

**Applying Mindfulness Resources: How Giving Mindfulness Resources to Minority College
Students Could Relieve Anxiety in a More Private and Helpful Manner**

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On my honor as a University Student, I have neither given nor received unauthorized aid on this
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Introduction

March 13th, 2020 - the day the world shut down. While many people took the opportunity to relax, college students were introduced to a new stressor: online exams and assessments. Even as we move back to an in-person world, there has been a 7.2% increase in students experiencing anxiety in response to the pandemic. This spike in anxiety can be attributed to the main change that has affected students during the pandemic: the transition to online learning and online testing (Fruehwirth, J.C. et al., 2021, np). Now that we are back in person, we want to diminish students' anxiety, but is there an effective way to do so? Cognitive behavioral therapy (CBT) is one way to diminish people's anxiety; however, CBT requires a time commitment (NHS, nd, np). And time is something precious to a college student, so CBT could not be as effective for this age group. Since the time commitment required by CBT may deter college students, there are students who are not receiving the help they need. In addition to the time commitment problem, many colleges have waitlists for their mental health care resources. This means students often go weeks before receiving their initial intake exam (Thiekling, M., 2017, np). Another element to consider is mental health is also a taboo subject for people of color, so there is a resistance to getting help, particularly for minority college students who experience anxiety (Zvolensky, M.J., et al., 2016, 502). After CBT, there are not many other options offered to help. In this paper, I argue that providing mindfulness resources to college students, specifically minority college students, will be more effective rather than encouraging students to seek help from cognitive behavioral therapy. This allows students to have the resources they need without worrying about any "stigma" from their families (Glickman, K.L., et al., 2021, 1-2). First, it is important to learn about cognitive behavioral therapy and mindfulness resources' effect on anxiety levels. Then, it can be applied to how anxiety affects minority college students and can aid in providing the best help to these underrepresented groups

(Glickman, K.L., et al., 2021, 2; Il, J.L., Mochrie, K., Wilson, M., Hakan, R., 2021, 2765; Zvolensky, M.J., et al., 2016, 502-503).

Mental Health Denial: Mental Illness in Minority Groups

Observing Anxiety in Minority College Students

In minority groups, mental illness has always been stigmatized. For minority groups, the stigma against mental health and illness stems from racism and disempowerment (Knifton, L. et al., 2010, 497-498). Each minority group has its own culture, and within their culture, there is a different reaction to mental health struggles. For example, in Pakistan, “behavior by a person with a mental health problem that is embarrassing or draws attention toward the individual or family may be considered unacceptable,” while in the minority Chinese community, “shame and guilt are also major dimensions of stigma...fearful of being exposed to criticism, disgrace, and losing face” (Knifton, L. et al, 2010, 498). Even with these few examples, it is evident that mental health struggles bring shame to the family. And for many people belonging to minority groups, their culture is an important factor in their identity (Miranda, J., Nakamura, R., Bernal, G., 2003, 470).

Not only does culture play a role, but how a person learns to seek help from others. Flink, I.J.E., et al. argue that “mothers play a crucial role in the help-seeking pathways of adolescents” and “parental attitudes, beliefs, education level, and family stress were main determinants of adolescents' help-seeking [behavior]” (292-293). Mothers are the perfect teacher for their children as they grow up and experience the world. Children often copy their mother's actions, absorbing whatever their mother says or does (Flink, I.J.E., et al., 2013, 292). So, when adolescents seek help from their mothers, they are likely being taught what their parents know.

Since culture often plays a role in a person's identity, whatever their parents were taught about mental health based on their culture is passed down through generations creating an endless cycle.

This process, illustrated in Figure 1, leaves adolescents to internalize their problems and not share what they are feeling (Flick, I.J.E., et al., 2013, 293; Glickman, K.L. et al., 2021, 3). While help is readily available to them, even at college, there is still the cultural stigma and potentially a self-stigma of identifying with the stigmatized group and applying stereotypes to the self that prevents them from seeking help (Eisenberg, D. et al., 2009, 528-530). This is not something to take lightly, as Zvolensky et al. have reported that ethnic minorities appear to be a particularly at-risk group for anxiety and depressive problems (np). Zvolensky et al., continue to discuss that minority students often have a certain attitude about seeking help and how it [help] is not always welcomed.

