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AUTHOR(S): Tasha Lewis

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Dr. Emmanuel A. Iyiegbuniwe	*Dr. Emmanuel Iyiegbuniwe* C8ADE12CD73C4D5...	11/30/2018
COMMITTEE CHAIR	SIGNATURE	DATE
Dr AsherLev Santos	0D9B857433924A2...	12/6/2018
COMMITTEE MEMBER	SIGNATURE	DATE
COMMITTEE MEMBER	SIGNATURE	DATE
COMMITTEE MEMBER	SIGNATURE	DATE

Dedication

This thesis is especially dedicated to all CSUSM Black students who shared their experiences.

"Remain righteous, remain loyal and true to yourself"

-Participant

MENTAL HEALTH AND AFRICAN AMERICAN CSUSM STUDENTS: BARRIERS AND

FACILITATORS TO CARE

Tasha Lewis

California State University San Marcos

Abstract

African American/Black college students are less likely to utilize mental health services, when compared to other races or ethnicities in the United States. It must be noted that in general, Black college students have unique experiences that affect their mental health. However, there is paucity of published research and information in the literature on the utilization of mental health services by this population of college students. This study was conducted to gain a better understanding and appreciation of the shared barriers and facilitators that affect Black students in seeking and utilizing mental health services at the main campus of California State University San Marcos. Primary data collection involved two qualitative focus group discussions with a total of 20 self-identified Black/African American undergraduate students who are enrolled for classes during the Fall of 2018 semester. Semi-structured interviews were administered on separate days to the two focus groups. The participants were asked questions that assessed their mental health knowledge, attitudes and beliefs, and personal experiences in accessing and utilizing mental health services on campus. Results from the study identified a total of 4 themes as being barriers to accessing and utilizing mental health services: racism/discrimination on campus, lack of Black mental health counselors on campus, cultural perceptions of mental health, and stigma. There were no facilitators identified in utilizing mental health services on campus. The results of the study suggest a greater need to: (1) employ more providers who are Black mental health counselors/psychologists, (2) explore the necessity for additional alternative mental health treatments for Black students, such as group discussions, or group therapy, etc., (3) train faculty members and campus staff on cultural competencies to minimize potential biases and discrimination, and (4) promote inclusiveness through mental health outreach for Black students. It is hoped that these findings may play a significant role in increasing mental health service utilization and treatment for Black students at CSUSM.

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Thank you to my family for your continued love and support.

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Introduction

In general, there are many mental health disparities in African American communities, specifically in Black college students who are less likely to seek mental health treatment (Rosenthal & Wilson, 2008; Yorgason, Linville, & Zitzman, 2008; Mori, 2000; Davidson, Yakushka, Sanford-Martens, 2004; Soet & Sevig, 2006). Common barriers to seeking and utilizing mental health services within the African American community include cultural mistrust, stigma associated with mental health, and spiritual and/or cultural norms that affect help-seeking behaviors (So, Gilbert, & Romero, 2005). Available published research information has shown that African Americans have more stigmatizing beliefs about individuals with mental illnesses or those who seek mental health treatment when compared to their Caucasian counterparts (Barksdale & Molock, 2009). In addition, research has shown that African Americans rely more on religious leaders when seeking help as opposed to mental health professionals (Buser, 2009). Masuda, Anderson, & Edmonds (2012) reported that African American undergraduate students generally scored significantly lower than their Caucasian counterparts in overall tests for seeking attitudes, interpersonal openness, and the recognition of a need for professional psychological services (Masuda, Anderson, & Edmonds, 2012). The authors concluded that there is an underutilization of professional mental health services in this population.

Mental health service utilization among African Americans warrants ongoing research especially in young adults who may be potentially exposed to not only mental health stressors, but other stressors that are unique to college students. For instance, African American college students represent 1.3 million of the 14 million students currently enrolled in post-secondary institutions in the United States, however there is paucity of research specifically investigating or addressing the health status of this population (Walden, 1994). Moreover, there is an urgent need to address mental health issues that affect African American college students due the ever-increasing disparities from over exposure to racism, depression, as well as their lack of social and/or academic support (Masuda, Anderson, & Edmonds, 2012; McClain et al., 2016; Stansbury et al. 2011; Negga, Applewhite, & Livingston, 2007).

The specific objective of this study was to identify and examine mental health services utilization among Black/African American students at CSUSM. The study aims to identify specific *barriers* and f*acilitators* for Black/African American students in accessing and utilizing mental health services. By identifying inherent *barriers* and *facilitators* to mental health services, it is anticipated that this study can play a significant role in promoting utilization and treatment of mental illnesses among this population of Black students.

Literature Review

The needs for mental health usage in Black college students continues to be a growing concern, especially due to the increase of Black students and their unique experiences that expand their vulnerability to mental health disorders and illnesses. According to the U.S. Department of Education, National Center for Education Statistics (2018) the percentage of Black students attending higher institutions of education have increased from 10% to 14% from 1976 to 2015. Although, statistics show that there is a higher participation in college level institutions, there is an underutilization of mental health services among Black college students. For instance, a previous study showed that 11.4 of Black students self-reported a psychiatric diagnosis but did not report a history of utilizing counseling/mental health services (Soet, & Sevig, 2006).

This is a significant concern in public health, especially since research has shown that Black students are at high risk for mental health problems but show negative help-seeking behaviors towards receiving mental health care (Davidson, Yakushka, & Sanford-Martens, 2004; Colvin, Bullock, & Takeisha George, 2016; Masuda, Anderson, & Edmonds, 2012). Therefore, this literature seeks to explore the risk factors for Black students in seeking mental health services and the intervention that have been proposed to decrease the gap in mental health care.

Unique Experiences of African American/Black College Students

Imposter Phenomenon

African American students are at significant risks for psychological distress due to imposter phenomenon, or feelings of intellectual incompetence. This was demonstrated in a study that explored

mediating effect of imposterism and the association between feelings of survivor's guilt and self-reported depression (Austin, Clark, Ross, & Taylor, 2009). The participants included 97 students who self-identified as African American or Black, and attended a historically Black university in the Midwestern United States. Additionally, participants completed surveys that measured imposter feelings, depression, and survivor's guilt. For example, questions of imposter feelings, such as "At times, I feel my success was due to some kind of luck, was measured using Imposter Phenomenon Scale (Clance, 1985; Clance & O'Toole, 1988). Secondly, participants completed the Interpersonal Guilt Questionnaire-67 (IGQ-67), which assesses guilt related to the fear of harming others (O'Connor, Berry, Weiss, Bush, & Sampson, 1997). Lastly, a self-report measure of depressive symptomology was examined using the Center for Epidemiologic Studies Depression Scale (CESD) (Radloff, 1977).

The results showed there was a significant association between depression, survivor's guilt, and imposterism. For example, analysis showed that feelings of survivor's guilt are a significant positive predictor in depression ($p< .01$), specifically participants who reported more intense survivor's guilt showed more depressive symptomology (Austin, Clark, Ross, & Taylor, 2009). Likewise, participants who reported greater levels of imposterism endorsed greater levels of survivor guilt feelings ($p< .001$). In accordance, when depression was regressed onto survivor's feelings of guilt, the results showed there was a significant analysis with imposter feelings predicting depression ($p < .01$) (Austin, Clark, Ross, & Taylor, 2009). Lastly, the analysis reported that imposter feelings were significant and was a positive mediator between survivor's guilt and depressive symptomology ($p < .01$) (Austin, Clark, Ross, & Taylor, 2009). Ultimately, the results of this study showed a significant relationship between feelings of depression, survivor's guilt, and imposterism in Black college students.

