

The Impact of Political Climate on Student Health and Wellbeing: A Qualitative Study

Jessica Chen

University of Pennsylvania

Anne Song

University of Pennsylvania

Jacqueline Kent-Marvick

University of Pennsylvania

Hao Tong

University of Pennsylvania

Giulia Porcari

Children's Hospital of Philadelphia

Omaris Caceres

Temple University

Shimrit Keddem

`shimrit.keddem@penmedicine.upenn.edu`

University of Pennsylvania

Research Article

Keywords: student mental health, political polarization, well-being, qualitative research, freelisting, university students, sociopolitical stress, coping strategies, social support, higher education

Posted Date: January 22nd, 2026

DOI: <https://doi.org/10.21203/rs.3.rs-8524310/v1>

License:  This work is licensed under a Creative Commons Attribution 4.0 International License.

[Read Full License](#)

Additional Declarations: No competing interests reported.

Abstract

Background

The intensifying polarization in the U.S. political climate raises concerns about student mental health. While studies have documented psychological distress among young adults during prior election cycles, student well-being following the political turbulence of the 2024 election has not been well-defined. This study explores how university students perceive and navigate their health and well-being in this context.

Methods

We conducted a qualitative freelisting study of currently enrolled undergraduate and graduate students at the University of Pennsylvania between June and July 2025. Participants were recruited by convenience sampling at high-traffic campus locations and completed freelisting questions on attitudes, behaviors, and perceptions related to health and well-being. Responses were cleaned through iterative coding and grouped into thematic categories. The Smith Saliency Index (S) was calculated using the AnthroTools R package to identify the most salient responses. Subgroup analyses were performed by sex, student level, race and ethnicity, and international-student status.

Results

Seventy-three students participated (median age 25 years, IQR **; 64% female; 40% Asian; 33% White; 21% international). The most salient emotions regarding the political climate were uncertainty or instability (S = 0.14) and anxiety or concern (S = 0.13). Top physical health practices included exercise (S = 0.55) and diet management (S = 0.18). For mental health, students emphasized spending time (S = 0.16) and talking with (S = 0.16) support systems. Key barriers to health were workload and pressure (S = 0.23), stress (S = 0.12), and financial strain (S = 0.11). Facilitators included strong support systems (S = 0.35) and access to wellness resources (S = 0.12). Students recommended that universities expand mental health resources (S = 0.21), improve transparency (S = 0.12), and enhance food accessibility (S = 0.09).

Conclusions

Students reported high levels of uncertainty, anxiety, and stress amid political instability and relied on social connections and health-promoting behaviors to sustain well-being. Institutional strategies that enhance transparent communication, strengthen social connectedness, and expand access to mental health and basic needs resources may mitigate sociopolitical stressors affecting student health during turbulent times.

BACKGROUND

In recent years, growing attention has been paid to the impact of political discourse and sociopolitical events on mental health and wellbeing (1–4). Since 2016, polls by the American Psychological Association have consistently identified politics as a major source of stress (5). The U.S. political climate has, indeed, been described as increasingly polarized, partisan, and even sectarian in the past few electoral cycles (6–8). Emerging adulthood, typically between the ages of 18 and 24, is a period characterized by identity exploration, transition, and instability, which can make young adults particularly vulnerable to existential stress and anxiety (9).

Several groups have used survey-based studies to investigate the impact of the political climate surrounding 2016 and 2020 US election cycles on mental health both in the general population, and in young adults and college students (10–17). These studies have found elevated rates of stress, anxiety, and depression linked to political events amongst students in the course of 2016 and 2020 election cycles (12–14, 16, 17). Marginalized groups such as racial/ethnic, religious, and gender minorities, as well as female participants appear to experience heightened effects (16, 18, 19).

Despite this growing body of research, there are few reports that document students' perceptions of the 2024 election cycle and the tumultuous beginning of the new administration. Indeed, even in its early days, this term has seen a dizzying array of changes, including widespread restructuring of federal agencies, cuts to education and social service programs, rollbacks of diversity initiatives, strained relations between academia and science and government, shifts in immigration policies and enforcement, tariff implementation, and changing foreign policy priorities amid global conflicts (20). Such events have fueled fierce debate, protests, and concerns about emergence of political violence and the country's future as a democracy (21).

Given past findings, and the ways in which the geo-political environment directly impacts day-to-day life on university campuses, it is plausible that such political turbulence has affected college student mental health and wellbeing. However, the extent and nature of this impact is unclear. Moreover, little is known about the strategies and resources that students rely on to navigate such challenges. These knowledge gaps hinder the design of effective screening and treatment programs to support student wellbeing, a priority with bipartisan support (22).

