

Social Networks of University Students with Mental Illness

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ABSTRACT

Previous research shows that negative perceptions of mental illness can cause social distancing and negative perceptions of self. Friendships are one social support that helps to fight these negative effects. This research attempts to understand friendships and support systems for university students with mental illness, including why such support and friendships are pursued. In-person interviews of students with mental illness and their friends, along with a survey based social network analysis, help to create a clearer picture of who students with mental illness are creating these relationships with and why. This study shows that the friendships of individuals surveyed were based upon homophily: physical (age and gender) and social similarities (mental illness, interests, and values). Not found in previous literature, but shown in this small study, is that connectedness of non-mentally ill individuals was higher within their social networks compared to social networks of individuals with mental illness. This study also found that mental illness could affect moods occasionally, but their friends often saw the symptoms of the people with the mental illnesses in this study as positive attributes of the person with the mental illness.

Key Words: Mental illness, social networks, friendships

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The prevalence of mental illness on college campuses is substantial. A 2011 study stated that 12-18% of students on college campuses in the United States have a diagnosable mental illness (Cleary, et al., 2011). Friendship and positive mental health (happiness) has a strong correlation (Forrester-Jones et al., 2012). This project sought to find more about students on the UW-Stout campus with mental illness and their own social networks. This study explicitly questions: To whom do people with a mental illness go to for social support? How do they feel supported? Do people with a mental illness or friends of people with a mental illness feel the illness affect the friendship? The research hypothesized that individuals who had or currently have a mental illness develop friendships with similar individuals, have multiple benefits through social support and social networks, and that the illness is not

seen as a dominant component of the friendships. This concurrent exploratory research used previous research, the Rational Choice and Basic Needs theories, qualitative data, and quantitative data to explore the social networks of students with mental illness on the UW-Stout campus.

Literature Review

Befriending someone with a mental illness is not seen as ideal in society. Perceptions of mental illness lead to social distancing of people with mental illnesses, often in a hierarchical order according to the condition (Gordon et al., 2004). In one study 60% of the participants stated that they did not want to be in a sexual or romantic relationship with someone who had a mental illness; seeing the condition as burden on the relationship (Elkington, et al., 2013). A mental illness that is more acute tends to hold less stigmatization, while a condition seen as long-term holds more stigmatization. However, a decrease in stigma does not necessarily mean complete approval or acceptance of the illness (Mak et al., 2014).

Societal perceptions of mental illness play a role in how individuals with a mental illness perceive themselves. Individuals with a mental illness often feel that they are less desirable to have relationships with because of the stigmatization it holds (Elkington, et al., 2013). The illness causes a sense of loneliness and an inability to connect to others, intensified with severity of the condition, increasing the difficulty for a severely mentally ill individuals to maintain and create friendships (Chernomas, 2008). People with a milder mental illness tend to have larger social networks compared to those individuals with severe mental illnesses (Chernomas, 2008).

A high regard for friendships and social networks show increased likelihood to reject social stigmas. With the increased rejection of stigmas, individuals become more resilient to the negative impacts (Rüsch et al., 2009). Chernomas (2008) described the life of someone with a mental illness in this way: "Good support can often mean the difference between living a satisfying and fulfilling life and living alone with the burden associated with mental illness." When the stigma of an illness is reduced within a valued group of friends or social network, self-stigmatization is also reduced (Rüsch et al., 2009) leading to an increased self-esteem (Forrester-Jones et al., 2012).

