

## **Online-only appendix**

### Sampling and Study Procedures

Six months after September 11, 2001, all 1,193 New York City public schools were distributed in three different strata, accordingly to their levels of exposure to the attack or other related events (4). In the Ground Zero area stratum, we selected all schools (n = 15). In the two other strata, high-risk areas (stratum 2; n = 28) and remainder of the city (stratum 3; n = 59), we selected schools with probability proportional to size (number of eligible students in grades 4 to 12). Overall, we invited 102 schools to participate and 94 agreed.

From the 369 eligible classrooms in the Ground Zero stratum, we randomly selected 92 to participate. In the other two strata, 3 classrooms per school were randomly selected, resulting in 84 in stratum 2 and 177 in stratum 3. All students in each selected classroom were part of the target sample, a total of 10,469 eligible students.

Considering parents' and students' refusals, abstentions on the day of the survey and questionnaires that were eliminated because more than 50% of the answers were missing (n = 30), the final sample included 8,236 students (79% response rate). To optimize valid self-reported information regarding mental health service use, only 6<sup>th</sup> to 12<sup>th</sup> graders were asked questions about service use (n = 6,991). However, we excluded 5 students in this group because they answered a questionnaire version that did not include the questions about mental health service use.

Students completed their own questionnaires within a class period. Parents were informed about the survey and students did not participate in the study if their parents requested they did not participate. The study was approved by the institutional review boards of Columbia University-New York State Psychiatric Institute, the New York City Department of Education, and the New York State Office of Mental Health Committee for WTC-Related Research.

*Direct WTC exposure* was defined by two or more of the following: personally witnessed the attack, hurt in the attack, in or near the cloud of dust and smoke, evacuated to safety, or being extremely worried about the safety of a loved one; *family WTC exposure* was defined by having a family member killed or injured in the attack, or who witnessed the attack but escaped unharmed; *previous exposure* was defined as having had a severe injury in violent circumstances or living through war, or another major pre-September 11 disaster; *high media exposure* was defined as having spent “a lot of time” watching television coverage about the attack).

## Results

**Table 1** displays the prevalence of mental health service use in-school only and outside-of-school after September 11 by all factors of interest. In the bivariate analysis, in-school only mental health service use was significantly more frequent among students who were directly exposed to the WTC attack, and among the ones who had talked about the attack with parents or other caretakers, a teacher, and a religious leader. Mental health service use

outside-of-school was significantly more frequent among students with direct exposure and previous exposure to traumatic events, students with probable PTSD and major depression, and among the ones who had talked about the WTC attack with parents or other caretakers, a teacher, and a religious leader.

**Table 1** – Prevalence of mental health service use by sociodemographic characteristics, exposure, probable psychiatric diagnoses, and talking about WTC attack

		n	No service use (n=5,706)	Service use in-school only (n=762)	Service use outside-of- school (n=518)
<b>Sociodemographic characteristics</b>					
<u>Grade</u>					
		2924	81	11	8
		4062	84	10	6
<u>Gender</u>					
		3361	83	10	7
		3625	83	11	7
<u>Ethnicity</u>					
		1599	83	11	6
		2331	82	10	7
		1403	82	11	8
		1342	89	7	4
		311	79	12	9
<u>Family composition</u>					
	Yes	4340	84	9	6
	No	2646	81	12	7
<u>Maternal education</u>					
	Yes	5723	83	10	7
	No	1263	84	10	6
<b>Exposure</b>					
	Yes	2709	76	13*	11*
	No	4277	85	9	6
	Yes	740	78	13	9
	No	6246	83	10	6
	Yes	2114	78	12	10*
	No	4872	85	9	5
	Yes	4649	82	11	7
	No	2337	85	9	6
<b>Probable psychiatric diagnoses</b>					
	Yes	675	70	15	15*
	No	6311	84	10	6
	Yes	662	74	13	13*
	No	6324	84	10	6
<b>Talked about WTC attack</b>					
	Yes	4869	82	10*	8*
	No	1465	89	6	5
	Yes	3005	76	13**	11**
	No	3215	92	4	4
	Yes	742	64	10*	26**
	No	5403	87	8	5

Weighted percentages.

\* p < .05, in comparison to no service use, \*\* p < .001, in comparison to no service use.