Minority Status Stress

African American students experience higher levels of minority status stressors, which may include experiences with racism and discrimination, insensitive comments, and questions of belonging

on a college campus, especially predominately White higher learning institutions. This was evident in

a study that investigated stress and coping behaviors of 203 African American students from both

Predominately White (PWCU) and Historically Black Colleges Universities (HBCU) (Greer and

Chwalisz 2007). Researchers conducted a multivariate comparison measuring participant's coping,

minority status stress, and general perceived stress. In addition, demographic information included

participant's cumulative educational aspirations, GPA, ACT and SAT scores, as well as age, sex,

marital status, employment, and parental status.

The results showed that African American students who attended PWCU experienced

significantly higher levels of minority status stressors compared to students who attended historically

HBCU (Greer and Chwalisz 2007). For instance, African American students from PWCU had a higher

average of minority status stress (M=54.57) than HBCU students (M=39.58). Most significantly,

African American students who attended PWCU reported higher environmental stressors ($P < .001$);

interpersonal stressors ($P < .05$); and intergroup stressors ($P < .05$). In addition, multivariate tests

reported that HBCU students engaged in more coping strategies ($P < .05$) compared to PWCU

students. The results from this study imply that African American students who attend PWCU

experience unique stressors related to race and ethnicity

Risk Factors to seeking Mental Health Services

Cultural Mistrust

Black college students are less likely to seek help from mental health clinics, due to greater

mistrust in White counselors. This was detailed in a study that examined the relationship between 105

Black college students and their mistrust of Whites, opinions regarding mental health, and help-

seeking attitudes towards clinic staffed primarily by White clinicians (Nickerson, Helms, & Terrell,

1994). First, cultural mistrust of Whites was measured using the Cultural Mistrust Inventory (CMI)

(Terrell & Terrell, 1981). Secondly, participant's opinions about cause, treatment, and prognosis of

mental health were identified using the Opinions About Mental Illness Scale (Cohen & Struening,

1962). In addition, concerns about seeking psycho-therapy were identified using the Help-Seeking

Attitude Scale (Plotkin 1983). Lastly, overall satisfaction of social services was identified using the

Reid-Gundlach Social Service Satisfaction Scale (Reid & Gundlach, 1983). All inventories were

administered and completed by students in groups consisting of 15-25.

The results showed that there was an association between greater mistrust in Whites and more

negative attitudes towards seeking mental help from clinic staffed primarily by White providers

(1994). Specifically, the higher the cultural mistrust the more negative attitudes participants had

towards seeking help from majority White staffed clinics. Furthermore, results showed the

participant's expected a lower satisfaction of services given by White counselors (1994). Most

importantly, cultural mistrust remained a significant predictor in help-seeking attitudes and

participant's anticipated satisfaction of services. However, cultural mistrust did not have a significant

impact on participant's opinions regarding mental illness. The barrier presented in this study shows

how mistrust in Whites can lead to underutilization of mental health services in this population.

Cultural mistrust was significant factor even after controlling for the participant's perspective

regarding mental health illness.

Stigma & Self-concealment

African American college students are less likely to use professional psychological services

due to mental health stigma and self-concealment. This was noted in a cross-sectional study that

evaluated the help-seeking attitudes of 163 African American college students who attended a 4-year

college institution in Georgia (Masuda, Anderson, & Edmonds, 2012). Participants were recruited

from a self-reported survey questionnaire that measured The Attitudes Toward Seeking Professional

Psychological Help (Fisher & Turner, 1970), The Stigmatizing Attitudes-Believability (Masuda &

Latzman, 2011; Masuda, Price, Anderson, Schmertz, & Calamaras, 2009), and The Self Concealment

Scales (Larson & Chastain, 1990).

The results showed that both mental health stigma and self-concealment were associated with

help-seeking behavior. For instance, data suggested that the greater the mental health stigma and the

greater the self-concealment the more likely the student was to have a less favorable help-seeking

attitude. Furthermore, the results showed that students that were both older and had previous experiences with seeking mental health services had more favorable help-seeking attitudes compared to younger students who never used mental health services. This study shows the stigma remains a major obstacle for African American student help-seeking behaviors and attitudes in higher learning institutions. Due to stigma, African American students are more likely to practice self-concealment as an alternative to professional mental health services. Lastly, the study shows the importance of focusing mental health services to younger college students.

Perceived Family and Peer Norms

Peer and family norms affect mental health help-seeking intentions in African American college students. In a cross-sectional study, perceived negative and family norms influence on help seeking behavior were examined in 219 African American students who attended a private and public university in a metropolitan area (Barksdale CL, Molock SD, Barksdale, & Molock, 2009). Data from participants were collected via online survey, in which African American students rated their intention to seek counseling from a professional mental health provider based off of perceived peer and family norms. For example, participant's responses to "According to my family/peer, anyone who needs psychological treatment is weak," were measured on a 5-point Likert scale. In addition, multiple linear regressions were used to determine gender differences in predicting help-seeking behavior and peer and family norms.

Results from the study showed that both peer and family norms predicted help-seeking intentions in African American students. Most significantly, perceived negative family norms was a major influence on African American college students help-seeking behavior ($p <. 001$). Likewise, perceived negative peer norms also negatively influenced helping seeking intentions ($p <. 05$). The relationship between perceived negative family and peer norms and help seeking intentions for psychological concerns, such as substance abuse ($p <. 05$) and psychological problems ($p <. 05$) were also significant. When it came to gender differences, analysis showed that perceived family and peer norms was a strong predictor in help-seeking behaviors for Black males compared to Black females.

Overall, this study suggests that African American families and peers influence help-seeking behaviors in African American college students, especially if students expected negative reactions for seeking mental health counseling. Furthermore, special attention should be placed on Black colleges males since family members and peers have a stronger influence on help-seeking behaviors.

Utilizing Pastoral Services

African American college students are more likely to use religious services than psychological or social services for mental health issues. This was demonstrated in a study that wanted to compare help seeking behaviors in Black and White students at a Mid-western community college (Ayalon & Young, 2005). In addition, the study further explored if Black students were more likely to base psychological symptoms on external controls, such as God or chance, than internal controls due to their own individual behaviors. In total, there was a convenience sample of 136 Black and White college students that participated in a survey that measured the frequency of how often they used different services, such as School Counselors, Psychologist, Psychiatrist, Medical Doctors, or religious services in the past year. Furthermore, participants were also asked to rate their perceived health, as well as their beliefs of control of self, fate, and powerful others. Lastly, participants were asked to indicate 13 common bodily symptoms to 3 different types of causes, such as emotional distress, somatic illnesses, and external environmental events (Ayalon & Young, 2005).

The results showed that African American college students had a significantly higher religious preference, plus spiritualty played a significantly more important role in their lives compared to White college students. First, regression analysis that measured the frequency of help-seeking behavior, racial groups, and overall psychological and physiological distress indicated that 87% of Black college students frequently used religious services compared to 74.2% of White college students in the past year ($p <. 01$) (Ayalon & Young, 2005). Notably, even after controlling for overall level of psychological distress and level of education, Black college students were still significantly less likely to use psychological or social services ($p <. 01$) compared to their White counterparts. In addition, a *t* test analysis indicated significant racial group differences in external control beliefs, with Black

students reporting strong beliefs in external control, such as God or a higher power (Ayalon & Young, 2005).