A decrease in patient delay in patients receiving professional help is increased with more social support (Pedersen, et al., 2011). The benefits of friendship also aid in recovery from a mental illness (Parker, 2004). Social networks are vital to self-esteem, quality of life, and mediating social functioning (Forrester-Jones et al., 2012). Friendship, described as a strong social network, is a voluntary tie developed over time between two people; it

involves support, intimacy, companionship, and reciprocity (Demir & Davidson, 2013). Through friendships, a person learns reciprocity, leading one to believe that he or she is cared for, is valued, and belongs to a friendship with mutual obligations (Pernice-Duca, 2010). Friendships allow for increased confidence socially when friends' responses make the person feel understood, validated, and cared for (Demir & Davidson, 2013). Satisfying and positive friendships are linked with protective factors for psychological and physical well-being, and happiness (Rabaglietti al., 2012). People are more likely to be friends with people who are similar to themselves, often-sharing attitudes, values, and interests (Blieszner, 2014). Much has been studied in how the benefits of friendships help decrease the chances of mental illness symptoms, encourage use of therapy or medical help, and how friendship can aid in recovery of an illness. However, little has been studied on how both friends of someone or someone with a mental illness perceive the illness actually affecting their friendship. There is also a lack of literature on whom people with mental illness include in their social networks and how they personally feel supported by these networks. This research sought to further explore those gaps in research of mental illness social networks.

METHODS

Participants

The stigma of mental illness causes many individuals to hide the fact that they have a condition. Because of the secrecy of the topic, this research was used more as an exploratory concurrent mixed methods research project of university students. The research found in this study was a pilot that may be used for further more extensive research.

The researcher sent out Qualtrics surveys to 27 UW–Stout students with a known mental illness. The initial interviews and surveys were sent to people known with a diagnosed mental illness within the researcher's social network, and the snowballing effect was used to obtain more participants. Mental illnesses in this study included attention deficit disorder (ADD), attention deficit hyperactivity disorder (ADHD), depression (seasonal, chronic, situational, etc.), obsessive-compulsive disorder (OCD), anxiety, psychotic symptoms, bipolar disorders, alcoholism, drug addiction, 'other' addiction, and eating disorders. A total of 11 surveys were used out of 27 opened surveys. The ages of the survey participants were from 21 to 23 years old, with one 24+ year-old participant. Participants identified as having ADD (three), ADHD (two), depression (seven), OCD (three), anxiety (eight), and/or an eating disorder (two). Qualitative data was also used. Five friendships, each with at least one person with a mental illness, were interviewed in person. In

three of the five friendships, both the interview participant and the friend of the participant had a diagnosed mental illness. The interviews included nine females and one male (ages 21 to 23 years old), who had the following mental illnesses: depression, perfectionism-anxiety, generalized anxiety, or ADD. The in-person interviews were approximately 20 minutes each.

Procedure

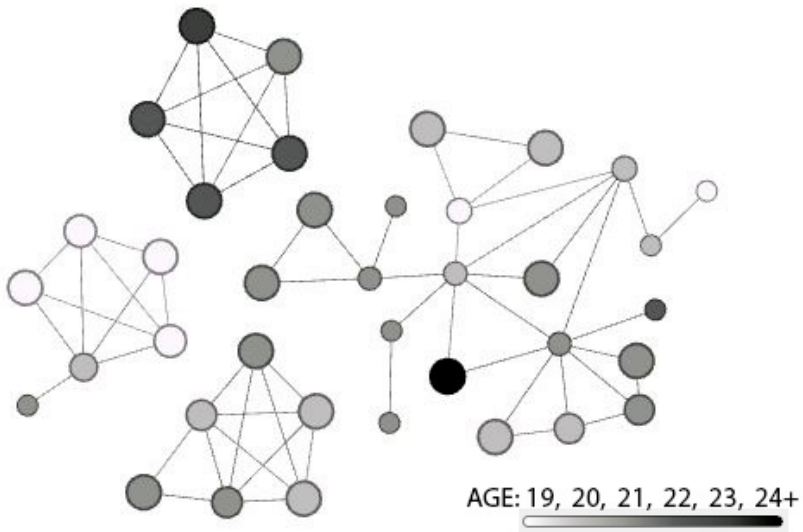
Participants either had to confirm their consent via online by clicking an arrow, or sign a consent form in-person to participate in the survey and interviews. The surveys were sent out via email and were completed online. The interviews were in-person and recorded using the sound recorder application on the researcher's laptop. The questions on the surveys given to participants included: demographic questions, illness type, activities done with friends, types of support systems, and social networks of friends (with or without a known mental illness to the participant) with friend demographics. The questions asked in the interviews included: demographics, illness type, evaluations of friendships, types of support systems, how mental illness affects friendships, and comfortableness with discussion of mental illness.

