

Educators' Readiness in Supporting Dental Students' Mental Health: A Cross-Sectional Study

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Background: The mental health of dental undergraduates can significantly influence their overall well-being. Educators can be pivotal in identifying various mental health concerns. The aim of this study was to assess knowledge, experience, self-efficacy, and attitude of dental educators regarding the mental health of their students.

Methods: A cross-sectional study involving a convenient sample was conducted on a group of faculty members from different dental schools in Riyadh Region. A validated self-administered online survey was carried out between June and August 2022.

Results: A total of 80 faculty members participated in the study. A high percentage of participants were knowledgeable about the effect of mental health on students' academic performance and retention (72.5%). About 56.3% of educators did not receive previous preparation to deal with students' mental health issues, and 50% faced cases of mental health issues among their students. Even though 40% were not confident in their knowledge about mental health issues, the majority 85% agreed that getting a course on mental health issues and how to deal with them is crucial.

Conclusion: The findings of this study indicate that while dental educators generally understand the impact of mental health on students' academic performance, they face notable gaps in preparedness and confidence. Key barriers include insufficient training, limited awareness of institutional resources, and difficulties in accessing mental health information. These results emphasize the need to equip educators with the necessary knowledge and resources to effectively support students' mental well-being.

Keywords: students, dental, burnout, psychological, school mental health services

Introduction

Attaining a dental education is an intensive endeavor that exerts considerable academic and clinical demands on undergraduate dental students. As future oral health professionals, these students are expected to exhibit not only clinical competence but also strong emotional resilience and mental well-being to provide optimal patient care. However, the challenges and stressors faced by dental students during their undergraduate years may have a negative impact on their mental health.^{1,2}

Several studies have indicated that mental health issues are prevalent among undergraduate dental students. Elevated levels of stress, anxiety, and depression are consistently reported in this population. In a cross-sectional study,³ it was discovered that dental students suffer from markedly elevated levels of depression and suicidal ideation. Additionally, an investigation² found that around 70% of dental students in Saudi Arabia reported experiencing stress levels ranging from moderate to high.

Numerous stressors contribute to the mental health challenges experienced by undergraduate dental students. Academic demands, heavy workloads, and the pressure to perform well in exams and clinical assessments are common sources of stress.³ Moreover, the transition from preclinical to clinical training can be particularly demanding, as students are required to handle patient interactions and complex treatment procedures.⁴

The mental health of undergraduate dental students can significantly influence their academic performance and overall well-being. Research has revealed that elevated stress and anxiety can lead to decreased concentration, impaired learning, and reduced academic achievements.⁴ Moreover, untreated mental health issues may result in burnout, attrition, and lower retention rates among dental students.⁵

Educators who engage directly with students in the classroom are in a pivotal position to identify and address a variety of mental health concerns at the university.⁶⁻⁸ Early intervention has been shown to positively impact both academic performance and mental well-being in university students.^{9,10} Despite recommendations that academic staff should support students with mental health problems, research indicates that educators may lack the necessary knowledge and awareness to effectively perceive and recognize mental health problems, leading to challenges in providing appropriate help and support.¹¹ The existing research shows an inadequate understanding of the part educators play in supporting mental health among dental students.¹¹ Therefore, the aim of the study was to evaluate educators' knowledge, experience, self-efficacy, and attitude regarding mental health challenges among dental students.

Materials and Methods

Participants

A non-probability convenience sampling approach was used to recruit faculty members from all the seven dental colleges in Riyadh region, Saudi Arabia, that offer predoctoral dental programs. These institutions included King Saud University, King Saud bin Abdulaziz University, Princess Nourah bint Abdulrahman University, Prince Sattam bin Abdulaziz University, Riyadh Elm University, Vision Colleges, and Dar AlUloom University.

The survey was conducted as a self-administered online questionnaire, distributed through WhatsApp messaging. A designated contact person from each institution facilitated the distribution of the survey link to faculty members within their respective colleges. To improve response rates, two-week reminders were sent via WhatsApp messages. Data collection was conducted over a three-month period, from June to August 2022.