Facilitators and Interventions

Understanding the Need for Treatment

African American college students are more likely to seek professional mental health treatment if they are more aware of their problems and stigma related to treatment. One study identified this facilitator to treatment in 134 Black undergraduate students in a historically Black university in an East Coast city (So, Gilbert, & Romero, 2005). First, students help-seeking attitudes were assessed using the Attitudes Toward Seeking Professional Psychological Help (Fisher & Turner, 1970). The survey assessment measures the participant's recognition of the need for psychological help, stigma tolerance, interpersonal openness, and their confidence in mental health practitioner (1970). In addition, participants were given a brief demographic questionnaire that obtains the number of credits received in college.

The results showed that the more the student recognized their need for mental health treatment the more the greater their tolerance towards mental health stigma, interpersonal confidence, and confidence in mental health practitioners (So, Gilbert, & Romero, 2005). In addition, students that were more tolerable towards mental health stigma were more open and confident they were towards mental health practitioners. Moreover, students who accumulated more college credits were more confident in mental health treatment and professionals (p=.03).

Cultural Responsive Cognitive Intervention

African American colleges student that are exposed to culturally responsive interventions are more likely to utilize mental health services. A study designed by Brooks and Hopkins examined the effects of a culturally sensitive informational campaign to help neutralize the negative effects of cultural mistrust on help-seeking attitudes for 236 African American college students attending a Historically Black College University (HBCU) in a Mid-Atlantic region in the US (2017). Participants were exposed to The Cultural Responsive Cognitive Intervention that was designed to lead the

students to believe that this was a Pilot program that would revolutionize healthcare delivery systems in urban areas under the Affordable Care Act (ACA).   The experiment consisted of two informational video presentations, which showcased African American doctors and nurses discussing their service and commitment to patients they serve in their healthcare facility and the use of AHA (Brooks & Hopkins, 2017).

In addition, participants also completed an online questionnaire that assessed their cultural mistrust in four areas, including law and politics, interpersonal relations, education and training, and business and work using the Cultural Mistrust Inventory (CMI) (Terrell & Terrell, 1981). Secondly, their attitudes toward seeking professional and psychological help were measured using the Attitudes Toward Seeking Professional Psychological Help, Shortened Form (Fischer & Farina, 1995). Next, participants answered nine questions that focused on their plans to seek various types of mental health services. Next, intention for help seeking behavior and background information was obtained to gather participants past healthcare utilization and past access to mental health services on and off campus. Lastly, Participants were randomly assigned to one of 4 different experimental groups in which participants were given a pretest; intervention and posttest; pretest only; intervention and posttest only; and post-test only (Brooks & Hopkins, 2017).

Results showed that the Cultural Responsive Cognitive Intervention had significant improvement in neutralizing cultural mistrust on health care attitudes and help-seeking intentions in healthcare services for African American students. For instance, a paired sample *t* test that compared participants' attitudes toward seeking professional psychological help before and after the intervention were significantly higher after receiving the intervention ($p=.001$). Most significantly, those who received the treatment had a higher post-test utilization attitude ($p=.001$), intentions ($p=.001$), and interaction effect for treatment ($p=.041$) than those who did not receive the treatment. Overall, the results showed health care utilization and intentions were increase, specifically in individuals with high levels of cultural mistrust (Brooks & Hopkins, 2017).

Mental Health and Wellness Clinic

Developing and implementing a mental health clinic, plus linking the services to African American college students may aid in closing the gap in usage of mental health services on campus. This was demonstrated in a pilot mental health clinic initiative implemented in a Historically Black College University in Dallas, Texas (Moore et al., 2018). The development and implementation of the clinic was established in three steps. First, a series of student engagement seminars were conducted to help decrease mental illness stigma, while promoting mental health awareness. The four seminars were open to all students on campus and included topics regarding substance abuse, depression, suicide, sexual assault/ trauma, and stress management (Moore et al., 2018). In addition, a mental health panel was held, in which the topic of mental health and wellness in the African American community was discussed. The discussion facilitated by the panel helped identify the needs of the African American student community, as well as create a bridge for students, community members, and mental health professionals. In response, of students outpouring their needs for mental health services, faculty members and staff attended 2hr training in Mental Health First Aid. The training included reduction of stigma, signs and symptoms, and mental health crisis. In all, the pilot mental health imitative led to a mental health and wellness clinic that was open in the fall of 2015 and spring of 2016.

The pilot mental health and wellness clinic was successful and assisting the mental health services needs and disparities for African American students on campus. The students that received services in the clinic subsequently attended the student engagement activities. For instance, a total of 269 students attended the student engagement activities and 14 students sought out and received mental health services in the clinic after. Furthermore, faculty members, staff, and school nurses referred several students to the clinic. Moreover, the 2016 clinic records showed that a total of 97 appointments were scheduled, however only 41 appointments were kept. The most common diagnoses for kept appointments included major depressive disorder followed by adjustment disorder, in which 20 needed medication management and 21 needed psychotherapy. Also, there were three

mental health crisis situations that occurred outside clinic hours, in which faculty members and staff

was able to assist with.

The African American Student Network

Informal support networking group have shown to be a potential therapeutic intervention for

Black college students. Specifically, is the African American Student Network (AFAM), which was

developed for Black undergraduate students attending a research university in the Midwest (Grier-

Reed, 2013). Black students, who participated in AFAM, met weekly during lunch hour and received

support and encouragement for coping with both personal and academic stressors, discussed their

experiences on campus, and cultivated meaningful connections with other Black students, faculty and

staff (2013). For instance, topics discussed ranged from personal struggles and academic concerns to

sociopolitical issues. To further the benefits of this intervention, a study was conducted that focused on

the student participant's experiences of AFAM (Grier-Reed, Madyun, & Buckley, 2008).

The research discovered a total of seven themes that students experienced while attending

AFAM social networking group meetings. The first theme was *safety*, in which students were able to

freely discuss and listen to others without judgment, stigma, or feeling misunderstood. Secondly,

students experienced *connectednes*s because there was an established common ground or common

experience within a community. Third, was *validation*, in which students felt that their presence on

campus was affirmed, especially due to the underrepresentation of Black students in predominately

White institutions. Fourth, the term *resilience* was coined by participants due to their weekly AFAM

that assisted them in "getting through the week." Next, students experience *intellectual stimulation*, in

which they were freely to exercise and affirm their intellect. The sixth theme that students experienced

through AFAM was *empowerment*, specifically because AFAM provided a platform for them to voice

and interact with other Black students. The last theme was having a *home base* on campus that

facilitated a sense of cohesion and belonging among Black students. Overall, AFAM implicates a

promising alternative to traditional mental health interventions, in which this population shy's away

from. Most importantly, AFAM results in the same positive outcomes as traditional mental health treatment for this vulnerable population.

Methods

This study was conducted by gathering primary qualitative data through semi-structured interviews from two groups of students who self-identified as African American/Black and are currently enrolled for classes at CSUSM during the 2018 fall semester. The IRB process was initiated during the summer semester 2018, in which research objectives, participant criteria, procedures and methodology, and researcher's qualifications were submitted. In addition, focus group discussions questions and Informed Consent form was submitted for IRB for approval.