Participants who took the survey and participants' network connections were labeled with numbers to hide identities. Participants in the interviews were given pseudonyms to hide identity. The data was coded to evaluate similarity in friendship, perceived impacts of mental illness on friendship, friendship-provided support, and connectedness of social networks. Surveys were analyzed with Gephi by creating a social network. Using the clustering coefficient from the Gephi data as the dependent variable, age, gender, and whether someone had a mental illness or not as independent variables, a linear regression in SPSS was used for analysis.

RESULTS

Similarity of the people in friendships played a vital role in friendships studied. All participants interviewed were of similar ages, usually only varying one year apart. This is displayed in the social network below (Figure 1). Most of the networks portray that people tend to have social networks with similar-aged people. In the largest network there is a completely black dot designating an older respondent. The black dot is a survey respondent's boyfriend, which may play a factor in why he is older than most in the network.

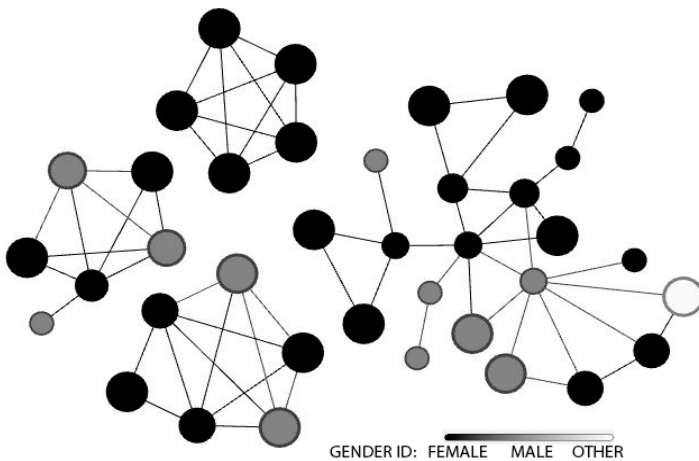
FIGURE 1



Social Network Display of UW-Stout Students with Mental Illness - Age

Four out of the five interview participants picked friends to interview with them, who were of the same identified gender, and the fifth participant's friend identified as a "feminized male," suggesting again similarity in gendered friendship relations. Figure 2 displays this gendered social network pattern.

