental health issues is the biggest problem.” Another senior student stated: “People think negatively about mental health problems and kind of pigeon hold people so they seem ‘crazy’.” Lastly, stress was consistently mentioned as a commonly perceived mental health problem. One freshman student stated: “Stress is a big problem.”

3.5. Awareness and education

All students stated that education on mental health was needed to improve stigma-related attitudes and increase compassion. One junior participant stated: “The education system is important. High schools do not teach about mental health. We need to increase awareness at younger ages in schools. We need to shed light on these topics.” Another junior participant mentioned: “Through education, talking about things from personal experiences. We can change perceived thoughts.” One junior participant stated: “We need to create awareness of mental health disorders. We should make more classes about it.”

Consistently, participants mentioned awareness as part of education. Students reported that education may lead to increased awareness thereby increasing positive mental health and decreasing mental health stigma. One sophomore participant stated: “People don’t understand mental health topics. Individual ignorance creates fear out of what they don’t know. It stems from the unknown, fear, and ignorance.”

3.6. Resources

Participants stated that multiple resources for mental health treatment existed in the area. One junior participant mentioned: “There are multiple psychiatric hospitals in the area with free assessments. There are also suicide hotlines.” Another senior participant commented: “there are local clinics that you can go to seek help.” Interestingly, students routinely stated that they would encourage others to seek help and look for resources to help them with mental health problems. For example, one senior student commented: “I would talk to the friend having issues and try to get their concerns and then do research to help them find a facility. I would go with them, too.” Another senior participant stated: “I would try to listen to them and then if they were going to hurt themselves or others, call 211 or 911 to find resources to help them. I would try to equip them with resources they need to make better choices and take them to treatment.”

3.7. Stigma

Students consistently defined stigma as fear of being perceived as “crazy.” Multiple participants also stated concerns with media portrayal, which may increase stigma-related attitudes. One junior participant stated: “Media influences others and the portrayal of mental health in the media is misleading. Negative aspects show up a lot in the media. They need to show the other side than just ‘crazy’.”

Another junior participant stated: “There is a lot of negativity surrounding the topic. The unknown of it. Not being informed of the issue” contributes to mental health stigma. Another junior participant commented “people do not have a full understanding of mental health issues. Outsiders do not know how to react to mental health issues.”

Other students reported how stigma affected them on a personal level. One junior student commented: “It has taken me a long time to realize I have anxiety and depression. There is a stigma of coming out to accept it. People talk about it a lot more than they used to. But the embarrassment of the stigma...it’s believed you put this on yourself. I have been told before ‘you create these issues’ so it is scary to come out and talk about it.”

3.8. Benefits to mental health treatment

Participants reported reduced negative consequences of the mental health disorder as the number one benefit to mental health treatment. One freshman student stated: “Treatment helps you cope and function with the mental health disorder.” Another senior participant mentioned: “If more people would get treatment, one benefit is it would normalize mental health disorders to make it culturally acceptable to seek help and admit to a problem.” Another junior participant stated: “It improves that person’s life and can help them get a better handle on the illness. They can go through life easier.” Another sophomore participant commented: “Treatment can help teach coping skills and positive ways to look at the world. It can help change your view. Therapy is helpful and medication, too. I think it helps to give support and hope and how to cope with everyday life.”

3.9. Barriers to mental health treatment

Student participants listed multiple barriers to mental health treatment. Stigma was listed by most participants. One senior participant stated: “negative stigma plays a role.” Another junior student stated that “we promote physical health over mental health.” An additional barrier was the cost and the perception that insurance would not cover mental health treatment. One junior student stated: “Insurance won’t cover mental health problems.” Another junior participant commented: “there is a lack of cooperation with others....cooperation would help get the person to treatment. Plus, there is denial of having a disorder.” Another senior participant stated: “There is a social and communal

outlook that affects someone getting treatment....how one feels to see a therapist or get medication. I think there is also a cultural outlook on mental health that affects treatment.”

3.10. Compassion and understanding

When discussing several of the questions, students mentioned compassion and understanding as critical themes in mental health. One sophomore participant stated that “positive mental health involves understanding and acceptance that mental health can affect anyone and to be understanding is to have positive mental health.” Another senior participant commented: “I think normalizing mental health disorders to make it culturally acceptable to seek help and admit to a problem is really important.”

Students also reflect the importance of having compassion and understanding with family and friends experiencing mental health problems. One junior student stated: “I have helped a few people before. First, I find out what I can do by asking them. I think it is important to offer to help find someone to treat them or to drive them to appointments. I also think it is important to share your own experiences and coping strategies. Knowing you have support and are not alone is important.”

3.11. Social support

Participants felt social support was important and cut across all domains of mental health. One junior participant stated: “seeing others going for treatment” was a critical factor in seeking help for a mental health problem.