Data Collection

The participants filled out a questionnaire comprising 25 questions, using a Likert-style approach to rank their responses as one of the following options: Agree, neutral, or disagree. The survey was divided into two main sections. The first section comprised questions pertaining to personal and academic backgrounds, like gender, affiliated college, and years of academic experience. The second section consisted of questions related to mental health issues among students. Questions were adopted, upon permission, from a previous study.¹² Some modifications of Andrews et al were made to fit better with the domains followed in the questionnaire presented. Statements were re-organized and divided into the following domains: educators' knowledge, experience, self-efficacy, attitudes toward mental health issues, and mental health resources.

The questionnaire's face validity was evaluated by two experienced professionals in dental public health for clarity, and relevance. Then, improvements to the adopted questionnaire were made based on professionals' feedback and recommendations.

This study was conducted in full compliance with the ethical standards outlined in the Declaration of Helsinki. King Saud University Institutional Review Board granted approval for the study proposal (No. E-21-6537). Participants were informed about the purpose of the study and assured that their participation was entirely voluntary. An implied consent was given by completing the questionnaire. Collected data were encrypted and stored in a secure google drive account with no identifiable information.

Statistical Analysis

The sample size was calculated using a free online tool, determining that 74 participants were required. This estimation was based on a 94% population knowledge proportion from a previous study,¹² with a 5% margin of error, a population size of 500, and a 95% confidence interval.

The survey was distributed via Google Forms, and the collected responses were securely retrieved, encrypted, and stored in Excel sheets on Google Drive. Subsequently, the data was analyzed using SPSS 26.0 statistical software (IBM Inc., Chicago, USA). Descriptive analysis was conducted initially and presented as frequencies and percentages for the categorical variables. The Spearman rank correlation was used to correlate all domains with gender and years of experience due to the ordinal nature of the responses. The significance level was set as $p < 0.05$.

Results

Out of 80 study participants, 41 (51.2%) were males, while 39 (48.8%) were females. The majority of participants were from King Saud University (63.7%), and 50% had experience of 10 years or more, see Table 1.

Knowledge

All participants (100%) recognize that mental health could influence students' ability to learn, see Table 2. High percentage of participants were knowledgeable about the effect of mental health on students' academic performance and retention (72.5%, n=58). Knowledge was not correlated with gender and educators' experience.

Experience

About 56.3% (n=45) of educators did not receive previous preparation to deal with students' mental health issues, and 50% (n=40) faced cases of mental health issues among their students, as shown in Table 3. Encountering instances of mental health

Table 1 Distribution of Sample Personal and Academic Background

N=80	Frequency	Percentage (%)
Gender		
Male	41	51.2
Female	39	48.8
University		
King Saud University	51	63.7
Prince Sattam bin Abdulaziz	9	11.3
Princess Noura bint Abdulrahman	7	8.8
King Saud bin Abdulaziz University	2	2.5
Riyadh Elm University	7	8.8
Vision Colleges	1	1.2
Dar Al Uloom University	3	3.7
Years of experience		
Less than 10	40	50.0
10 or more	40	50.0

Table 2 Educators' Knowledge About Mental Health

Knowledge	Responses			Correlation	
	Agree n (%)	Neutral n (%)	Disagree n (%)	Gender r_s	Experience r_s
Mental health issues can affect the students' ability to learn.	80 (100)	0	0	—	—
Mental health issues are most prevalent in adolescent years.	42 (52.5)	31 (38.8)	7 (8.8)	−0.02	0.14
Poor grades and dropout rates are associated with mental health issues among adolescents.	58 (72.5)	20(25.0)	2 (2.5)	−0.05	−0.05

Notes: Questionnaires reused with permission from Andrews A, McCabe M, Wideman-Johnston T. Mental health issues in the schools: are educators prepared? / *Ment Health Train Educ Pract*. 2014;9(4):261–272.¹²

Abbreviations: n, frequency; r_s , spearman's correlation coefficient.

Table 3 Educators' Experience with Mental Health Issues

Experience	Responses			Correlation	
	Agree n (%)	Neutral n (%)	Disagree n (%)	Gender r_s	Experience r_s
I have been prepared to deal with mental health issues among students through my practical experience while teaching.	15 (18.8)	20 (25.0)	45 (56.3)	-0.13	-0.22
I have had to deal with (an) instance(s) of mental illness among my students.	40 (50.0)	16 (20.0)	24 (30.0)	-0.17	-0.33*

Notes: *significant at $p < 0.05$. Questionnaires reused with permission from Andrews A, McCabe M, Wideman-Johnston T. Mental health issues in the schools: are educators prepared? *J Ment Health Train Educ Pract*. 2014;9(4):261–272.¹²

Abbreviations: n, frequency; r_s , spearman's correlation coefficient.

problems were associated with years of experience, as faculty members with experience of 10 years or more, were more likely to deal with instances of mental health issues compared to less experienced ones ($r_s = -0.33$, $p = 0.01$).