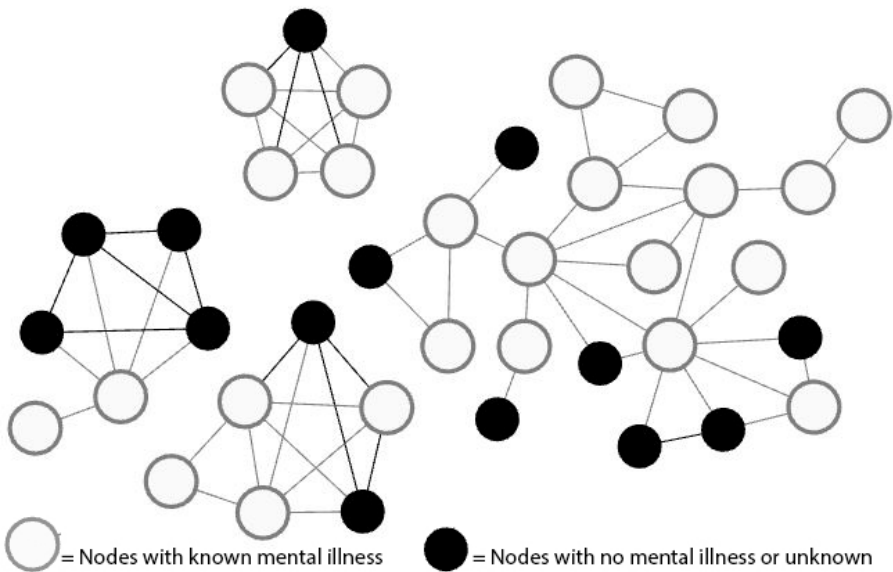
FIGURE 2



Social Network Display of UW-Stout Students with Mental Illness - Gender

The participants in both the interviews and surveys identified shared interests, activities, and social values with their friends. Cathy stated, "We share the same values, morals, and beliefs," as a reason for their friendship. Another friend described how she initially and continues to be connected with her friend, "He loves NPR. I love NPR. We just liked outdoor activities and hanging out, so we started doing those kinds of things together and still do." One interviewee said, "We both have a similar lifestyle," while the other friend replied, "We both don't give a shit."

FIGURE 3



Social Networks of UW-Stout Students with Known Mental Illness(es) and Friendships

Figure 3 displays the connections of the friendships in the survey taken. Those surveyed often had connections with other people who had a known mental illness. The white nodes (24 nodes), representing individuals with a known mental illness, are more common than the black nodes (14 nodes), which represent the individuals with no diagnosed mental illness (or it was unknown if the individual has a mental illness). This shows that people with mental illness in this research often had friends who also had a mental illness within their social networks.

TABLE 1

	B	P-Value
Mental Illness ¹	-0.408	0.013
Age	-0.058	0.315
Gender ²	-0.281	0.057
R Square	0.187	0.01

1: Reference group: No mental illness or mental illness of friend is unknown

2: Reference group: Male

Source: Social Network of Mental Illness Survey of UW-Stout Students

Table 1: Regression Statistics for Chances of Mental Illness and Clustering Coefficients

Regression statistics for having or not having a mental illness and the variation in clustering coefficients offer further insight into social networks of those with a mental illness (see Table 1). A linear multivariate regression was used, coding mental illness as 1 and no mental illness or known status of mental illness as the dummy variable as 0. For individuals with a known mental illness, compared to individuals with no mental illness or unknown status of the individuals having an illness, the clustering coefficient decreases by .408 when controlling for gender and age, significant at the .05 level. With an R square of .187, 18.7% of the variation in the DV can be explained, significant at the 0.01 alpha levels. Age and gender were not significant predictors of clustering coefficients at the .05 level, even though these were expected attributes of clustering, due to Figures 1 and 2. This regression model suggests that mental illness is a particularly significant clustering attribute among university students surveyed.

