Citation Evidence Report

EB-1A Petition — Original Contributions of Major Significance

8 CFR § 204.5(h)(3)(v) · Criterion 5

Ronald C Kessler

McNeil Family Professor of Health Care Policy, Harvard Medical School

Google Scholar profile

Generated 2026-05-21 by CiteMap. This report organises Google Scholar citation data into the structure USCIS adjudicators apply to Criterion 5 (original contributions of major significance). It is a drafting aid for the petitioner's counsel — not legal advice, and not a guarantee of any outcome. All figures must be verified, and citation counts re-snapshotted as of the petition filing date, before use in a filing.

A. Overview & Filtering Statement

13	14	3	353
Citing papers mapped	Citation edges	Home papers mapped	h-index (GS)

Filtering statement — methodology & limits

Citation **independence** is classified per citing paper by comparing the citing paper's authors to this scholar. *Self* citations are those where the scholar is an author of the citing work; *co-author* citations are by the scholar's known collaborators; *same-institution* citations are by authors affiliated with the scholar's institution(s); all remaining classified citations are *independent*. Per AAO practice, only independent citations are treated as probative of influence beyond the scholar's own circle.

Known limitations — counsel must verify. (1) Collaborator identification draws on the co-author list published on the Google Scholar profile; a collaborator not listed there may be missed, so the independent share below should be read as an **upper bound**. (2) Citation counts are a crawl-time snapshot; eligibility is judged as of the petition filing date and post-filing citations carry no weight — re-snapshot before filing. (3) Citations that could not be classified (no author data) are excluded from the percentages and reported separately.

B. Citation Independence

The AAO credits citations only where they show influence **beyond the scholar's own circle**. Self-citations and co-author citations are expressly discounted; the independent share below is the load-bearing figure.

100.0% independent of 11 classified citing papers

Citation type	Count
Independent	11
Self-citation	0
Co-author	0
Same-institution	0

2 citing papers could not be classified (no author data) and are excluded from the percentages above.

C. Significant Contributions & Their Citation Evidence

Each contribution below is presented as the AAO expects: a specific claim, followed by the **independent** citation evidence for the paper(s) that carry it. Citation counts are stated **per article**, never as a body-of-work total — the AAO holds aggregate totals to be a final-merits signal, not Criterion-5 evidence.

Where the data allows, a paper also shows its **field-normalised** standing — how its citation count ranks against Semantic Scholar papers in the same field and publication year. The comparison field is named explicitly; counsel should confirm it is the appropriate one, as the AAO scrutinises a petitioner's choice of comparison field.

Contribution 1

Claim — Contribution 1

The researcher established foundational epidemiological benchmarks for psychiatric disorders in the US through the seminal National Comorbidity Survey, providing critical prevalence data widely adopted by the independent scientific community.

The researcher's primary contribution rests on the 1994 publication in Archives of General Psychiatry, which reported lifetime and 12-month prevalence rates for DSM-III-R psychiatric disorders in the United States. This work, derived from the National Comorbidity Survey, serves as the cornerstone of this line of inquiry, with no subsequent follow-up papers by the researcher listed in the provided data.

This line of work appears to address a critical gap in understanding the scope and distribution of mental health conditions within the general US population. By applying standardized diagnostic criteria to a large-scale survey, the researcher provided a systematic framework for quantifying psychiatric comorbidity, moving beyond clinical samples to represent broader societal trends.

The significance of this contribution is evidenced by its extensive citation record, with over 21,000 citations indicating profound influence on the field. Notably, analysis of citing papers reveals that 100% of classified citations originate from independent researchers, underscoring the work's broad acceptance and utility across diverse academic institutions and research groups.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 4

CORE PAPER

Lifetime and 12-month prevalence of DSM-III-R psychiatric disorders in the United States: results from the National Comorbidity Survey

1994 · Archives of General Psychiatry · 21,818 citations (GS)

Field-normalised: 12,868 Semantic Scholar citations place it in the top 1% of Psychology papers from 1994 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	The global prevalence of common mental disorders: a systematic review and meta-analysis 1980–2013 (2014)	Harvard School of Public Health, University of New South Wales, University of Sydney	Australia, United States	—
2	Epidemiology of Adult DSM-5 Major Depressive Disorder and Its Specifiers in the United States (2018)	Columbia University, Columbia University Medical Center, Fedpoint Systems	United States	—
3	Prevalence of Depression in the Community from 30 Countries between 1994 and 2014 (2018)	National University of Singapore	Singapore	—
4	Treatment of anxiety disorders (2017)	University Medical Center Göttingen	Germany	—

Independent citing papers only; self- and co-author citations excluded. The **S2** column carries Semantic Scholar's read of each citation — *Methodology / Result* (the citing work used the method or built on the finding — the "built on / relied upon" pattern the AAO credits), *Influential* (S2's isInfluential signal, Valenzuela et al. 2015), or *Background* (a passing mention).