Participants were asked questions that assessed their mental health knowledge, attitudes and beliefs, and their personal experiences in accessing and utilizing mental health services offered at CSUSM's Student Health and Counseling Services (SHCS). CSUSM offers a variety of mental health services at the SHCS and the Office of Disabled Student Services. These services are routinely provided through pre-paid school fees and provides students with access to mental health services including, counseling, group support, mental health resources, and mental health training for both students and faculty members ("Counseling Services | CSUSM," n.d.). The interviews were conducted with two focus groups and discussions were held at the Black Student Center (BSC) located in the University Student Union (USU) at the main campus. Focus group discussions were audio recorded, transcribed, and analyzed to identify common and central themes.

Inclusion and Exclusion Criteria

All study participants were undergraduate students who are currently attending classes at CSUSM, located in the southern region of California. According to the Common Data Set (CDS) from CSUSM, there were 13,290 undergraduate students enrolled during the 2017-2018 academic year. However, only 403 (or 3%) were identified as African American/Black ("Common Data Sets | CSUSM," n.d.)

Inclusion Criteria. (1) Self identify as African American/ Black; (2) Be a current student enrolled in an undergraduate or graduate program at California State University, San Marcos.

Exclusion Criteria. (1) Participants must be at least 18 years of age or older; (2) Participants must be proficient in the English language.

Key faculty members and student organizations were contacted to assist with the recruitment of students to participate in the study during the fall semester of 2018. This was primarily accomplished by utilizing a snowball recruitment technique, in which key informants identified students, or persons connected to the stakeholder group, who then connected the primary researcher with potential participants, or suggested ways to reach potential participants. For example, the specific aim of the research study was discussed at several meetings with key faculty members and/or key personnel connected to student organizations such as ACE Scholars (ACES), Lesbian, Gay, Bisexual, Transgender, Queer, Asexual and Allies (LGBTQA), Associated Students, Inc. (ASI), Black Student Center (BSC), Student Disability Services, Veterans Center, and Student Health and Counseling Services (SHCS). To increase publicity for this study and encourage recruitment of more Black students, flyers were developed and posted at various locations throughout the campus. In addition, flyers were sent via email to faculty members, mental health counselors, and psychologists on campus inviting students to participate in the focus group discussions. Moreover, flyers were placed throughout campus, including different organization centers.

Data was collected in October and November 2018. A total of 20 participants who met the inclusion and exclusion criteria were recruited and provided with the Informed Consent (Appendix A) and invited to participate in the study. All participants met the inclusion criteria of being a current CSUSM undergraduate students, identified as African American/Black, 18 years or older, and proficient with the English language. All the participants identified as belonging to the Black Student Union (BSU) and/or Black SistaHood organizations.

Focus Group Interview

The focus groups were conducted in a private room located in the BSC at the USU building on

campus. Before each focus group interview, the primary researcher explained the purpose of the study. In addition, participants were assured that any information provided during the focus group discussions would be treated with confidentiality and that none of the information provided would be used to identify the respondents. Furthermore, the information would be used by the primary researcher to identify the shared barriers and facilitators for African American/ Black students at CSUSM in accessing and utilizing mental health services on campus. The primary researcher explained to participants that audio tape recordings would be conducted during the discussion and that their responses to the interview questions will be anonymous and locked in a password protected computer maintained by the researcher.

Prior to audio recording the focus group discussions, Consent Forms were provided as an invitation to participate in the study and were signed by all participants. In addition, demographic information on participant's age, year of study, major, and student organization were collected. To facilitate group discussions, participants were given a handout of the interview questions that assessed their knowledge, attitudes and beliefs related to mental health and mental health disorders, as well as their personal experiences with accessing and seeking mental health services on campus. The two focus groups lasted between 30 mins to 2hrs.

Interview Questions and Prompts

The 5 questions/prompts asked during the focus group discussions were related to: (1) Mental Health Knowledge, Attitudes and Beliefs, (2) Perceptions related to Stigma (3) Perceptions related to Student Life, (4) Facilitators/Access, (5) Barriers and (6) Discussion Wrap Up or general questions. Questions related to mental health knowledge, attitudes and beliefs were asked in order to understand participant's knowledge and perceptions of mental illness and disorders. Questions on perceptions related to stigma were asked to assess participant's experiences of mental health stigma. Additionally, perceptions related to student life were asked in order to identify unique experiences affecting

participant's mental health at CSUSM. (4) Facilitators/Access were asked in order to identify shared facilitators in accessing and utilizing mental health services on campus. (5) Barriers were asked in order to identify the shared barriers of accessing and utilizing mental health services on campus. (6) Discussion wrap up was asked in order to identify any remaining concerns that participants wanted to discuss regarding mental health as a Black/African American CSUSM student.

Data Analysis

Interviews from each focus group were audio recorded and transcribed verbatim by the primary researcher. All recordings and transcripts were uploaded into Atlas.ti for qualitative coding and analysis. Using Atlas.ti, keywords that identify the barriers and facilitators of accessing mental health services on campus were coded into themes and sub-themes. A total of 81 codes were divided into 4 themes that were identified as being barriers to accessing and utilizing mental health services on campus. There were no keywords that identified facilitators in accessing and utilizing mental health services on campus. However, alternatives and future recommendations for mental health services were identified.

Results

There was a total of 20 participants, 17 (85%) females and 3 (15%) males who all identified as African American/Black and were current undergraduate students at CSUSM (Table 1). Class ranged from Freshman to Senior, with the majority (50%) of participants identify as Freshman (Table 2). The main themes that emerged as barriers included racism/discrimination on campus, lack of Black mental health counselors on campus, cultural perceptions of mental health, and stigma. There were no facilitators identified in utilizing mental health services on campus.