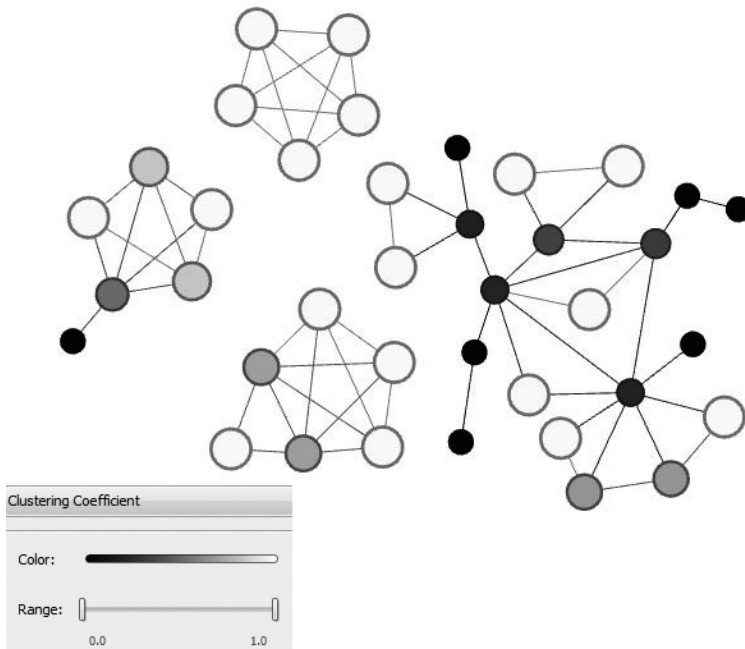
FIGURE 4

Figure 4 gives a more visual display of the clustering coefficient distribution among survey participants and their social networks. A whiter node represents a higher clustering coefficient. The clustering coefficient compares the potential triadic closures to the actual amount of triadic closures on a scale of 0 to 1. The closer to 1, the more that one's immediate social network connection is connected to one another. The closer to 0, the more that one's social network connection is not connected to one another. The topmost social network was the network that was most tightly connected with perfect triadic closures with everyone in the network. The black nodes were less perfectly connected with everyone in their network.

Friendship Provided Support: Time Spent, Reciprocity, Encouraging Professional Assistance, Discussion of Illness, and Overall Acceptance

According to the survey responses, 64% of people (7 out of 11) said that spending time together is the way they feel most supported by friends in dealing with their mental illness (see Table 2). People interviewed made an emphasis on the importance on time spent together as well. Abby stated, "She's always there for me and we hang out a ton." However, Cathy also discussed how her friend would be there for her, even if they don't spend time

together constantly:

She “checks-in” with me, if I haven’t seen her in a while, and she makes time for me. Whether it’s for something important or not, she always makes time for me.

TABLE 2

#	Answer	Response	%
1	Encouragement to receiving mental health help from a professional	6	55%
2	Answering messages/calls when needed on short notice	4	36%
3	Not knowing about or discussing your mental illness	1	9%
4	Spending regular amounts of time together	7	64%
5	Helping with chores, homework, other activities	2	18%
6	They tell you what is troubling themselves	6	55%
7	Never mentioning your illness, even though they know about it	3	27%
8	Other.	1	9%
9	Other.	1	9%

Table 2: Answer variation to survey question: “How do you feel most supported by your friends concerning daily life and dealing with your mental illness?”

Reciprocity tended to be an important factor for friendships. 55% of participants in the survey marked that hearing a friend’s troubles is one way that they themselves feel supported. Gabby explained, “If you’re my favorite, I want to be your favorite,” and went on to describe, “She lets me feel equally loved.” Encouragement to receive mental health help from a professional was the second most selected answer in the survey (55%) for the question regarding how individuals with mental illness feel most supported by friends.

Discussion of mental illnesses within friendships varied. One person in the survey, and two interviewed, stated that one of the top ways they feel supported was through friends not knowing of or discussing their illness. Three people chose that they feel supported by never mentioning their illness, even when their friends know about it. For example, Abby knew that Gabby had a mental illness, but did not know the actual diagnosis and never felt the need to bring it up:

She (Abby) supports me sometimes by not even talking about it and that’s not because I want it to be hidden. It is a part of my life and who I am, but sometimes if I just focus on how I struggled with depression it makes it snowball and escalate. I think just being there and listening to specifics means more to me than bringing up the fact that I have depression and just wallowing on that. If I know someone who has been affected by depression then I might bring up the specific topic of depression, but otherwise, just the symptoms because those people who haven’t experienced it might have a harder time understanding it.

Glen, who did not tell Gabby of his illness until the interview, explains why he also would talk about specific situations of symptoms rather than the mental illness itself:

I talk about it (perfectionism anxiety and depression) with my parents and brothers. Select friends I share the symptoms with a lot, but I rarely ever share the actual diagnosis with people. The words seem to bring expectations and assumptions I like to avoid. I hate that it is a diagnosis, so usually I talk about symptoms or emotions.

It was a common theme between the interviewees that the mental illness's specific name was not brought up in conversations between the friends who were interviewed. Instead the individuals would bring up symptoms of the illness they were experiencing for emotional or social support from their friend.