Contribution 2

Claim — Contribution 2

The researcher established a foundational epidemiological benchmark by characterizing the lifetime prevalence and age-of-onset distributions of DSM-IV disorders within the National Comorbidity Survey Replication.

CLAIM: The researcher's primary contribution is the comprehensive characterization of mental health disorder prevalence and onset patterns, anchored by the seminal 2005 paper on the National Comorbidity Survey Replication. This work serves as a standalone cornerstone in the field, with no subsequent follow-up papers by the researcher listed in this specific line of inquiry.

ORIGINALITY: The titles indicate that this work addressed a critical need for large-scale, standardized data on the distribution of DSM-IV disorders. By focusing on lifetime prevalence and age-of-onset, the research appears to have provided a robust empirical baseline for understanding the developmental trajectory and burden of mental health conditions, filling a gap in prior epidemiological knowledge.

SIGNIFICANCE: The work has achieved substantial impact, evidenced by over 41,000 citations. Notably, analysis of citing literature reveals that 100% of classified citations originate from independent researchers, suggesting that the findings have been widely adopted and utilized by the broader scientific community rather than being confined to the researcher's immediate network.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 4

CORE PAPER

Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication

2005 · 41,300 citations (GS)

Field-normalised: 19,690 Semantic Scholar citations place it in the top 1% of Psychology papers from 2005 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	The Microbiota-Gut-Brain Axis	APC Microbiome Ireland, University College Cork	Ireland	—
2	Age at onset of mental disorders worldwide: large-scale meta-analysis of 192 epidemiological studies (2022)	IDIBAPS, King's College London, King's College London	Canada, Italy, South Korea	—
3	Trends in college student mental health and help-seeking by race/ethnicity: Findings from the national healthy minds study, 2013–2021 (2022)	Boston University, Boston University School of Public Health, Eastern Michigan University	United States	—
4	The Lancet Psychiatry Commission on youth mental health (2024)	Centre for Addiction and Mental Health, Federal University of Rio Grande do Sul, Independent youth commissioner/advocate	Australia, Brazil, Canada	—

Independent citing papers only; self- and co-author citations excluded. The **S2** column carries Semantic Scholar's read of each citation — *Methodology / Result* (the citing work used the method or built on the finding — the "built on / relied upon" pattern the AAO credits), *Influential* (S2's isInfluential signal, Valenzuela et al. 2015), or *Background* (a passing mention).

Contribution 3

Claim — Contribution 3

The researcher established a foundational benchmark for understanding the prevalence, severity, and comorbidity of DSM-IV disorders through a seminal large-scale epidemiological study.

CLAIM: The researcher's primary contribution is the publication of a seminal core paper titled 'Prevalence, severity, and comorbidity of 12-month DSM-IV disorders in the National Comorbidity Survey Replication' in Archives of General Psychiatry (2005). This work serves as the central pillar of the cited line of research, with no follow-up papers by the same researcher provided in this context.

ORIGINALITY: Based on the title, this work appears to address the critical need for comprehensive, replicated data on mental health disorders. By focusing on prevalence, severity, and comorbidity within the National Comorbidity Survey Replication, the researcher likely provided a robust, updated empirical foundation that clarified the landscape of DSM-IV disorders, distinguishing it from earlier or less comprehensive surveys.

SIGNIFICANCE: The core paper has accumulated 18,069 citations, indicating it is a highly influential reference in the field. Furthermore, analysis of 11 citing papers reveals that 100% are from independent researchers, suggesting the work has been widely adopted and validated by the broader scientific community rather than just the researcher's immediate circle.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 4

CORE PAPER

Prevalence, severity, and comorbidity of 12-month DSM-IV disorders in the National Comorbidity Survey Replication

2005 · Archives of General Psychiatry · 18,069 citations (GS)

Field-normalised: 11,579 Semantic Scholar citations place it in the top 1% of Psychology papers from 2005 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	Charlson comorbidity index: a critical review of clinimetric properties (2022)	University of Bologna, Weill Cornell Medicine	Italy, United States	—
2	Substance use disorders: a comprehensive update of classification, epidemiology, neurobiology, clinical aspects, treatment and prevention (2023)	National Institute on Drug Abuse, National Institutes of Health, US National Institute on Drug Abuse	United States	—
3	Major depressive disorder: hypothesis, mechanism, prevention and treatment (2024)	Chengdu University of Traditional Chinese Medicine, China Medical University, The First Hospital, China Medical University	China	—
4	Trends in college student mental health and help-seeking by race/ethnicity: Findings from the national healthy minds study, 2013–2021 (2022)	Boston University, Boston University School of Public Health, Eastern Michigan University	United States	—

Independent citing papers only; self- and co-author citations excluded. The **S2** column carries Semantic Scholar's read of each citation — *Methodology / Result* (the citing work used the method or built on the finding — the "built on / relied upon" pattern the AAO credits), *Influential* (S2's isInfluential signal, Valenzuela et al. 2015), or *Background* (a passing mention).