Three Stage Help-Seeking Model for Adolescents

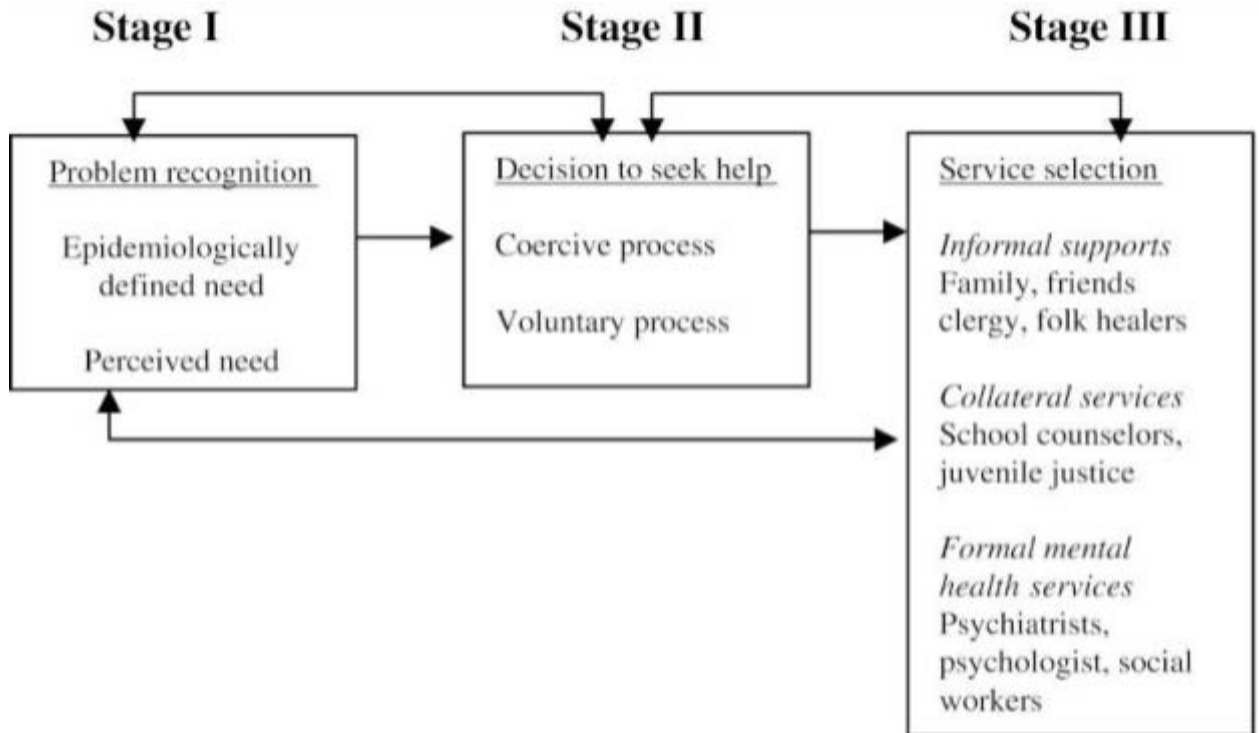


Figure 1: Demonstrates the cycle many adolescents develop when they are deciding if they need help. The three stages start from when a student first recognize the problem at hand, before moving to deciding to seek help and the service. The three stages are all influenced by the cultural environment the student may live as well as their mother's response to seeking help. However, if their mother does not seek help, the child is also less likely to seek help and this cycle is never developed correctly. (Flink, I.J.E, et al., 2013, 293)

As mentioned in my prospectus, internal and external factors make up many students' anxiety. External factors relate to the environment the student is exposed to, while internal factors often occur internally within the student while internal factors are what the students themselves experience, such as generalized anxiety disorder, depression, etc., or holding themselves to high standards (perfectionism) (Neemati et al., 2014, 1332-1333). The external factors of their environment could be one reason that minority students may feel so much anxiety. The community students engage with that is different from their typical environment could cause spikes in their anxiety. For example, attending a predominately white institution as a minority student may "experience cognitive stressors specific to their racial identity or status as

minorities on campus” (Clark. I., Mitchell, Jr. D., 2018, 67). Negative experiences and perceptions are more likely to occur in students of color, another external factor affecting the student's overall mental health. These experiences can then raise their anxiety; however, as their anxiety grows, they will refuse or avoid seeking help due to cultural and familial pressure against mental health.