Table 1. Pie chart representing the gender of focus group participants
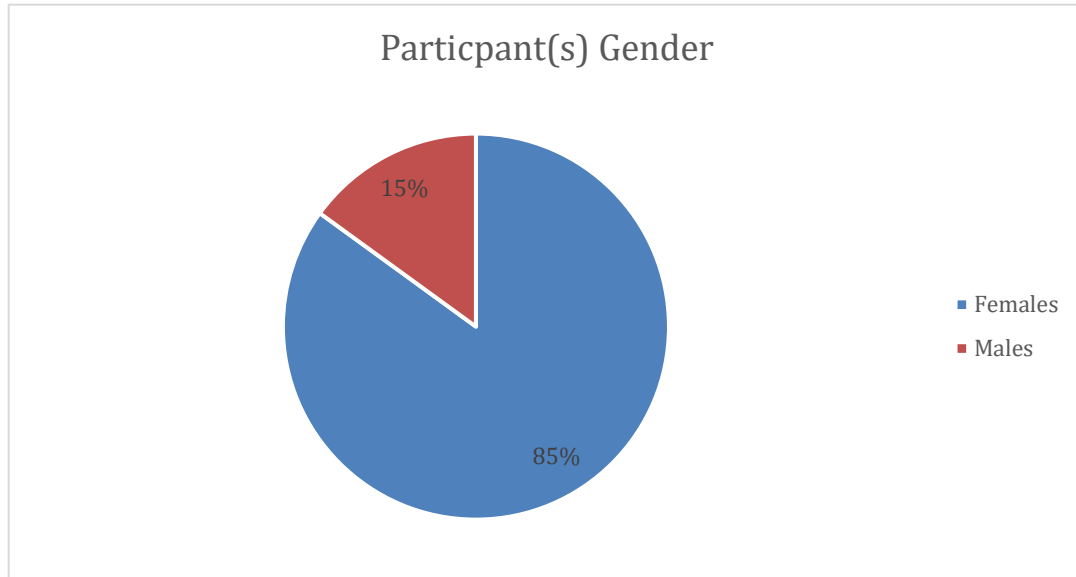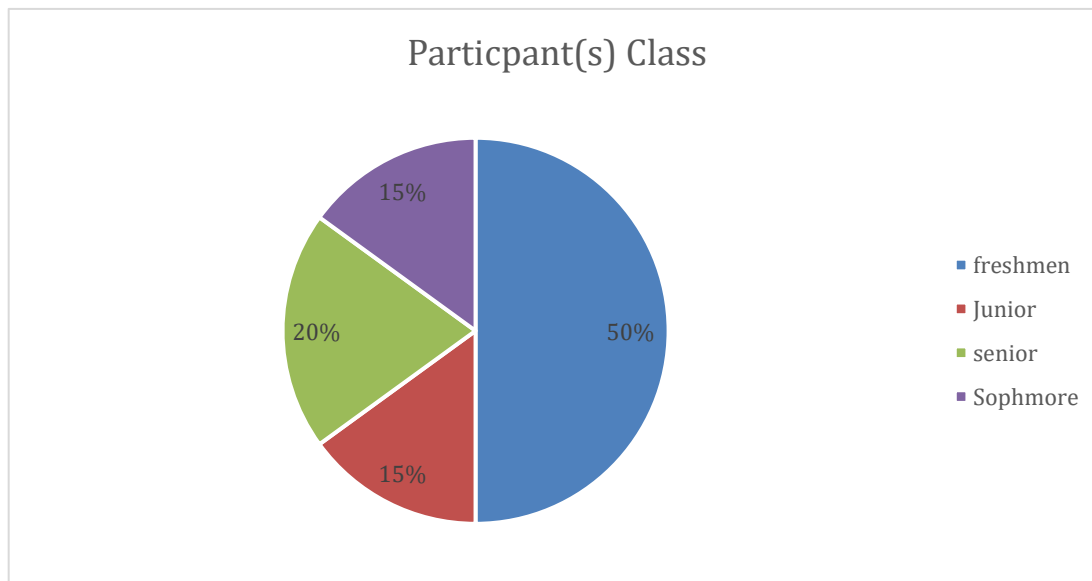
Particpant(s) Gender

15%

85%

- Females
- Males

Table 2. Pie chart representing the academic class of focus group participants

Particpant(s) Class

15%

50%

20%

15%

- freshmen
- Junior
- senior
- Sophmore

Discussion

Barriers

Racism/Discrimination on Campus

The most frequently mentioned theme for not utilizing mental health services was racism and discrimination that Black students are exposed to on campus. The majority of participants described many occurrences and events that have occurred in the past and present period on campus that affect their mental health. In, general cultural appropriation and racial mistreatment from both other students and faculty members were identified as being major mental health stressors for this population. For example, one participant stated how occurrences of racially insensitive comments affect his daily mental health:

> "It's those little comments that have us thinking about it right now that distract us often and I realize that at times I should be thinking about homework and thinking about things I have to do...it's those little comments. It's almost 4-5 comments a day that really distract you."

The daily occurrences of racial discrimination do not only have a negative impact on the mental health of Black students, but also prevents them from seeking mental health services offered on campus. One female participant described how the impact of racial discrimination on campus affected her help-seeking behavior:

> "I think that we should do more things for people of color because part of it is that you need to feel like you're in a community where you can speak out… like I need to feel like I am welcome before I can share and I feel like most Black people don't feel welcomed, so how do they expect you to talk to somebody when we don't even get the greetings that we feel like we should get, or the respect we feel like we should get."

Therefore, the question of "what can we do?" when faced with the daily micro-aggressions due to racism and discrimination was a reoccurring theme for participants, in which one of them stated that he had to be "mentally tough especially dealing with racism," while another one questioned "if his mental health is worth their Blackness?"

> "I feel like a lot of Black people end up wondering whether or not their Blackness is worth their mental health. If they were to fully immerse themselves in their own culture would that be worth the discrimination, or if they should allow themselves to deal with it."

Overall, every one of the participants reported that exposure to racism and discrimination on campus, was not only a mental health stressor, but also a barrier to seeking mental health services on campus.

Lack of Black Mental Health Counselors

All of the participants stated that they typically avoid going to the mental health services provided on campus due to lack of Black mental health counselors and/or psychologists. This is due to several reasons. For example, participants felt that a non-Black mental health counselors, or psychologists would not be able to identify or relate to the various mental stressors affecting their daily lives. This was explained by a female participant, while describing the trauma that Black males experience in America and how it affects Black males on campus:

> "If we were to go in to one of these meetings or to one of these people and say you know what! I was just looking on the news and I just saw a Black man have his house invaded by the police, he was shot in front of his kids and his wife and then they said they had the wrong house. Or, if he talks about the guy that just got lynched, they [mental health counselors] have absolutely no understanding of what he's going through, mentally, physically, emotionally…none of that."

Additionally, is the unethical medical mistreatment, such as the Tuskegee Syphilis Experiment, that has occurred throughout history to Black people. Ultimately, this has led to mistrust in the medical system. This was a major concern for one male participant when asked about utilizing mental health services on campus:

> "Black people are supposed to be stronger because we get that built into our own minds. Usually playing sports when we are younger, so when it comes to mental health and stuff like that and thinking that I'm going to go sit in front of White person and expose my weakness is not registering with me… you know even if we did want to do it why would I go and expose my weakness to a White person who may possibly exploit that?"

Rather than go to mental health services offered on campus, participants stated that they tend to go to older Black faculty members to have discussions with them because they feel like they can relate to what they're going through. However, most of these faculty members do not work in the mental health offices on campus. Furthermore, multiple participants stated that they did know about the services offered on campus. One participant in particular stated that she "didn't even know they existed," when asked if she knew where the mental health services were on campus. On the other hand, participants

who did know about mental health services on campus were still reluctant to go due to feeling

uncomfortable with White counselors. For example, a female participant described this when she

recalled a conversation that she had with another peer regarding mental health services:

> "Someone asked me have you ever used therapy? I guess you get like 9 free sessions a
> semester and I said no and they asked me why? I said unless there was a Black person in
> there [counseling center] that I'm can speak to I'm not going. And then they [peer] said
> just to speak to them [counseling center] about school, or whatever. My reply was
> everything that you do is related back to you being Black… everything. It doesn't matter
> what it is… me, or my major. My experiences are different from everybody else in the
> classroom. So, I can't go and speak to someone who doesn't know what it's like being
> Black… and they [peer] kind of didn't get it."

Cultural Perceptions of Mental Health

There were multiple cultural perceptions of mental health that were identified by participants as

being a barrier to seeking mental health services. These perceptions were directly linked to the history

of Black culture, family norms, religious and spiritual beliefs, and the constant misconception that

mental health is not a Black issue.