To address these gaps, we conducted a qualitative freelist study of undergraduate and graduate students enrolled at the [University.] Our study aimed to 1) explore student perceptions of the political climate and its impact on their physical and emotional health, and 2) identify barriers and facilitators to student wellbeing in this context.

METHODS

This study was reviewed and approved by the institutional review board of the [University]. All participants provided oral informed consent. This study followed the Standards for Reporting Qualitative

Study Sample

This qualitative study aimed to characterize how currently enrolled students perceive and navigate the student experience in the context of the contemporary political climate. Eligible participants were undergraduate and graduate students enrolled at the [University.] Individuals not currently enrolled were excluded. Participants were recruited through convenience sampling at high-traffic campus locations. Research team members approached individuals who appeared to be students, verbally verified eligibility, and introduced the study using a standardized recruitment script. Those who expressed interest provided verbal informed consent. Participants were informed that responses would remain confidential and anonymized before analysis. Participants received a \$5 (USD) Amazon gift card by email as compensation. Compensation information was stored in a secure, separate database to maintain response anonymity.

Interview Guide Development

The research team collaboratively developed a semi-structured freelistings guide to elicit perceptions of student experiences. Draft questions were iteratively refined for clarity and relevance to minimize interviewer bias. The final guide included a brief demographic module and six freelistings questions exploring student emotions, behaviors, and perceptions of health and well-being in the current political climate.

Freelisting

Freelisting is a qualitative technique used to define a cultural domain by eliciting spontaneous, uncued listings of words or concepts that come to mind in response to a prompt (23). The method allows for semi-quantitative analysis by capturing both the frequency and the order in which items were mentioned to provide insight into their cognitive salience within a group. Freelisting was selected to generate students' own, unimagined concepts of the "student experience" without constraint. Participants were asked to provide single-word or brief-phrase responses to each question in the order they came to mind. Responses were recorded in real time using a Qualtrics form on a smartphone or tablet.

Data Collection

Interviews were conducted between June 1 and July 31, 2025, and lasted approximately 5 to 15 minutes. Each interview consisted of six open-ended freelistings questions followed by a brief demographic survey. The order of questions 4 and 5 were flipped halfway through the data collection process (i.e., after 35 interviews) to minimize the potential effect of order bias. All responses were compiled and cleaned using an inductive, multistage coding process. During the first round, responses were normalized

through stemming and lemmatization (e.g., “anxious” and “anxiety” were merged; “chaos” and “chaotic” were collapsed). In the second round, semantically similar terms were grouped (e.g., “exercise” and “physical activity”). A final round of coding organized responses into broader thematic categories while retaining participants’ original language (e.g., “running,” “yoga,” and “lifting” were categorized under “physical activity”). Coding was performed by two team members (J.K-M., H.T.) and independently reviewed by a third researcher for validation (A.S.). All subsequent analyses were conducted at the category level.

Statistical Analysis

Analyses were conducted using R Studio (version 2025.05.1 + 513). The AnthroTools R package was used to calculate salience scores for each response category within each question. (24) The primary outcome was the Smith Salience Index (S), defined as the mean of individual item-level salience scores across participants. (25) Higher values indicate greater prominence of a response under the assumption that responses mentioned early and often are the most salient (23). For each question, scree plots were generated with response categories on the x-axis and Smith’s S on the y-axis. The inflection point on each curve was visually identified to determine the cutoff for the most salient items.

Subgroup Analysis

Subgroup analyses were conducted by student level (undergraduate vs graduate), international-student status (international vs non-international), sex (male vs female), and race and ethnicity (non-Hispanic White vs all other races and ethnicities). For subgroups with small sample sizes ($n < 15$), categories were aggregated (e.g., racial and ethnic groups) to facilitate stable freelisting analyses.

Sensitivity Analyses

Salience scores were initially calculated using the default settings in the AnthroTools R package: not rescaling the data and calculating the mean salience for repeated items. Sensitivity analyses were conducted to assess the impact of these analytic decisions: (1) rescaling the data; (2) for each of the variations on how to analyze repeated items. Due to differences in results by each of these analytic decisions, we decided to: (1) weight each individual equally to prevent those individuals with long lists of responses from dominating the salience analysis (i.e, data were rescaled); and (2) sum the total salience for repeated items, such that repeated responses would carry as much weight as any other response (i.e., calculating the sum salience for repeated items, rather than the mean). This latter decision was felt to be particularly relevant as the data cleaning process resulted in collapsing of individual responses to fit within larger categories, so individual responses that were originally unique may have mapped on to the same category and thus be considered repeated responses. This combination of analytic decisions was felt to be the best way to balance the competing interests of weighing individual participants vs. weighing individual responses.