However, what about internal factors that were briefly mentioned above? Perfectionism was an example mentioned previously, but perfectionism is a complex topic. While perfectionism may seem solely like an internal factor, it is internal and external. The definition of perfectionism is “a need to be or appear to be perfect, or believe that it’s possible to achieve perfection” (GoodTherapy, 2019, np). Many different factors can contribute to the root of perfectionism, and one of the top factors is rigid, high parental expectations (Martin, S., 2015, np). This ties back closely to external factors to which the student is exposed. Cultural variables play a role in perfectionism, as some parents set high standards for their children to achieve. Cultural variables and values can vary depending on the parent, but their parenting messages “relate[d] to feelings of guilt and shame in the face of academic failure.” While perfectionists may achieve the high grades they (and their parents) want, they also report high levels of anxiety and unhappiness (DiBartolo, P.M., Rendon, M.J., 2012, 145). Students are left to deal with their anxiety and unhappiness on their own, as parents often do not think of how the idea of perfectionism can affect their children (Knifton, L. et al., 2010, 500-501; GoodTherapy, 2019, np.). The cultural stigma against getting help for mental illness makes it hard for students to find the courage to find the support they need; there needs to be a better method or a more discreet method for the help they need.

Providing Mental Health Options That Provide Privacy and Takes Less Time

Both external and internal factors are something that students experience throughout their whole lives. Family and cultural pressures and perfectionism are taught at a young age (DiBartolo, P.M., Rendon, M.J., 2012, 140-141; Flink, I.J.E., et al., 2013, 295-296; Knifton, L. et al., 2021, 498). As these students enter college, they experience freedom as they explore living on their own away from the familial environment. While the experience may bring some unfortunate incidents around campus (Clark. I., Mitchell, Jr. D., 2018, 71-72), this is still the time for minority students to explore what the world has to offer. This includes learning about mental health resources and what their college provides (Glickman, K.L., et al., 2021, 5). All these pressures minority students face have been building for the past years, stemming from anxiety and their pent-up feelings. They may continue to feel the pressures their family expressed previously and therefore refuse to get the help they need (Knifton, L. et al., 2021, 498; Zvolensky, M.J., et al., 2016, 503). This only widens the gap between minority and majority students. The majority is receiving help for their mental health needs, while the minority is not receiving the help they need (Healio, 2018, np.).

There needs to be a better way to access mental health resources for students. A resource that isn't as big as a commitment as cognitive behavioral therapy (CBT) is needed to help minority students. Mindfulness resources are crucial for increasing awareness of present-moment experiences. Many people who experience anxiety often forget about the present moment, and their thoughts often spiral (Hoge, E.A., et al., 2015, 228-229). Mindfulness resources often vary in their definition and how they can be applied. Some mindfulness resources focus more on the medication aspect, while others focus on stress management. Mindfulness meditation often refers to a resource that uses physical practices such as "breath-awareness, a body scan, or yoga"

(Morgan, B.M., 2017, 276). Other physical practices are effective, like mindfulness hiking or equine-assisted therapy; however, the previously mentioned practices require more time to commit than other options. While these resources do take time out of a student's day, like CBT, it is a smaller amount of time. These also can be performed in the comfort of their own home, not requiring the student to leave their dorm. Regardless of how the mindfulness resources are supplied, it is shown to immensely diminish students' anxiety (Hoge, E.A., et al., 2015, 231). They can often be done in the comfort of the home, away from prying eyes. Additionally, it doesn't require time to be taken out of a college student's busy schedule (depending on which resource they choose). This method, in particular, is most beneficial for minority college students. As mentioned before, they can be away from the curious and prying eyes of the public.