First, all participants recalled that seeking mental health services was not a familiar occurrence

growing up in Black households. As one participant recollected, not only was seeking medical

attention not emergent, but speaking to a therapist or counselor was perceived as an "extracurricular

thing." This was mostly due to the cost of medical treatment, which left most Black families unable to

afford the cost of healthcare. Although, all the participants recognized that mental health services were

included in their student health fees, they were not aware of anyone using mental treatment in their

family, and therefore they don't know how to go about accessing it. Moreover, this gap in access to

mental health care has left all participants expressing the notion that mental health treatment was only

reserved for White families. For instance, one participant stated that, "While growing up only White

kids went to go see doctors." Yet, another participant, while discussing his unique experiences

growing up in California, expressed the following misconception:

> "Part of our culture in California is kind of treating it [mental health] like a joke because
> people say Californians are kind of laid back, and we kind of are. We treat it as a joke
> because were also around a lot of White people, so a lot of the jokes when I was in school
> had to do with mental illness being a White people thing. Oh! A White kid that is

depressed acting out in a certain way, but we have to hide it inside because we don't want to be thought of as the Black person acting too White."

The unique experiences related to cultural norms was also true for first generation Black students, whose families did not grow up in the United States. For instance, a female participant described how the topic of mental illness was an "American thing," whenever it was discussed in her household. In fact, mental health treatment was "normally a problem," when expressions of seeking or needing help was presented in family discussions. Secondly, all participants agreed that their cultural perception of mental illness was due to spiritual, or religious forces rather than biological circumstances. To explain, a female participant expressed that one's thoughts hold power, and "if you spoke it [mental illness] into existence then you're causing it on yourself, or validating, feeding, and giving it strength."

Likewise, religious services were used as a source of treatment in some participant households. One female participant explained her experience regarding mental illness in her household was "if something is mentally wrong then you need prayer and they would take you to the church, or mosque and have prayers read on you." Needing religious or spiritual interventions for mental health illness/disorders was also brought up by another participant when recalling her previous attempt to reach out to a family member regarding mental health. She stated that "you know one time I opened up to my mom and she told me I needed to go to the church and then I got in trouble for talking about it."

Overall, these perceptions that were learned from social, cultural or family norms have resulted in many participants believing that they have to handle mental disruptions or, tough situations on their own, specifically when feeling any type of physical or mental pain. In this case, a male participant was taught not to talk about anything that they were going through and they had to "suck it up and handle it on their own." To illustrate, another male participant recalled:

> "Just growing up your taught to handle it on your own, whether it was taught to you by your parents, or maybe just the world. You're grown into to having to feel like that and you have to just handle it on your own. If you're feeling a certain way…handle it on your own, if you want to talk to somebody… no they're not going to understand, or I'm going to be judged…you have to handle it on your own."

Stigmatization

Stigma was also identified as a barrier to seeking and utilizing mental health services. Not only did 17 participants associate the topic of mental health being "taboo," or "weak-minded," but 8 students discussed how their peers would react to them seeking mental health treatment:

"If I were to go get counseling people would be like well… what is wrong with you? Because there is a stigma with talking about these things."

Additionally, one participant reported that he/she felt they had to act a certain way around people or was expected to receive backlash. Furthermore, the stigma of being labeled "crazy" was prominent in some participants relating to seeking mental health treatment, especially as this may relate to Black culture. One male participant noted:

"You don't have time to have anxiety, you don't have time to have multiple personality disorders, and then no matter what those illnesses were mentally within the Black culture of America it got labeled as crazy and then you don't want to be called crazy."

Facilitators

Although, all participants responded that they thought it was courageous and brave to seek mental health treatment offered on campus, all did not. This was due to either not knowing about the services provided on campus, or the perception of multiple barriers described above. Therefore, there were no facilitators identified in the focus groups for accessing and utilizing mental services offered at SHCS and DSS.

Alternatives to Mental Health Services on Campus

A review of the data showed that rather than utilize mental health services on campus, participants lean on their peers for mental health support. For example, one major source of refuge for participants that was expressed in both focus groups was the emotional and social support provided at BSC and Black SistaHood organizations. For instance, all participants described the BSC as an area where they were able to receive tutoring and mentorship. Most importantly, the BSC was regarded as a place where participants went to escape the daily mental health stressors that they faced as CSUSM students. For one, the BSC offers a safe space for the participants to have conversations regarding common issues that affect Black college students. As a result, the center allows them to distress, and

work out their problems, while educating each other on anything relating to Black people and their culture. One male participant described his comfort when receiving help from other Black students at the BSC:

> "We have an opportunity to work out problems or issues as a congregate and you don't have to be by yourself."

Furthermore, the BSC and Black SistaHood provided Black students with a sense of family, a valuable attribute when dealing with mental health stressors on and off campus. As one participant stated, "who else are you going to talk to?" In fact, participants in the Black SistaHood share the same beliefs and values. As a result, they often gather together as a community where they collaborate with one another, eat together, and participate in extracurricular activities outside of campus as way to distress. This alternative is important especially when considering the unique barriers that deter them from services offered on campus. With excitement, one female participant expressed the benefits of having that sense of family and togetherness as follows:

> "When they get around the SistaHood in their group or with their people it's good to have that. One thing that I'm so happy about is a lot of these girls are living in the same dorm/quad. I feel that it is important that we maintain that, and we continue to grow because we don't have that here and we are the last people that want get help."

Moreover, being able to discuss issues in a group setting with people that look like them is a benefiting factor for participants regarding their mental health. A female participant explained this asset during the focus group as follows:

> "I prefer this way [group discussion] instead of going to see an Asian or White doctor. If I go to see them and talk to them I have to explain things that they have no concept of. I would rather go around my people to talk to somebody who can help me with that and then you also get to have fun. So, you get to release some stress and maybe help correct an issue. Now you can handle all of those things and be comfortable the whole time."

Overall, having both the Black Student Center and Black Sistahood organization allowed participants to be comfortable, especially with dealing with a sensitive topic, such as mental health. This is something that the all participant's feel may be lacking in the mental health services offered on campus. One female student described the unique experience that belonging to BSC and Black Sistahood offered to her as follows:

No one is going to give you that intimacy that you need, that caring that you need. So, at least you know that if you have people that look like you, you're more comfortable to talk to them and you're more comfortable to relate to them. You're going to be like, "this is what I'm struggling with." Ok! Guess what! I can help you with this, or I know someone who can help you with this and their willing do that.

Study Limitations

Several factors may potentially limit the generalizability of the results of this study and include:

- All the participants were mainly associated with the Black Student Center (BSC) and BlackSista Hood organizations. Therefore, the data does not take into the consideration the number of Black/African American students at CSUSM that may be a part of, or identify with other organizations, such as LGBTQA, military veterans, ACES, ASI or fraternity and sorority groups.

- This study did not recruit any participants that identified as ever using mental health services on campus. Hence, participant absence from this unique population of Black students may contribute to the observed lack of facilitators identified in accessing and utilizing mental health services.

- There were no graduate student participants in the study. As a result, the unique experiences regarding mental health from graduate students may was not included in these findings.

- Potential selection bias may exist because this was a voluntary study with participants who were not randomly selected but recruited from the BlackSista Hood and Black Student Union organizations.

- Saturation was not necessarily achieved since the focus groups discussions were conducted in the BSC and not in any other cultural centers that Black students may identify with. As a result, additional focus groups with Black students from multiple organizations on campus possibly provide deeper understanding of mental health issues and treatment utilization offered on campus.

- Finally, this was a qualitative study and quantitative surveys with a larger population of black students on campus would most likely have presented a different and more in-depth results.