Reflexivity Statement

The study was conducted as a part of graduate-level qualitative methods course consisting of a group of clinician fellows in the fields of pulmonary and critical care, obstetrics and gynecology, pediatrics, and neurology. All students in the course participated in data collection after receiving training in freelistng interviewing techniques and human subjects protection. A subgroup of students, under the supervision of an expert qualitative methodologist (S.K.), led the analytic process, including data cleaning and analysis. Since the team consisted of physicians and nurses with clinical expertise, their professional training may have influenced their interpretation of the data. To address potential over-interpretation or bias, the entire team met regularly over the course of study to debrief and iteratively discuss and refine data cleaning, coding, and analytic decisions.

RESULTS

Seventy-three participants contributed freelistng responses. The median age was 25 (range 18 to 38). Most were graduate students (59%), identified as Asian (40%), and were non-Hispanic or Latino (90%). Table 1 provides participants' descriptive statistics.

Table 1
 Characteristics of Participants Who Completed Freelist
 Interviews

	Respondents (n = 73)
Age, years	25 (2031)
Undergraduate student,	30 (41)
International student, %	15 (21%)
Female sex, %	47 (64%)
Cis gender, %	72 (99%)
Hispanic/Latino/Spanish, %	7 (10%)
Race, %	
American Indian or Alaska Native	1 (1%)
Asian	29 (40%)
Black or African American	6 (8%)
Middle Eastern or North African	5 (7%)
Multiracial	7 (10%)
White	24 (33%)
Other	1 (1%)

Continuous variables are presented as median (IQR), categorical as counts (percentages). Table 2 includes the top five responses for each question, identified as most salient via scree-plot analysis and labeled using participant language, are summarized below. Tables of subgroup analyses are included as supplemental material. Salience scores are reported using the Salience Smith Index (SSI).

Table 2
Top Five Responses to Freelist Interview Questions for All Participants

Response	Salience Smith Index
Question 1: In this political climate, please list all the attitudes and feelings that come to mind when you think about the last four months.	
Uncertainty/Chaotic/Instability	0.14
Anxious/Concerned/Bad	0.13
Anger/Aggression/Adversarial	0.09
Afraid/Doom/Dread	0.08
Stress/Tough/Tense	0.07
Question 2: Please list all the things that you are doing to take care of yourself and stay physically healthy over the last four months.	
Physical exercise	0.55
Diet management	0.18
Sleep and rest	0.04
Drinking enough water	0.04
Personal hygiene/Self care	0.03
Question 3: Please list all the things that you are doing to take care of yourself and stay mentally healthy over the last four months.	
Time with support systems	0.16
Talking with support systems	0.16
Therapy/Medications	0.08
Creating work/life/school boundaries	0.07
Sleep/Rest	0.06
Question 4: Please list all the things that have made it difficult for you to be healthy in the last four months.	
Workload and pressure	0.23
Mental health/Anxiety/Stress	0.12
Financial strain/Economic fears	0.11
News overload	0.09
Note: Highlighted items were those that appeared before the inflection point of a scree plot in which salience was graphed in decreasing order. These can be considered the 'core' items of participants' domains.	

Response	Saliency Smith Index
Question 1: In this political climate, please list all the attitudes and feelings that come to mind when you think about the last four months.	
Political climate's impact	0.07
Question 5: Please list all the things that have made it easy for you to be healthy in the last four months.	
Strong support systems	0.35
Access to nutrition/wellness	0.12
Flexible schedule/Free time	0.11
Structure/boundaries/intentionality	0.06
Proximity to essential needs	0.05
Question 6: Please list all the things you think the university can do to support student health in these times.	
Mental health/Health resources	0.21
Transparent communication	0.12
Food accessibility	0.09
Include in conversations	0.09
Promote resources	0.06
Note: Highlighted items were those that appeared before the inflection point of a scree plot in which saliency was graphed in decreasing order. These can be considered the 'core' items of participants' domains.	

Question 1: In this political climate, please list all the attitudes and feelings that come to mind when you think about the last four months.