The Power of Analogies Applying Framework To the Mental Health Crisis

Analogies Are A Powerful Tool

As we begin to mark the end of the second year of the pandemic, we can reflect on how the world has changed. We have seen a more significant transition toward online learning and online learning options in the education sector. Online options are becoming more common after the pandemic, even outside the education system. This includes receiving mental health help. Mental health apps are gaining momentum, delivering readily available resources to the public. Some may question the effectiveness of online mental health resources, worrying that the same practices can transfer through the internet. It has been found that the resources translate well online, and they “teach students skills for focusing on what they can control regarding their stressors along with mindfulness skills...” (Nguyen-Feng, VN., Greer, CS., Frazier, P, 481). Online resources are also crucial to schools that do not have available mental health resources on

their campus. Online options make it easier to reach college students and spread the resources they need.

Despite the availability of online resources, many continue to refuse the help they can receive. Whether they believe they do not need help or have cultural factors hindering their decisions, many are refusing the help they need. To further explain why we can apply the “Power of Analogies” framework to the project written by Schwarz-Plaschg. Schwarz-Plaschg explores the power of analogies using the topic of emerging technologies to make her research more impactful to the readers.

Analogies are a valuable and powerful tool used to make it easier for people to make sense of emerging technology. The imagery from such a tool can create an empathetic connection to the audience, making the transition to the new technology much easier than previously perceived. Schwarz-Plaschg uses analogies to connect society to past technologies with which they are much more familiar. Using something that people already understand and applying the new technology in a similar context and the existing one allows for an easier societal transition, Schwarz-Plaschg writes. However, a person can just give an analogy to the crowd and expect the new technology to be instantly accepted. This requires a lot more careful thinking and planning than just saying one. Schwarz-Plaschg argues that the most effective analogy is used when the audience can be given a great understanding of reality and shields them from counterarguments that they may run into. The analogy must touch on the overall problem, not choosing what parts of it to define. The analogy can fail when people begin to find the faults in the argument and cannot connect with the analogy. Creating a powerful analogy people can connect to and creating a solid argument is how the most powerful analogy can be created.

Therefore I decided to use this specific framework to analyze my research. Using a past event that people are familiar with will help society understand why the mental health crisis is a big deal. COVID-19 and quarantine are two recent events that have affected many people in the last few years. During the pandemic, two groups of people were talking about often: anti-maskers and anti-vaxxers. Anti-maskers and anti-vaxxers are a group of people who did not accept the health resources offered to them and not only put themselves in danger but the people around them as well. Like anti-maskers and anti-vaxxers, people who refuse to seek help or take the mental health resources offered are hurting themselves and hurting the people around them.

Mistakes Made During COVID-19

The current mental health crisis is something many people are dealing with at a large number. As mentioned previously in this paper, there has in a 7.2% increase in students experiencing anxiety since the start of the pandemic. This number is cause for concern, especially as there has been time to develop resources to help. However, the mental health crisis is something that is hard to fight, especially when looking at minority college students. It is hard to fight something when you are constantly told that it doesn't exist or no one believes you. Minority students have a hard time seeking help as they often grow up in an environment that does not allow them to face their problems. While some minority students may seek help once they reach college, what happens to the students that are too scared to seek out help or simply do not want to? They may enter another cycle of refusing to acknowledge the problem. Or, depending on how bad their situation is, they find themselves so far gone it may be hard to receive help later down the road.

When a story is told that invokes strong emotions from the audience, it is thought to be effective. It is hard to change your mind quickly if you are passionate about one topic and then applied to another. The strong connection to emotion is why I decided to use this approach to explore my topic. A recent crisis many people experienced recently is the covid pandemic.

However, there is a certain element to the pandemic that many people cannot forget. The people were described as anti-maskers and/or anti-vaxxers. These people have been discussed throughout the pandemic and are a topic many people are familiar with. These people were offered the resources and help they could receive during the pandemic and refused to receive such help. Before the vaccine became available to the public, anti-makers were the people that were often the cause of outbreaks as not only were they not protecting themselves, but they were also putting others at risk (Klitzman, R., 2021, np). Then again, when the vaccine was made available to the public, there was again an uproar about the distrust of the virus. This idea can be applied to the fight against mental health. The fight against mental health resources is often a hard battle. Even as the resources become more readily available to people, there will be people fighting against the resources. Often the people who are fighting the resources are often the ones who need them the most. When there are people who do not put effort into getting help, they can become a danger to themselves and the people around them. Unknown to the person who is battling their mental illness, their actions also hurt their friends and family. It often puts stress on their relations at well.