Conclusion

The purpose of this study was to identify the shared barriers and facilitators for Black/African American students on CSUSM campus in seeking and utilizing mental health services offered on campus. The barriers that participants identified included: racism and discrimination, lack of Black mental health counselors and/or psychologists, cultural perceptions and stigma. In contrast, there were no facilitators identified in seeking mental health services on campus and this was consistent with previously published research studies. A study by Greer and Chwalisz (2007) identified the common unique experiences that impacted mental health utilization among Black students at higher institutions of learning as racism, discrimination, and cultural mistrust while Masuda, Anderson, & Edmonds (2012) reported stigma and self-concealment as additional barriers. These findings are in agreement with the results of this study. Additionally, the current study supports a previously published research by Ayalon & Young (2005) that identified spiritual/religious services as a favorable alternative to mental health care. Overall, this study adds to the gap of knowledge by shedding light on Black college student's perceptions on issues related to accessing and utilizing mental health services offered on campus.

Recommendations and Future Directions

At CSUSM, mental health services were usually included as part of paid students' fees and are often used to provide for a variety of counseling services such as mental health support. However, there should be additional opportunities and alternatives to encourage the Black student population to have access and adequate utilization of these services. For one, most of the participants were not against utilizing traditional mental health treatment. In fact, most participants were comfortable with speaking about mental health issues and stressors. Additionally, participants found it "courageous and it takes a lot to sit down to talk to someone you don't know and tell them how you are feeling, and you should realize that you're not weak for wanting to get the help that you need."

Therefore, future recommendations were identified in order to aide in facilitating access and utilization of mental health services. These future recommendations include (1) Employing Black/African American counselors and/or psychologists that have experience with mental health stressors that plague Black adults, specifically in higher learning institutions, (2) Implement culturally sensitive counseling interventions, such as group discussions and congregations that are conducted in the Black Student Center that can help facilitate Black students to release any mental health stressors that they may have (3) Provide cultural competency training for faculty members & staff, (4) Promote inclusion through mental health outreach for Black students.

Black/African American Mental Health Counselors

There is a critical need to employ Black/African American counselors and/or psychologists that have experience with mental health stressors that plague Black adults, specifically in higher learning institutions. For one, previous research has noted that involvement of African/Black medical professionals in mental health treatment can significantly neutralize the effects of cultural mistrust and increase help-seeking behaviors in Black students (Brooks & Hopkins, 2017). Additionally, this is expressed by participants in order to help dramatically decrease the barriers to utilizing mental health services on campus. As one female participant explained when regarding the past attempts by faculty in assisting with Black mental health on campus:

> So my question to them was when can they get somebody Black on campus that can actually help? If you're going to help a mental issue or mental health bring somebody Black in here. I have been asking and asking and asking. I have been talking to I don't know how many people. Why don't we still have anybody here that's Black?

Culturally Sensitive Counseling Interventions

In addition, alternative treatments, such as group discussions and congregations that are conducted in the Black Student Center, can help facilitate Black students to release any mental health stressors that they may have. In particular, group discussions allow an open conversation with likeminded individuals to feel comfortable while conversing about tough situations that affect their mental health. The benefits of group discussion was stated by one female participant:

> Being able to open up and tell you I go to a therapist…that is new. Nobody knows that, but telling you all that and seeing the conversations that we had and how important mental health is, whether it be about Black things, or what's going on in school or family just having that somebody to talk to is so helpful in many ways.

Cultural Competency Training

The findings also show that experiences of racism and discrimination plays an important role in the mental health of Black students and further impedes them from seeking treatment on campus. Addressing the occurrences of cultural appropriation, and racism/discrimination on campus is critical for reducing the mental health stressors. Especially, since previous research has shown a positive association between perceived racism and anxiety, depression, and other psychiatric symptoms (Pieterse, Todd, Neville, & Carter, 2012). Therefore, cultural competency training should be conducted with all faculty members, and campus staff in order to provide a more welcoming environment for Black students. In return, Black students will feel more inclined to reach out to faculty members regarding their mental health concerns, who can then direct them to proper mental health services provided on campus.

Promote Inclusion through Mental Health Outreach

Another barrier regarding the lack of Black mental health counselors related to participants not feeling included in the services provided. This was due, to not only the absence of Black counselors shown on the CSUSM website, but also the lack of Black students that are represented. As on female commented:

> There aren't posters on our website. You don't see any African American counselors or students who are African American going to receive help. So, it's like is it [mental health services] for me? I'm not sure…

Therefore, inclusion through mental health outreach through culturally sensitive resources, such as educational materials, media and posters should be considered. As a result, Black students can feel included in specifically tailored services that address their unique mental health stressors and cultural perceptions that were identified in this study.

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Appendix

Table 1. Themes Identified as Barriers for Accessing and Utilizing Mental Health Services

Theme	Quote(s)
Racism/Discrimination	"I think that we should do more things for people of color because part of it is that you need to feel like you're in a community where you can speak out… I need to feel welcomed before I can share, and I feel most Black people don't feel welcomed, so how do they expect you to talk to somebody when we don't even get the greetings that we feel like we should get, or the respect we feel like we should get."
Lack of Black Mental Health Counselors	"Someone asked me have you ever used therapy? I guess you get like 9 free sessions a semester and I said no, and they asked me why? I said unless there was a Black person in there [counseling center] that I'm can speak to I'm not going." "When it comes to mental health and stuff like that and thinking that I'm going to go sit in front of White person and expose my weakness is not registering with me… you know even if we did want to do it why would I go and expose my weakness to a White person who may possibly exploit that?"
Stigma	"If I were to go get counseling people would be like well… what is wrong with you? Because there is a stigma with talking about these things." "You don't have time to have anxiety, you don't have time to have multiple personality disorders, and then no matter what those illnesses were mentally within the Black culture of America it got labeled as *crazy* and then you don't want to be called crazy*"

Table 2. Themes Identified as Barriers for Accessing and Utilizing Mental Health Services

Theme	Sub-theme	Quote(s)
Cultural Perceptions Related to Black Culture	Black Culture	"Just growing up your taught to handle it on your own, whether it was taught to you by your parents, or maybe just the world. You're grown into to having to feel like that and you have to just handle it on your own" "Mental Illness is an American thing"
Cultural Perceptions Related to Religious/Spiritual Beliefs	Religious/Spiritual Beliefs	"If you spoke it [mental illness] into existence then you're causing it on yourself, or validating, feeding, and giving it strength." "If something is mentally wrong then you need prayer and they would take you to the Church, or Mosque and have prayers read on you" "You know one time I opened up to my mom and she told me I need to go to the Church and then I got in trouble for talking about it."