In dealing with a personal mental health problem, one junior participant stated that “you just need to reach out.” Multiple participants stated “talking to friends and family first to see if they can help.” Multiple participants mentioned seeking help from friends and family first. One junior participant commented “talking to friends and family is important. Then, I would see a doctor if I need more help. I would also use online resources.”

Conversely, some students reported they try to offer support to others experiencing a mental health disorder. For example, one junior participant commented: “My mom just checked into treatment. I grew up with her being bipolar. If it [mental health disorder] was outside of my personal experiences, I would talk to them and encourage them to see it as a health problem not a personal problem. I would also try to help them with social issues or scheduling issues that might come up.”

4. Discussion

College campuses are in an ideal position to help students with mental health problems (Eisenberg, Hunt, & Speer, 2012). As mental health problems among young adults are correlated with lower educational achievement, reduced productivity, lesser employment, and reduced relationships (Breslau, Lane, Sampson, & Kessler, 2008; Kessler, Walters, & Forthofer, 1998), the college years are also a critical time to intervene and prevent further consequences related to mental health problems. In the present study, students identified positive mental health as being happy, having low stress levels, and having a positive state of mind. Creating a culture of positive mental health and reducing barriers to treatment as well as stigma-related attitudes may help students seek treatment.

Concerning benefits to mental health treatment, students felt improved quality of life, increased coping with mental health problems, and reduced stress were positive benefits. Previous research found perceived benefits to treatment included enhanced mental health status, decreases in stress, and solving problems (Vidourek et al., 2014). Perceived benefits may be one avenue for increasing mental health treatment. It is clear college students recognize the benefits of seeking help. Increasing awareness of perceived benefits and highlighting such

benefits may counteract barriers and increase student comfort in seeking treatment for mental health problems.

The present study found that the majority of college students consider stigma as being a barrier to mental health treatment. Moreover, college students felt help seeking behaviors need to be increased by reducing stigma via education and understanding. Previous research indicates that stigma increases adverse consequences for individuals with a mental health problem including health and social outcomes such as reduced employment, school drop-out, and decreased access to treatment and care (Corrigan, 2005; Gruttadaro & Crudo, 2012; Hijorth et al., 2016). In addition, some of the participants noted that the media’s portrayal of mental health influences society’s perceptions of what it means to have a mental health problem. To challenge stigma, the National Alliance on Mental Illness (Gruttadaro & Crudo, 2012) recommends increasing awareness on college campuses of common mental health problems, highlighting success stories for individuals on campus living with mental health problems, holding on campus initiatives and events, and training faculty, staff, and students on mental health problems. Such activities may reduce stigma as a barrier to mental health treatment on college campuses.

Culture was mentioned in several main themes including barriers to treatment and understanding and compassion as a factor that can positively or negatively influence mental health well-being and treatment. This is particularly interesting as past research demonstrates culture may have both a positive and negative effect on help-seeking (Villatoro, Morales, & Mays, 2014; Yorke, Voisin, Berringer, & Alexander, 2015). College health professionals should consider culture in prevention and intervention programs. Tailoring initiatives to different population groups may increase the likelihood an individual will seek treatment. Future studies may wish to further explore culture and its influence on mental health treatment and stigma.

In regards to reducing mental health stigma and increasing treatment rates, students cited education and awareness as being critical factors. Connecting students to resources for mental health problems was another way in which students felt could help reduce stigmatization of being diagnosed with a mental health problem. Past research has similarly found that college students feel society’s stigma towards mental health problems prevents disclosure and programs aimed at accepting mental health would have beneficial outcomes (Corrigan et al., 2016). A study conducted by Kosyluk et al. (2016), investigated the impact education-based stigma reduction strategies had on reducing mental health stigma among college students. Results indicated that among this population, education-based methods are effective at decreasing stigma as well as increasing attitudes towards help seeking among college students. Based on the current study findings and past literature, educational mental health campaigns should be utilized among campuses as a means to oppose the stigma surrounding mental illness.

The present study also found that college students are willing to help those with a mental health problem through compassion and understanding. Students stated being compassionate and understanding to those facing mental health problems is significant when reducing stigmatization. This coincides with previous literature, which also found that college students held low levels of stigma-related attitudes and were willing to help peers seek help for mental health problems (Vidourek et al., 2014). As students in this study identified education and awareness as critical factors in mental health stigma and treatment, it is possible that additional education will increase help-seeking behaviors on college campuses. In addition, increasing student confidence in help-seeking may further enhance efforts to increase access to treatment and services. Previous research found college students’ feel somewhat confident in seeking help for a friend experiencing a mental health problem (Vidourek et al., 2014). Future interventions should assess student attitudes towards help-seeking and perceived confidence in helping peers seek help for a mental health problem.

Table 1
Representative quotes for main themes.