Self-Efficacy

About 46.3% ($n = 37$) of educators reported their ability to detect students with symptomatic mental health conditions, see Table 4. Furthermore, 46.3% would feel comfortable if they detected symptoms in a student, and 40% would be able to guide students to seek help from professionals. However, 40% do not feel adequately qualified to deal with any mental health issues among their students. Self-efficacy statements were not correlated with educators' gender and years of experience.

Attitude

Most participants (95%, $n = 76$) agreed that educators should be aware of how to deal with mental health issues, as illustrated in Table 5. Over half of the faculty (57.5%, $n = 46$), acknowledged that addressing mental health concerns is part of their job as educators. In addition, 87.5% ($n = 70$) emphasized school's role as an educational institution in supporting students with mental health issues. Educators' attitude towards mental health issues was not correlated with gender and years of experience.

There was high dissent (46.3%, $n = 37$) on the adequacy of resources to help students with mental health problems in school, as shown in Table 6. Also, 43.8% ($n = 35$) find it challenging to get accurate and practical information on mental health issues.

Table 4 Educators' Self-Efficacy Statements

Self-Efficacy	Responses			Correlation	
	Agree n (%)	Neutral n (%)	Disagree n (%)	Gender r_s	Experience r_s
I could identify signs and symptoms of a potential mental health issue such as depression, anxiety and/or schizophrenia in a student.	37 (46.3)	24 (30.0)	19 (23.8)	0.05	0.02
I feel adequately qualified to deal with any mental health issues I may be exposed to as an educator.	18 (22.5)	30 (37.5)	32 (40.0)	-0.03	-0.002
If I recognized possible symptoms indicative of a mental health issue in a student, I would feel comfortable addressing it.	37 (46.3)	24 (30.0)	19 (23.8)	-0.02	-0.12
I am confident with my knowledge and education in terms of mental health issues among students.	19 (23.8)	29 (36.3)	32 (40.0)	0.02	-0.10
I would be able to guide a student with a mental health issue towards appropriate professional help specific to their matter.	32 (40.0)	24 (30.0)	24 (30.0)	0.06	-0.09

Notes: Questionnaires reused with permission from Andrews A, McCabe M, Wideman-Johnston T. Mental health issues in the schools: are educators prepared? *J Ment Health Train Educ Pract*. 2014;9(4):261–272.¹²

Abbreviations: n, frequency; r_s , spearman's correlation coefficient.

Table 5 Educators' Attitude Towards Mental Health Issues

Attitude	Responses			Correlation	
	Agree n (%)	Neutral n (%)	Disagree n (%)	Gender r_s	Experience r_s
If some students recognize mental health issues in a student, it is my job to address that.	46 (57.5)	23 (28.7)	11 (13.8)	-0.05	0.01
Educators should be aware of how to react/deal when faced with a mental health issue.	76 (95.0)	1 (1.3)	3 (3.8)	-0.11	-0.001
As a dental faculty, my area of teaching is specific and does not include mental health awareness/knowledge.	31 (38.8)	17 (21.3)	32 (40.0)	0.07	-0.08
I feel supporting students with mental health issues is part of the school's role as an educational institution.	70 (87.5)	8 (10.0)	2 (2.5)	0.14	0.005
Mental health issues are common, and I believe that I might face many different mental health difficulties among students over my years as an educator.	72 (90.0)	5 (6.3)	3 (3.8)	0.001	0.08

Notes: Questionnaires reused with permission from Andrews A, McCabe M, Wideman-Johnston T. Mental health issues in the schools: are educators prepared? *J Ment Health Train Educ Pract.* 2014;9(4):261-272.¹²

Abbreviations: n, frequency; r_s , spearman's correlation coefficient.