Across all groups, the most salient attitudes and feelings were uncertainty, chaos, or instability (SSI = 0.14) and anxiety, concern, or feeling "bad" (SSI = 0.13). Anger, aggression, or adversarial feelings (SSI = 0.09); fear, doom, or dread (SSI = 0.08); and stress, difficulty, or tension (SSI = 0.07) were also highly salient. Patterns of saliency differed across subgroups with uncertainty and instability standing out as the most salient among graduate-level, White, and U.S.-citizen students. In comparison, anxiety and concern were most salient among undergraduates, non-White, and international students.

Question 2: Please list all the things that you are doing to take care of yourself and stay physically healthy over the last four months.

The most salient physical-health behavior across all participants was physical exercise (SSI = 0.55). Diet management (SSI = 0.18) ranked second overall, followed by sleep and rest (SSI = 0.04), drinking enough

water (SSI = 0.04), and personal hygiene or self-care (SSI = 0.03). While physical activity was uniformly salient, subgroup variation was observed amongst other physical-health behaviors. International students prioritized hydration while diet management was second most salient for nearly all other groups. Sleep and rest ranked third among U.S. citizens, females, and non-White students; personal hygiene or self-care for White and male students; and time outdoors for undergraduates.

Question 3: Please list all the things that you are doing to take care of yourself and stay mentally healthy over the last four months.

The most salient mental-health practices were spending time with (SSI = 0.16) and talking with support systems (SSI = 0.16). Other salient actions included therapy or medication use (SSI = 0.08), creating boundaries between work, school, and life (SSI = 0.07), and sleep and rest (SSI = 0.06). While time with and talking with support systems were equally salient overall, their rank order differed across groups. International, male, non-White, and undergraduate students placed greater salience on talking with friends, whereas U.S. citizens, females, graduate students, and non-White participants emphasized therapy or medications. Other third-rank responses included physical activity among international students, boundaries among male and White students, and mindfulness among undergraduates.

Question 4: Please list all the things that have made it difficult for you to be healthy in the last four months.

Workload and pressure (SSI = 0.23) was the most salient challenge to health across all groups. Mental health, anxiety, and stress (SSI = 0.12); financial strain and economic fears (SSI = 0.11); news overload (SSI = 0.09); and the impact of the political climate (SSI = 0.07) were also prominent across groups. Although workload and pressure ranked highest for all, secondary challenges varied. For instance, mental health and stress ranked second among international, White, and both graduate and undergraduate students; financial strain among U.S. citizens, females, and non-White students; and limited or wasted time among males.

Question 5: Please list all the things that have made it easy for you to be healthy in the last four months.

Strong support systems (SSI = 0.35) were the most salient facilitators of health across all participant groups. Access to nutrition and wellness resources (SSI = 0.12), flexible schedules or free time (SSI = 0.11), structure, boundaries, or intentionality (SSI = 0.06), and proximity to essential needs (SSI = 0.05) were also highly salient. Access to nutrition and wellness ranked second among males, undergraduates, and both White and non-White students, whereas flexible schedules and free time were ranked second among U.S. citizens, females, and graduate students. International students uniquely ranked “nothing” as their second-most salient facilitator.

Question 6: Please list all the things you think the university can do to support student health in these times.

Participants' most salient recommendations for university support were expanding mental-health and health-related resources (SSI = 0.21), transparent communication (SSI = 0.12), food accessibility (SSI = 0.09), inclusion in conversations (SSI = 0.09), and promotion of existing resources (SSI = 0.06). International students uniquely emphasized didactic or instructional improvements as their top recommendation. Most groups also viewed transparent communication as important, whereas males prioritized food accessibility and international students highlighted inclusion in decision-making conversations.

DISCUSSION

In this qualitative freelisting study of undergraduate and graduate students at a large urban university, participants described a campus climate marked by uncertainty, anxiety, and instability amid the early months of the 2025 U.S. presidential term. Although many students identified effective self-care behaviors and support systems, their responses also revealed notable pressures related to workload, stress, financial concerns, and the political environment. This analysis of physical and mental health behaviors, barriers, and facilitators provides a window into how students experience and sustain well-being during periods of sociopolitical upheaval.

Across all groups, uncertainty and anxiety emerged as the dominant emotional responses to current events. These findings are consistent with prior studies linking contentious election cycles and political polarization to heightened psychological distress among young adults and college populations (12, 13, 17, 18). Consistent with these findings from research conducted after the 2016 and 2020 elections, participants in our study reported feelings of stress, anger, and fear. This suggests that political turbulence remains a salient determinant of student well-being. Analysis related to subgroup variation suggests particularly greater salience of anxiety and concern among non-White and international students and underscores how sociopolitical contexts may intersect with identity and perceived vulnerability.