How Ignoring Resources Creates Bigger Problems

At the beginning of the pandemic, there was a lot of confusion surrounding the virus. As scientists began to release more information about the virus and how it would affect the body, the

majority of the US population listened to the guidelines set by the Center for Disease Control to protect themselves from the virus. Despite these guidelines, there was a group of people who still refused to believe that the virus was such a big deal. As more preventative measures were given to the public about the virus, the deniers continued to ignore the professional advice and tried to convince anyone who would listen to do the same (Klitzman, R., 2021, np). People who refused to wear a mask posed the risk of spreading the virus more than someone who would wear a mask. This would also put the people in the high-risk category even more at risk, especially if they had no choice but to leave their homes during this time.

After the first year of the pandemic, the opportunity of a vaccine became available for the high-risk groups before opening to the public. This resource allowed people to protect themselves even further than just wearing masks. However, the vaccine's introduction sparked a lot of debate among people, all for different reasons. There were the people who were hesitant to take a vaccine that seemed to develop so fast. Some people were wary of the vaccine due to past traumas (particularly the black population after years of experiments performed on them without consent (McVean, A., 2019, np). Each opinion about the vaccine was a valid response, and as the months passed, we saw an increase in the US population becoming vaccinated. Despite the growing number of vaccinated citizens, there are still a number of people who remain unvaccinated. Again, as a new resource was introduced to the public, some people were refusing to get vaccinated if they could, putting the groups who could not receive the vaccine at risk. Anti-vaxxers again pushed their propaganda to the public, sharing their misinformation on places such as Facebook. It is tragic when these people who were anti-vax then ask for the vaccine when they are ill with the virus in the hospital (Hanna, J., 2021, np). Of course, there are still people who died from COVID while being vaccinated, but the number of deaths is much lower

than the deaths of not vaccinated people. The people who were anti-vax were offered the resources to help themselves, yet they still refused to take what was given to them. This is also an interesting situation considering there are non-human factors involved in this situation. The propaganda against vaccines is contributed to the large number of people who denied the vaccine. The spreading of misinformation was one way to (wrongly) inform the public.

This same principle of anti-vaxxers, anti-maskers, and the pandemic can be applied to the mental health crisis. The mental health crisis is a small “pandemic” that everyone, specifically college students, is experiencing right now. As new resources become more accessible, it allows students to get the help they need. The problem becomes when the “anti-maskers and anti-vax” begin to appear. The anti-maskers can be seen as college students who do not want to get the help they need, and anti-vax can often be seen as minority college students' parents. As mentioned earlier, as the new resources become more accessible, students can seek out the help they need once they reach college. If the student doesn't want to seek help, they are not only hurting themselves by not getting the help they need but could also affect their friends around them. This type of behavior can be attributed to either their parents, the type of environment they grew up around, or both. Anti-vaxxers can be compared to the student's parents, as parents project their ideologies and ideas about mental illness onto their children. This is why the integration of mindfulness resources is so important for students. When students do not seek out the help they need, their parents could influence them to ignore the problem. They can then create a cycle of not receiving help when needed, which can lead to detrimental effects later in life. This is why it is crucial that people, especially those who experience mental health problems at a high rate, receive the resources they need. It allows them to get the help they need, but it can be done on their own time and is something that doesn't have to be shared with their parents.

While the idea and definition of mindfulness resources were discussed earlier in the paper, there is not much evidence going into why mindfulness resources should be used over CBT. During the production of the rest of the paper, the more I realized that mindfulness resources are something that should be used widely. There are several ways to practice mindfulness in your day-to-day life. Once the practices have been integrated into your daily life, there can be a reduction of anxiety that is felt. In Figure 3, the process of change of anxiety levels before and after performing one of the mindfulness practices can be shown below. No matter what type of practice is used, the anxiety levels from before the practice and then after speaking for themselves.