Table 6 Educators' Attitude Towards Mental Health Resources

Resources	Responses			Correlation	
	Agree n (%)	Neutral n (%)	Disagree n (%)	Gender r_s	Experience r_s
I feel there are adequate resources within my school that help me in dealing with mental health issues.	13 (16.3)	30 (37.5)	37 (46.3)	-0.17	0.04
I would know where to access mental health resources outside of my school if I needed to in order to assist a student with mental health difficulties	22 (27.5)	27(33.8)	31 (38.8)	-0.03	-0.001
When faced with a student who deals with a mental health issue, I rely upon the assistance of school psychologists, counselors, and/or parents to help.	40 (50.0)	24 (30.0)	16 (20.0)	-0.16	0.14
I find it difficult to access accurate and useful information on mental health issues.	35 (43.8)	33 (41.3)	12 (15.0)	0.03	0.12
I am familiar with the mental health services and support for students available through the university.	21 (26.3)	24 (30.0)	35 (43.8)	-0.16	-0.25*
If I had a student with a mental health issue in my classroom, I would know which resources to access.	24 (30.0)	19 (23.8)	37 (46.3)	-0.14	-0.13
My school has effective protocols and processes in place to help recognize and respond to students that may be dealing with a mental health issue.	14 (17.5)	33(41.3)	33(41.3)	-0.27	-0.03
I am aware of the protocol in accessing support/making referrals.	19 (23.8)	14(17.5)	47 (58.8)	-0.20	-0.06
Getting a course on mental health issues and how to deal with them is important.	68 (85.0)	9 (11.3)	3 (3.8)	0.002	0.14
Getting a course on mental health is difficult (ie, due to locality, times available etc.).	25 (31.3)	23 (28.7)	32 (40.0)	-0.003	0.11

Notes: *significant at $p < 0.05$. Questionnaires reused with permission from Andrews A, McCabe M, Wideman-Johnston T. Mental health issues in the schools: are educators prepared? *J Ment Health Train Educ Pract.* 2014;9(4):261-272.¹²

Abbreviations: n, frequency; r_s , spearman's correlation coefficient.

High percentage of educators (58.8%, $n=47$) were not aware of schools' protocols in referral or support procedures, and 46.3% did not know which resources to access to address such problems. Years of experience were associated with familiarity with the mental health services and the support available through the university ($r_s=-0.25$, $p=0.02$). On the other hand, a high percentage of participants indicated the importance of attending a course on how to deal with mental health issues (85%, $n=68$). About 40% dissent the difficulty of attending a mental health educational course.

Discussion

There is a widespread prevalence of mental health issues among dental students.^{1,4} Educators often serve as primary points of contact for distressed students, who may seek their support instead of university mental health services. As a result, students frequently disclose personal struggles to educators. While supporting students' mental well-being is becoming an expected responsibility, its scope remains unclear. Research suggests that educators should not provide direct mental health support but instead identify concerns, offer initial assistance, and refer students to appropriate resources. Therefore, this study was conducted to investigate educators' knowledge, experience, self-efficacy, and attitudes towards addressing mental health concerns among dental students.

A significant proportion of participants (72.5%) demonstrated awareness about the impact of mental health on students' academic performance. This high percentage suggests a relatively comprehensive understanding among educators regarding the relationship between mental health and academic achievements. It aligns with literature highlighting the importance of mental well-being for optimal academic performance.^{3,4,13}

There appears to be a gap when it comes to readiness to handle mental health issues among students. About 56.3% of participants did not receive prior training to address students' mental health concerns. This implies that a significant proportion of educators might not be adequately equipped to manage and support students' mental health effectively, despite recognizing its importance for academic performance. This aligns with several studies that have highlighted the gap in training and preparation among educators to effectively manage student mental health issues.^{6,11,14} A previous study¹¹ advocates for mental health training for educators to help students who are facing mental or emotional distress. Mandating this training for all academic staff could serve as a strategy to engage those with lower awareness in mental health issues. Being equipped with appropriate skills and knowledge can enhance the capability of educators to support students, leading to better academic and wellbeing outcomes. Adequately trained educators could serve as a vital support system for students, contributing to their overall academic and personal success.

The current data shows that 40% of the educators were not confident in their knowledge about students' mental health issues, indicating a perceived knowledge gap among a considerable portion of educators. In addition, 95% agreed that educators should be aware of how to deal when faced with a mental health issue. 90% of participants acknowledged that mental health issues are common, and that as educators, they are likely to encounter a diverse spectrum of mental health problems during their professional careers. This aligns with research¹⁵⁻¹⁷ suggesting that while educators are often aware of the prevalence of mental health issues in academic settings, they may feel ill-prepared or unqualified to manage these issues.