Students' self-reported strategies for maintaining physical and mental health centered on modifiable behaviors such as exercise, diet management, sleep, and rest. Another salient strategy for students was the establishment of strong social connections. The salience of "time with support systems" and "talking with support systems" parallels prior findings that social connectedness may buffer the effects of stress on college mental health (24, 25). In contrast, the salience of workload and pressure as barriers to health reinforces the marked tension between academic demands and mental well-being. The additional identification of financial strain and "news overload" reflects the broader structural and media-related stressors that characterize the current moment.

Importantly, students emphasized the role of institutions in supporting health. Expanding mental-health and wellness resources and increasing access to nutrition and food security were among the most salient recommendations. These findings also highlight that institutional transparency and

communication about these resources are important to accessing these services and improving student well-being.

These findings suggest that while students demonstrate agency and resilience in sustaining well-being, they face significant stressors including academic, financial, emotional, and political pressures that may exceed individual coping capacity. The consistent salience of uncertainty and anxiety, even among students at this highly resourced institution, highlights the enduring psychological costs of political instability. Institutional responses that strengthen social connectedness, normalize help-seeking, and explicitly address sociopolitical stress may represent key opportunities to promote student health in this moment.

Strengths and Limitations

This study offers several strengths. Freelisting enabled spontaneous, participant-driven perceptions of health and well-being, reduced interviewer bias and allowed for semi-quantitative analysis of salient concepts. The inclusion of both undergraduate and graduate students with diverse racial, ethnic, and international backgrounds broadened the representativeness of perspectives across the university population. Systematic analytic procedures, including sensitivity and subgroup analyses, further enhanced rigor and transparency.

However, several limitations merit consideration. First, the study was conducted at a single urban university and may not generalize to other institutional contexts. Convenience sampling may have favored students who were more available, engaged, or willing to discuss political and health-related topics. Additionally, convenience sampling occurred during the summer term, when only a subset of students were present on campus and certain groups may have been over-represented (e.g. international students and student athletes.) Small subgroup sizes limited examination of intersectional identities (e.g., race and gender combinations). Finally, because data collection occurred during the first months of a highly polarized political period, results may reflect transient reactions rather than enduring attitudes.

CONCLUSIONS

In summary, this freelisting study reveals that university students experience substantial uncertainty, stress, and anxiety amid political turbulence but also draw on interpersonal relationships, physical health practices, and institutional resources to sustain well-being. Institutional efforts that promote transparent communication, social connection, and access to comprehensive mental health and basic needs support may mitigate the adverse impacts of political instability on student health.

Declarations

ETHICS APPROVAL AND CONSENT TO PARTICIPATE

This study was reviewed and approved by the University of Pennsylvania Institutional Review Board (protocol number: 858583) and was conducted in accordance with the Declaration of Helsinki. All participants provided oral informed consent prior to participation. All methods were carried out in accordance with relevant guidelines and regulations.

CONSENT FOR PUBLICATION

Not applicable.

COMPETING INTERESTS

The authors declare that they have no competing interests.

FUNDING

This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

Author Contribution

Jessica Chen: supervision, data collection, writing-original draft preparation, writing-review and editing. Anne Song: data collection, methodology, software, validation, formal analysis, data curation, writing-original draft preparation, writing-review and editing. Jacqueline Kent-Marvick: data collection, validation, data curation, writing-original draft preparation, writing-review and editing. Hao Tong: data collection, validation, data curation, writing-original draft preparation, writing-review and editing. Giulia Porcari: data collection, validation, data curation, writing-original draft preparation, writing-review and editing. Omaris Caceres: supervision, resources, writing-review and editing. Shimrit Keddem: conceptualization, supervision, resources, methodology, writing-original draft preparation, writing-review and editing.

ACKNOWLEDGEMENT

We thank the students in the Summer 2025 Qualitative Research Methods course for their contributions to data collection.

Data Availability

Raw data available upon reasonable request.