Table 2. Present Moment Stress Scale means by modality—experimental group.

Modality ^a	Pre1	SD	Post1	SD	Pre2	SD	Post2	SD	Pre3	SD	Post3	SD
Yoga	11.19	7.31	2.56	2.31	8.54	5.03	2.63	2.26	9.63	6.28	3.21	3.90
Hiking	7.25	6.26	3.54	3.87	7.42	4.42	5.21	4.52	7.13	4.96	4.69	4.28
Equine	8.38	5.60	3.50	3.62	6.67	5.67	3.27	3.49	8.35	6.05	4.42	4.01

^a*n* = 24 for each modality.

This figure shows the results of students' stress level before and after performing a mindfulness resource. There were three different experimental groups, each group measuring their stress before performing one of the three resources. Though the post-modality scores may vary, there is evidence that performing at least one of these activities can significantly lower the measurement of the stress scale (Morgan B.M., 283).

Not only does CBT have the time commitment, but it also requires insurance to participate, and more often than not, the student is still on their parent's insurance. It is hard to get the help you need away from your parents when it would show on the insurance bill. Mindfulness resources are often free and require the sole effort of the person who is reaching out for help. They are a more private resource given to students that they can do in their own time. Though this is not an exact solution for decreasing anxiety, it could be the starting point to

helping minority students find the confidence to seek the help they need. Then, not only are they helping themselves, but also stopping themselves from hurting the people around them.

Conclusion

Anxiety is and will always be a part of the college experience for many students. Especially as an online format is becoming more popular for colleges and workplaces, the world will never return to the world that was before the pandemic. The world has now been more technology-centered than ever since the pandemic forced us to use such resources. From online test timers to Zoom meetings, anxiety will always be lingering around students. There is no way to stop it. However, offering more mindfulness resources to students rather than cognitive behavioral theory is one of the best ways to combat the issue.

Despite offering more mental health resources for students, there will still be people who refuse to get the help they need. As mentioned in the analogy, people who refuse to receive help are just like anti-maskers and anti-maskers. While they may not care about getting the help they need, the people around them tend to suffer. When a person ignores their mental illness, it can cause negative emotions or actions to emerge. When emotions or actions emerge, it is often the closest people to the person who refuses help that is affected the most. The negative actions can hurt the friends and family of this person, causing strains in their relationships. Worst case scenario, the person who refuses help can lose their friends and family, which are not needed at the time of need. The relationships that we hold with others are important to our mental health. Once a friendship has been ended or strained from negative interactions, it removes one of the main pillars of that person's mental health. Whether they realize what they are doing or not, the

introduction of mindfulness resources may make people a little more receptive to receiving help when it is needed.

There needs to be more research on the different types of mindfulness resources before they go ahead and try to implement them. Especially when we want to implement mindfulness resources in every school for students. Additionally, the types of activities would need to be adjusted for every school in the nation since not every school has the same resources. If the resources were also to be released as an online resource, then there would need to be some kind of coding before they could be released. Moving forward, should there be a standardized resource that goes out to schools, or should every school have one that fits perfectly for that environment? Which option would be the most effective in reducing anxiety? These questions will need to be answered by the psychology community in order to provide a better resource that will benefit all students.

References:

Clark, I., Mitchel, Jr. D. (2018). Exploring the relationship between campus climate and minority stress in African American college students. *Journal Committed to Social Change on Race and Ethnicity*, 4(1), 67-95.

DiBartolo, P.M., Rendon, M.J. (2012). A critical examination of the construct of perfectionism and its relationship to mental health in Asian and African Americans using a cross-cultural framework. *Clinical Psychology Review*, 32(3), 139-152.

Eisenberg, D. et al. (2009). Stigma and help seeking for mental health among college students. *Medical Care Research and Review*, 66(5), 522-541.

Flink, I.J.E., et al. (2013). The role of maternal perceptions and ethnic background in the mental health help-seeking pathway of adolescent girls. *Journal Of Immigrant And Minority Health*, 15(2), 292-299.