The present data underscores the awareness among a majority of dental faculty members (57.5%) about their role in addressing mental health issues among dental students. Research supports this finding, showing that many educators recognize mental health as a significant part of their educational role. In a previous study,¹⁷ a high percentage of educators acknowledged that addressing mental health issues among students is an integral part of their responsibility.

In addition, many faculty members (87.5%) acknowledge the responsibility of educational institutions in supporting students with mental health issues. However, over half of the faculty members admit to a lack of knowledge regarding proper referral or support procedures in their schools. Similarly, a study¹⁸ revealed that while a majority of faculty members agreed on the importance of educational institutions in supporting student mental health, a significant proportion lacked information about appropriate referral procedures or resources.

Our findings underscore critical challenges in the current university landscape regarding faculty members' capacity to support students facing mental health issues. Notably, faculty members report a significant lack of resources and find it challenging to access reliable and practical information on mental health. Despite these obstacles, there is a strong interest among faculty in pursuing additional training on the topic of student mental health.

Furthermore, faculty with greater experience are more likely to encounter instances of mental health issues among students. Interestingly, gender was not correlated with educators' knowledge, experience, self-efficacy, and attitudes toward students' mental health. This finding can be supported by a previous study¹⁹ that found no gender-based differences among faculty in terms of managing student mental health. Conversely, existing literature suggests that among non-specialist professionals, attitudes toward mental health disorders vary based on gender, age, years of experience, and job title.^{20,21}

Educators' self-efficacy, their confidence in their ability to recognize and address mental health issues, is crucial in supporting students effectively. Research suggests that many faculty members lack the necessary knowledge and skills to identify signs of mental health problems,⁶⁻⁸ which can lead to under-recognition and insufficient support. Training programs, such as Mental Health First Aid (MHFA), have been shown to enhance educators' knowledge, sensitivity, and confidence in responding to students' mental health needs.²² However, since participation is often voluntary, those with lower awareness or interest may not receive adequate training. Increasing educators' self-efficacy through mandatory training could lead to better identification of students in distress, early intervention, and a more supportive learning environment, ultimately improving student well-being and academic success.

Based on the findings of this study, we suggest that educational institutions should motivate faculty to engage in promoting mental health as an integral component of their overall mission. Faculty members are uniquely positioned to play a significant role in addressing mental health issues. They can proactively identify, approach, and refer students in distress toward appropriate mental health services. One effective way for educators to promote mental health among dental students is by incorporating mental health education into the curriculum.⁵ This could enhance students' understanding of mental health concerns and diminish the stigma associated with seeking help and equipping them with coping strategies to manage stress and challenges. Schwartz et al have noted that by integrating student advisors and counselors and complementing them with faculty advisory systems and student-centric initiatives, the overall educational atmosphere can be enhanced.¹⁹

Our study relied on a convenient sample which might not be representative of all dental faculty members in the region. This limitation could potentially impact the generalizability of our findings. Also, the present study did not incorporate a comparison group, which might have provided deeper insights into the unique experiences and attitudes of dental faculty. Therefore, future research should incorporate a structured and random sample with larger sample size to ensure broader representation and improved generalizability. Additionally, longitudinal studies examining the impact of mental health training programs on educators' knowledge, confidence, and intervention effectiveness would be beneficial. Exploring institutional barriers to faculty engagement in mental health support and identifying strategies to integrate mental health education within faculty development programs should also be considered.

Conclusion

In summary, this study revealed that while dental educators generally understand the impact of mental health on students' academic performance and recognize their role in addressing these issues, significant gaps remain in their preparedness and confidence to do so. A lack of training, limited familiarity with institutional resources, and challenges in accessing mental health information highlight critical barriers. Nevertheless, faculty members expressed strong interest in receiving mental health training, underlining the importance of equipping educators to better support students. These findings emphasize the need for institutional efforts to enhance faculty readiness, improve resource accessibility, and integrate mental health education into curricula to foster a supportive academic environment.

Author Contributions

All authors made a significant contribution to the work reported, whether that is in the conception, study design, execution, acquisition of data, analysis and interpretation, or in all these areas; took part in drafting, revising or critically reviewing the article; gave final approval of the version to be published; have agreed on the journal to which the article has been submitted; and agree to be accountable for all aspects of the work.

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