D. Citing-Institution Prestige & Geography

Top citing institutions

Institution	Country	World ranking	Citing papers
King's College London	United Kingdom	THE 38 · QS 31	2

Institution	Country	World ranking	Citing papers
University of Sydney	Australia	SCImago #93 · THE =53 · QS =25	2
University of Cambridge	United Kingdom	SCImago #63 · THE =3 · QS 6	2
Yonsei University	South Korea	SCImago #238 · THE 86 · QS 50	1
National University of Singapore	Singapore	SCImago #59 · THE 17 · QS 8	1
University Medical Center Göttingen	Germany	—	1
McGill University	Canada	SCImago #168 · THE =41 · QS 27	1
University of Hong Kong	Hong Kong	SCImago #195 · THE 33 · QS 11	1
San Diego State University	United States	SCImago #2473 · THE 1001–1200 · QS 1001-1200	1
China Medical University	China	QS 509	1
Centre for Addiction and Mental Health	Canada	SCImago #5667	1
Wayne State University	United States	SCImago #1290 · THE 501–600 · QS 781-790	1
Weill Cornell Medicine	United States	SCImago #220	1
University of Ferrara	Italy	SCImago #2059 · THE 501–600 · QS 951-1000	1
Harvard School of Public Health	United States	—	1

Geographic distribution of citing authors

Country	Citing papers
United States	6
Canada	2
Australia	2
Ireland	2
Italy	2
Singapore	2
United Kingdom	2
Zambia	1
Netherlands	1
Brazil	1
South Korea	1
China	1

Citing-institution prestige and the spread of citing countries speak to recognition **beyond the scholar's own institution and circle** — the dispersion the AAO looks for. World rankings (SCImago / THE / QS) are context, not a stand-alone criterion: the AAO does not treat a citing institution's rank as probative on its own.

E. Citation Growth Over Time

Distinct citing papers by publication year. Sustained or rising citation activity supports continuing relevance; note that only citations **as of the filing date** are weighed by USCIS.

F. AAO Precedent Considerations

Pre-filing self-check (AAO denial patterns)

The AAO non-precedent decisions reject citation evidence on a small set of recurring grounds. Confirm the petition addresses each before filing:

- ☐ Self-citations are disclosed and netted out — a Google Scholar total alone is faulted (§1.1).
- ☐ Evidence is per individual article, not a body-of-work aggregate total (§1.2).
- ☐ The petition articulates why the citations show major significance — numbers never stand alone (§1.5).
- ☐ For the strongest papers, citation content shows the work was built on / relied upon, not just listed (§1.6, §2.2).
- ☐ Co-author / collaborator citations are identified and not counted as independent (§1.7).
- ☐ Recognition is shown beyond the scholar's own institution and circle (§1.8).
- ☐ Every citation figure is snapshotted as of the filing date; post-filing citations are excluded (§1.9).
- ☐ Journal impact factor / downloads are not relied on as proxies for article significance (§1.10, §1.12).
- ☐ For large-collaboration papers, the scholar's specific role is documented (§1.13).
- ☐ Aggregate totals / h-index / field-relative rates are placed in a clearly-labelled final-merits section, per Kazarian (§3, §6.1.7).

Disclaimer

The AAO decisions referenced here are **non-precedent** — persuasive illustrations of how USCIS reasons, not binding law. This report is a drafting aid produced from public citation data; it is not legal advice and does not assess the petition's merits. All analysis must be reviewed by qualified immigration counsel.

G. Citation Evidence Index

Cross-reference of each contribution to the regulatory criterion it supports. Counsel should map these to the petition's exhibit numbers.

Contribution	Core paper	Indep. cites	Supports
Contribution 1	Lifetime and 12-month prevalence of DSM-III-R psychiatric disorders in the United States: results from the National Comorbidity Survey	4	8 CFR 204.5(h)(3)(v) — Criterion 5
Contribution 2	Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication	4	8 CFR 204.5(h)(3)(v) — Criterion 5
Contribution 3	Prevalence, severity, and comorbidity of 12-month DSM-IV disorders in the National Comorbidity Survey Replication	4	8 CFR 204.5(h)(3)(v) — Criterion 5