Additionally, people with a mental illness felt supported by friends, by simply feeling accepted for who they were as individuals. Although, acceptance of oneself was not an option on the survey, for an example of friendship support, one individual felt strongly enough about it that they included it in the "other" section, writing in, "being accepting of my values and life even though they might not always be comfortable with it." In the interviews Dorothy explained how she felt accepted by Cathy and that made her feel supported: She understands me, and loves and accepts me regardless of the circumstances or condition I am in. She is trustworthy and someone I can confide in. She's the most non-judgmental person I know. She has a way of listening to me that really makes me feel loved and important.

Perceived Impacts of Mental Illness on Friendship

During the interviews, the individuals were asked if they perceived the mental illnesses as a significant factor in their friendships. Friends of the interviewees with a mental illness and interviewees with a mental illness tended to reinforce the idea that a mental illness is not seen as a significant factor in their relationships. Gina, who has ADD and is friends with Zina, who also has ADD, explained that one possible negative factor of ADD, is more related to prescription medication, rather than the actual illness:

Only in terms of medication because of the bad side effects, like people lose weight, more anxious, more on edge, agitated a lot, hyper focus and not as personable. You're just not yourself. You're not as fun to be around. I've even heard of people even having decrease in sex drives because of it. I honestly don't think it (having ADD) matters though. We live with each other, but we don't live with each other's mental illness. And I think that Zina's ADD honestly makes her more fun to be around sometimes because it can help to make her that much wilder and fun.

Glen's friend did not know before the interview that Glen had been diagnosed with perfectionism-anxiety. When asked how the mental illness is seen as affecting the relationship Glen's friend responded:

Now that I know what it is, he has described his symptoms to me. I am shocked that some people may see it as an illness. I always was actually inspired by his drive that may be part of his 'illness.' I love him for him. I don't think he is controlled by his illness. It doesn't define him or our friendship. He's just himself and he's great.

Cathy described how she felt, in a way, her friendship benefited from Dorothy's anxiety disorder: I don't think it affects our friendship at all, really. Dorothy is a huge planner and likes to know when and where things are happening. When she doesn't have information like this her anxiety will kick in a little bit. So, if anything, it's helped her planning skills, so I always know when and where I'm going to see her. It's nice for me with my busy schedule, and I like to stay organized. Remarks from people with a mental illness and their friends in this study show how a mental illness is not viewed as a significant factor in friendships. Symptoms of the medication may negatively impact the friendships occasionally, but overall the mental illnesses were not perceived as a negative factor in friendships. Friends viewed some of the symptoms of the mental illnesses as their friends' positive attributes.

DISCUSSION

The study hypothesized that participants with a current or previous mental illness develop friendships with individuals who are alike. The results found that individuals in the study tended to be of similar age and gender identities. Similarities in personal values and interests, such as indoor rock climbing, shopping, etc. were all seen as a part of how friends created and maintained their relationships. Individuals in the social networks revealed as having many close connections to others with a known mental illness, known because the friend in the social network revealed the illness to the participant. However, each network had at least one individual who did not have a diagnosed mental illness, according to the survey taker. People may keep others with a mental illness in their networks because they may relate better to those people, and be able to discuss their illness more freely between friends who also have similar conditions. The social networks also showed friendships between people with a mental illness and no known mental illness. There are interesting dynamics that create less in-group orientation among those with mental illness compared to those without. The finding of similarities among friends is common with past research that states that friends are more likely to be friends with people who are similar to them, but different

enough to maintain individuality (Blieszner, 2014).

When compared to individuals with no mental illness, or if the status of a mental illness was unknown, an individual with a mental illness in this study tended to have fewer people in their social networks that were connected to one another. This means that these friends are not getting together to create strongly interconnected social networks; individuals with mental illness were more dependent on individuals from a variety of different social networks, rather than a solid group of friends for support. This was not found in previous studies; future research on a larger and more diverse population should explore this dynamic further.