Theme	Representative quotes
Positive mental health	“Positive mental health is being happy and not stressed out.” “Having good overall, emotional, physical, and mental state of mind. Having the appropriate coping mechanisms.”
Staying mentally healthy	“I do everything I can for good mental health like yoga and exercise. If I feel good, then everything else in life is better.” “It is important to get help right away if you are not feeling right and if you know there is a problem. Being aware of what makes you feel good. An example would be time management. It is wonderful for mental health. Knowing what works for you and sticking to them.”
Perceived mental health problems	“I would say anxiety and depression are the top issues. I know so many people living with them. They got help and can work through them but it is a huge concern. It touches me personally. Also, everyday life pressures, being busy, and being plugged in, which is unhealthy.”
Awareness and Education	“Not many know about mental health issues. People with Schizophrenia and depression are thought of as ‘crazy’. Not informed and many misconceptions.” “We need to increase awareness and improve media portrayals of individuals with mental health problems.”
Resources	“It is important to talk to doctors and look for help.” “I would go to the student wellness center first and then look for outside resources.” “Asking at the local health clinic can help you find resources available to help you.”
Stigma	“I think people have negative misconceptions. People’s views of mental health issues create negatively around mental health topics in general.” “There is so much stereotyping. The stereotype that others do not understand and to discriminate on others that have one.” “I think it’s learning to see assistance for emotional and psychological issues and then begin seen as ‘crazy’. People and society just do not want to deal with it. I feel like people are shunned for mental health illness. You are seen as begin homeless or lazy or scary.”
Benefits	“It helps them in life. It helps them cope with stress, which is a mental health problem. They can get ideas to cope with it if they are not aware of the problem.” “Benefits include helping others cope and function with the mental health disorder.”
Barriers	“I think if we look at kids, it would be money and parent understanding especially if they have multiple kids, they may not be able to fit treatment in for them. For adults, it is money again, and stigma....mental health assessment is hard and insurance doesn’t cover it.” “There are a lot of barriers....insurance of what will be covered, does the provider take insurance such as Medicaid. Transportation to appointments, fear of being called ‘crazy’ or less than a man or women, fear of not being understood by health professionals and not enough mental health workers for all the people who need it.”
Compassion and understanding	“I feel like one of my family members had depression recently. I made myself available and let them know I am there. It’s important to make it known you are there to talk to, support, and give advice. Making yourself available to help and check in on, hangout, and make sure they stick to some sort of routine. Also, encourage therapy and even medication if needed.”
Social support	“If I am having a problem, I talk with family and friends. I always start with my support system.” “I always go to my family. Some of them have a history of mental health issues and can refer me to people.”

4.1. Limitations

The following study limitations should be noted. First, causal relationships could not be determined as the study is qualitative in nature. Second, the sample comprised of a small cohort of students from one Midwestern university, thus limiting generalizability of results to other populations. Third, since structure interviews were conducted, questions were not adapted in response to the participant’s answers. Unstructured interviews may have lead to more in-depth replies from participants; possibly providing additional data pertaining to student’s perceptions of mental health and mental health stigma.

5. Conclusion

Study findings shed light on college students’ perceptions of positive mental health and mental health stigma. It is evident that students recognize the major problem of stigma being a barrier to mental health treatment as most are willing to help change perceptions and attitudes of society. Many students have been influenced by personal experiences as well as by experiences with family and friends and therefore contend that education and awareness are key factors in reducing stigma surrounding mental health problems. Moreover, students cited linking students to resources, and being compassionate and understanding to those experiencing mental health problems as important to reducing stigma-related attitudes. Educational programs on campus may be an effective strategy to reduce stigma and increase awareness of mental health problems.

Mental health professionals may use study findings to enhance awareness of mental health among college students and increase rates of those seeking-treatment by incorporating main themes into prevention and intervention programs. Highlighting benefits of mental health treatment in programs may be one effective strategy to increase treatment rates. Mental health professionals are in a unique position to advocate for student mental health treatment and also reduce a key barrier to treatment, which is access to care. Students in this study perceived both cost and lack of insurance coverage as barriers to mental health treatment. For US college students, affordable mental health coverage is typically available with many providers offering reduced

cost and low cost services (Mental Health America, 2018). It is possible students are not aware of affordable treatment options and as such college health professionals should seek to educate students on treatment services. Partnering with university wellness centers and engaging students outside the counseling center at college events and activities may help to reduce stigma, enhance education, and increase comfort in talking about mental health problems among college students. In addition, there are differences in access to care based on college. All colleges and universities should assess access to mental health care and respond as appropriate. In addition, coordinating mental health services with primary care and other medical services may also increase the likelihood of treatment. All college health professionals should work collaboratively to improve the health and well-being of students (Table 1).

6. Compliance with ethical standards

Compliance with ethical standards: No funding was received for the present study.

Ethical approval: All participants agree to participate in this study. Study approval was granted by the university Institutional Review Board.

Supplementary materials

Supplementary material associated with this article can be found, in the online version, at [doi:10.1016/j.mhp.2018.11.006](https://doi.org/10.1016/j.mhp.2018.11.006).

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