Glickman, K.L. et al. (2021). Psychological distress, attitudes toward seeking help, and utilization of college counseling at a predominately minority college. *Journal of American College Health*, 1-10.

GoodTherapy. (2019). Types of perfectionism.
<https://www.goodtherapy.org/learn-about-therapy/issues/perfectionism>.

Hanna, J. (2021). Hospitalized covid-19 patients are asking for the vaccine – when it’s too late, two health care workers.
<https://www.cnn.com/2021/07/22/health/hospitalized-patients-covid-19-vaccine/index.html>

Healio. (2018). College students of color more likely to have unmet health needs.
<https://www.healio.com/news/psychiatry/20180924/college-students-of-color-more-likely-to-have-unmet-mental-health-needs>.

Hoge, E.A. et al. (2015). Change in decentering mediates improvement in anxiety in mindfulness-based stress reduction for generalized anxiety disorder. *Cognit Ther Res*, 39(2), 228-235.

Il, J.L., Mochrie, K., Wilson, M., Hakan, R. (2021). The effect of dbt-informed mindfulness skills (what and how skills) and mindfulness-based stress reduction practices on test anxiety in college students: A mixed design study. *Current Psychology*, *40*, 2764-2777.

Klitzman, R. (2021) Why people oppose mask and vaccines.
<https://www.psychologytoday.com/us/blog/am-i-my-genes/202108/why-people-oppose-masks-and-vaccines>

Knifton, L. et al. (2010). Community conversation: addressing mental health stigma with ethnic minority communities. *Social Psychiatry Psychiatric Epidemiology*, *45*(4), 497-504.

Lazarus, CN. (2022). Covid: Denial and defiance can lead to death. PsychologyToday.
<https://www.psychologytoday.com/us/blog/think-well/202201/covid-denial-and-defiance-can-lead-death>.

Long, Y., Quan, F., Zheng, F. (2021). Effects of bicultural identity integration and national identity on COVID-19-related anxiety among ethnic minority college students: The meditation role of power values, *2021*(14), 239-249.

Martin, S. (2015). What causes perfectionism? Psych Central.
<https://psychcentral.com/blog/imperfect/2015/12/what-causes-perfectionism#1>.

McVean, A. (2019). 40 years of human experimentation in america: The tuskegee study.
<https://www.mcgill.ca/oss/article/history/40-years-human-experimentation-america-tuskegee-study>

Miranda, J., Makamura, R. Bernal, G. (2003). Including ethnic minorities in mental health intervention research: A practical approach to a long-standing problem. *Culture Medicine and Psychiatry*, *27*(4), 467-486.

Morgan, B.M. (2017). Stress management for college students: An experimental multi-modal approach. *Journal of Creativity In Mental Health*, *12*(3), 276-288.

Neemati et al. (2014). An investigation into the learners' attitudes towards factors affecting their exam performance: a case from razi university. Proceedings of the International Conference On Current Trends In Elt, *98*,1331-1339.

NHS. (nd) Overview - Cognitive behavioural therapy (cbt). NSH choices.
<https://www.nhs.uk/mental-health/talking-therapies-medicine-treatments/talking-therapies-and-counselling/cognitive-behavioural-therapy-cbt/overview/>.

Nguyen--Feng, VN., Greer, CS., Frazier, P. (2017). Using online interventions to deliver college student mental health resources: Evidence from randomized clinical trials. Psychological Services, *14*(4), 481-489.

Schwarz-Plaschg, C. (2018). The power of analogies for imagining and governing emerging technologies. NanoEthics, *12*, 139-158.

Thiekling, M. (2017). A dangerous wait: Colleges can't meet soaring student needs for mental health care. Nami.
<https://namiswwa.org/dangerous-wait-colleges-cant-meet-soaring-student-needs-mental-health-care/>.

Tubbs, J.D., et al. (2019). Mindfulness moderates the relation between trauma and anxiety symptoms in college students, *67*(3), 235-245.

Zvolensky, M.J. et al. (2016). Acculturative stress and experiential avoidance: Relations to depression, suicide, and anxiety symptoms among minority college students. Cognitive Behavior Therapy, *45*(6), 501-517.