The research also hypothesized that individuals experience multiple benefits through friendships and social networks. Previous research shows that psychological needs often can be satisfied with friendship, in accordance to the Basic Needs Theory, which states that in order for someone to meet their psychological needs the person must feel autonomy (initiating one's own actions, feelings of agency), competence (feelings of efficacy and being capable), and relatedness (feeling connected and cared for by others) (Demir & Davidson, 2013). Friendships in this research meet the three basic needs in a variety of ways, helping with the psychological well-being among participants. The research found that participant's valued time spent with their friends and friendship reciprocity. The research also found that friends of individuals with mental illness were able to encourage professional mental health help, and that the individuals with the mental illness felt that this was a way in which their social networks or friendships helped support them when dealing with their mental illness. Previous research also found that with the more natural or social support from their networks a person had, the more likely that professional mental health services were to be used, and that professional and natural support systems may be interdependent on one another (Tsai et al., 2012).

This paper's research also shows that, although discussion of the actual mental illness was often not predominant in relationships because of fear of social stigma, that individuals with mental illness still benefitted and felt supported through emotional support by discussing specific symptoms of the illness instead. This is consistent in research of benefits of friendships and helping with certain stressors, as the relationships with others help to create stronger positive personal adaptations and act as cushions to such stressors (Boydell et al., 2002). People in this study with a mental illness are steering away from certain labels and now moving to symptom-based descriptions of mood. The reason for steering away from the labels could be explained by the economic theory called Rational Choice Theory, which states that

people weigh the benefits and cost to maximize their utility. The costs in this case would be the negative stigma of bringing up a mental illness to a friend. Sometimes the cost of the negative stigma and judgment of bringing up the actual illness to friends, even with friends that are considered to be extremely close, does not outweigh the benefits. Instead, only symptoms are brought up. Along with social and emotional support, participants tended to feel supported in their friendships when their friendships allowed for freedom of expression and acceptance of self. This corresponded with past research that found individuals respond better to social outcomes if validated, understood, and cared for by friends (Demir & Davidson, 2013).

The research also concluded that regardless of the stigma of mental illness within society, encouraging social distancing of those with mental illness, that mental illness with the friendships interviewed was not seen as a significant negative factor in the relationship. This study showed that individuals who were interviewed often saw symptoms of the mental illnesses in their friends as positive. This matched the hypothesis that the illness was not seen as a dominant component of friendships with people who had a mental illness. Furthermore, this study showed that those with mental illness had friends who were not likely to be tied to one another, compared to those without mental illness, which also supports the initial hypothesis. Elkington, et al., found a similar result of individuals not feeling that the mental illness affected romantic or sexual relationships, but only within the population that had non-psychotic symptoms as the population studied with psychotic symptoms stated that they believed the mental illness did indeed affect their relationships negatively (2013).

CONCLUSION

Friendships of individuals surveyed were based upon physical (age and gender) and social similarities (mental illness, interests, and values). Shown in this exploratory social network, is that connectedness of non-mentally ill individuals was higher within social networks compared to social networks of individuals with mental illness. This study also found that mental illness could affect moods, but the symptoms of the people with the mental illnesses in this study were often seen as positive attributes of the person with the mental illness. Regardless of mental illness or no mental illness, friendships are shown here as a voluntary tie involving affection, companionship, trust, and reciprocity with people that simply enjoy and accept one another. However, further insight should be done on a larger population of friendships, while also focusing the connectedness among friends of mentally ill university students, as well as why those connections exist.

Future research should also be done to explore a larger sample, including more severe mental illnesses and their social networks as well. Longitudinal studies of different casual friends, "best" friends, or friends with other mental illnesses of social networks could be looked at as well to try and consider what kind of support is best for different types of mental illness. This study finds that social networks are important to everyone, but particularly so for helping those with mental illness. However, this study also suggests that research on patterns of connectedness in social networks for people with mental illness is important to tease out, particularly why those networks look the way they do.

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