References

1. Williams DR, Medlock MM. Health Effects of Dramatic Societal Events - Ramifications of the Recent Presidential Election. *N Engl J Med*. 2017;376(23):2295–9.
2. Smith KB, Hibbing MV, Hibbing JR. Friends, relatives, sanity, and health: The costs of politics. *PLoS ONE*. 2019;14(9):0221870.
3. Ford BQ, Feinberg M. Coping with Politics: The Benefits and Costs of Emotion Regulation. *Curr Opin Behav Sci*. 2020;34:123–8.
4. Ford BQ. The political is personal: The costs of daily politics. *J Soc Psychol*. 2023;125(1):1–28.
5. Association AP. Stress in America: a nation in political turmoil. 2024.
6. Abramowitz AI, Webster S. The rise of negative partisanship and the nationalization of U.S. elections in the 21st century. *Elect Stud*. 2016;41:12–22.
7. Finkel EJ. Political sectarianism in America. *Science*. 2020;370(6516):533–6.
8. Lee AHY. Negative partisanship is not more prevalent than positive partisanship. *Nat Hum Behav*. 2022;6(7):951–63.
9. Arnett JJ. Emerging adulthood. A theory of development from the late teens through the twenties. *Am Psychol*. 2000;55(5):469–80.
10. Smith KB. Politics is making us sick: The negative impact of political engagement on public health during the Trump administration. *PLoS ONE*. 2022;17(1):0262022.
11. Early AS, Smith EL, Neupert SD. Age, education, and political involvement differences in daily election-related stress. *Curr Psychol*. 2022;1–10.
12. Roche MJ, Jacobson NC. Elections Have Consequences for Student Mental Health: An Accidental Daily Diary Study. *Psychol Rep*. 2019;122(2):451–64.
13. Hagan MJ. Event-related clinical distress in college students: Responses to the 2016 U.S. Pres Election. *J Am Coll Health*. 2020;68(1):21–5.
14. Suzuki S. Trajectories of sociopolitical stress during the 2020 United States presidential election season: Associations with psychological well-being, civic action, and social identities. *Compr Psychoneuroendocrinology*. 2023;16:100218.
15. Wang SX, Goodman J, Laurenceau JP. Was the 2020 Presidential Election Nerve-Wracking? *Del J Public Health*. 2023;9(4):68–76.
16. Ballard PJ. Election-related sociopolitical stress and coping among college students in the United States. *J Am Coll Health*. 2024;72(8):2494–504.
17. Brown AM. When the political becomes personal: evaluation of an elected president, election distress, and college students' psychological well-being. *J Am Coll Health*. 2024;72(8):2971–81.
18. Albright JN, Hurd NM, Marginalized Identities. Trump-Related Distress, and the Mental Health of Underrepresented College Students. *Am J Community Psychol*. 2020;65(3–4):381–96.
19. Amirkhan JH, Velasco SE. Stress overload and the new nightmare for Dreamers. *J Am Coll Health*. 2021;69(1):67–73.
20. Cortellessa E, Exclusive. Inside Trump's First 100 Days. In: *TIME*; 2025.

21. Montanaro DP. Most feel democracy is threatened and political violence is a major problem [Internet]. 2025. Available from: <https://www.npr.org/2025/07/01/nx-s1-5452527/poll-democracy-trump-immigration>
22. Farmer MVSW. Bipartisan Support for Policies to Improve Student Mental Health [Internet]. 2024. Available from: <https://www.dataforprogress.org/blog/2024/10/10/voters-show-wide-bipartisan-support-for-policies-to-improve-student-mental-health>
23. Keddem S, Barg FK, Frasso R. Practical Guidance for Studies Using Freelisting Interviews. *Prev Chronic Dis*. 2021;18:04.
24. Purzycki BG, Jamieson-Lane A, AnthroTools. An R package for cross-cultural ethnographic data analysis. *Cross-Cultural Research: J Comp Social Sci*. 2017;51(1):51–74. <https://doi.org/10.1177/1069397116680352>.
25. Smith JJ, Borgatti SP. Saliency counts-and so does accuracy: Correcting and updating a measure for free-list-item saliency. *J linguistic Anthropol*. 1997;7:208–9.
26. Vicary E, Kapadia D, Bee P, Bennion M, Brooks H. The impact of social support on university students living with mental illness: a systematic review and narrative synthesis. *J Ment Health Abingdon Engl*. 2025;34(4):463–75.
27. Johnson-Esparza Y, Espinosa PR, Verney SP, Boursaw B, Smith BW. Social Support Protects Against Symptoms of Anxiety and Depression: Key Variations in Latinx and Non-Latinx White College Students. *J Lat Psychol*. 2021;9(2):161–78.

Supplementary Files

This is a list of supplementary files associated with this preprint. Click to download.

- [BMCPHPR503FreelistingManuscriptSupplementalTables.docx](#)