Table 3. Future Recommendations for Mental Health Services

Recommendations for Mental Health Services	Quote(s) from Participants
1. Employ Black/African American counselors and/or psychologists that have experience with mental health stressors that plague Black adults, specifically in higher learning institutions.	"So, my question to them was when can they get somebody Black on campus that can actually help? If you're going to help a mental issue or mental health bring somebody Black in here. I have been asking and asking and asking. I have been talking to I don't know how many people. Why don't we still have anybody here that's Black?"
2. Implement culturally sensitive counseling interventions, such as group discussions and congregations that are conducted in the Black Student Center, can help facilitate Black students to release any mental health stressors that they may have	"I prefer this way [group discussion] instead of going to see an Asian or White doctor. If I go to see them and talk to them, I have to explain things that they have no concept of. I would rather go around my people to talk to somebody who can help me with that and then you also get to have fun. So, you get to release some stress and maybe help correct an issue. Now you can handle all of those things and be comfortable the whole time."
3. Cultural Competency Training for Faculty Members & Staff	"If we were to go in to one of these meetings or to one of these people and say you know what! I was just looking on the news and I just saw a Black man have his house invaded by the police, he was shot in front of his kids and his wife and then they said they had the wrong house. Or, if he talks about the guy that just got lynched, they [mental health counselors] have absolutely no understanding of what he's going through, mentally, physically, emotionally…none of that."
4. Promote Inclusion Through Mental Health Outreach for Black Students	"There aren't posters on our website. You don't see any African American counselors or students who are African American going to receive help. So, it's like is it [mental health services] for me? I'm not sure…"

Appendix A: Informed Consent Form

California State University
SAN MARCOS

Informed Consent

Title of Project: Barriers and Facilitators of Mental Health Services for African American CSUSM Students

Investigator: Tasha Lewis

Invitation to Participate

Dear Participant:

My Name is Tasha Lewis and I am a graduate student in the Master of Public Health (MPH) program at California State University San Marcos (CSUSM). You are invited to participate in a research study titled "Barriers and Facilitators of Mental Health Services for African American CSUSM Students." Before agreeing to participate in a research study, please read this form very carefully and ask any questions that you may have or if you need additional information. You must be 18 years or older to participate in the study.

The information provided during the focus group will only be used by the investigator to identify the shared barriers and facilitators for African American students at CSUSM in accessing and utilizing mental health services on campus. None of the information provided will be used to identify the respondents. By signing this Consent Form, the participants are giving their implied consent.

PURPOSE OF STUDY:

You are being asked to take part in a research study. The purpose of this study is to gain a better understanding of the common barriers and facilitators of seeking and utilizing mental health services on campus. If you agree to participate, you will be one of 25 participants in this research study that aims to play a significant role in treatment of mental illness in African American students on campus.

STUDY PROCEDURES:

1. I will be conducting focus group interviews with African American/ Black students. If you agree to participate, you will be asked to participate in the focus group discussion, which is to be completed during one visit. The focus group discussion will take approximately 30 minutes to complete.
2. Focus groups will be conducted in private at the Black Student Center (Room 4200) in the Student Union building on campus.
3. Audio tape recordings will be conducted during the discussion. However, the tape recording will be confidential and responses to the interview questions will be anonymous.

If you agree to participate in the study, you will be required to do the following:
1. Complete and sign this Consent Form stating that you agree to participate in the focus group interview.

2. Answer questions about your knowledge, attitudes and beliefs related to mental health and mental health disorders, as well as your personal experiences with accessing and seeking Mental Health services on campus.

RISKS AND INCONVENIENCES:

There are minimal risks and inconveniences associated with participating in the study. These

may include:

1. Emotional reactions to research questions during the focus group discussions due to the sensitive nature of the topic of mental health.
2. Some inconvenience of time required in participating in the focus group discussion.

SAFEGUARDS:
In order to minimize the risks and inconveniences, the following measures will be taken:
1. At any time during the interview, the participants may skip any questions that make them uncomfortable or decline to answer any or all questions.
2. Participants may terminate their involvement in the study, if they choose to do so.
3. Participants may be given resources or directed to additional counseling services on campus.

BENEFITS:
There will be no direct benefit to you for your participation in this study. However, the information obtained from this study will allow participants to start a conversation about mental health among black students in the community. Also, findings from this study will help identify crucial areas in which higher education counseling center staff may intervene and educate African American college students. Lastly, results from this study can assist in possible interventions to implement for further research studies that may help both African American and other minority students on campus.

CONFIDENTIALITY:
Your responses to the interview questions will be anonymous. None of the information provided will be used to identify the respondents.

Each participant will be assigned an identification number or code. The investigator will not collect names, birthdates, addresses, phone numbers, and social security numbers from participants. The data collected will only be used for research purposes. All notes, interview transcriptions, and any other identifying participant information will be kept in a password protected laptop device.

The results of this study may be used by the investigator to generate reports, presentations, and/or publications as part of the requirement for an integrative learning experience in the MPH program at CSUSM.

CONTACT INFORMATION:
If you have questions at any time about this study, or you experience adverse effects as a result of participating in this study, you may contact Dr. Emmanuel Iyiegbuniwe at eiyiegbuniwe@csusm.edu or (760) 750-8499 with any further questions. In addition, if you have any questions regarding your rights as a participant in this research, please contact CSUSM's Institutional Review Board (IRB) office at irb@csusm.edu or (760) 750-4029.

VOLUNTARY PARTICIPATION:
Your participation in this study is voluntary. It is up to you to decide whether or not to take part in this study. Withdrawing from this study will not result in any penalty and will affect your relationship with the investigator or the MPH program at CSUSM.

INCENTIVES FOR PARTICIPATION:
Snacks and drinks will be provided for participants during the focus group discussion.

PARTICIPANT'S CONSENT:

- I have read and understand the provided information and have had the opportunity to ask questions.

- I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason and without cost and that I will be given a copy of this consent form.
- I voluntarily agree to take part in this study (please check the option that applies to you and sign):

☐ I give permission for my interview to be to be audio (or video) taped.

☐ I do not give permission for my interview to be audio (or video) taped.

Printed Name_____Participant's Signature _____

Date_____

This document has been approved by
the Institutional Review Board at
California State University San Marcos
Expiration Date: August 21, 2019

Appendix B: Focus Group Discussion Questions and Prompts

<u>Focus Group Discussion Questions</u>

❖ **Mental Health Knowledge, Attitudes and Beliefs**
1. What Influences your perception of mental health?

2. What do you know about the symptoms of mental disorders? *Example depression or anxiety.*

3. Do you have any cultural, religious or spiritual beliefs regarding mental illness?

❖ **Perceptions related to Stigma**
4. How comfortable do you feel talking about your mental health?

5. Have you ever experienced mental health stigma or discrimination?

❖ **Perceptions related to student life**

6. What are some of the most important mental health issues affecting Black college students?

7. Are there certain occurrences/events/ that affect your mental health *on* or *off* campus?

8. What do you think of other students who get help for mental health issues?

❖ **Facilitators/Access**

9. As a CSUSM student, what would you do if you thought you had an emotional or mental health problem?

10. What are your support systems regarding mental health?

11. What are your experiences with *seeking* and/or *receiving* emotional or mental health care on campus?

12. What are some things that make it easier for you to seek help?

13. Is there anyway your access to mental health treatment/counseling can be improved?

❖ **Barriers**

14. What are some things that make it harder or stop you from seeking help for a mental health issue?

15. What would your friends or family think if you were seeking help?

❖ **Wrap Up**

16. Is there anything we haven't discussed that you would like to express regarding mental health as a Black CSUSM student?

Appendix C: Demographic Questionnaire

Defines general characteristics of participants. Demographics were aggregated to preserve

participants' identity and confidentiality.

Demographic Questionnaire

1. What is your age? _____
2. What is your gender? *Please circle*
   a. Male
   b. Female
   c. Prefer not to answer
3. What is your year of study? *Please circle*
   Freshman   Sophomore   Junior   Senior   Postgraduate Studies (Masters/PhD)
4. What is your Major/Minor? _____
5. Do you identify *or* are you associated with any of the following student Organizations on campus? *Select all that apply*
   a. ACE Scholar
   b. LGBTQA
   c. Military Veteran/Active Duty/ Reserve
   d. Fraternity/Sorority Greek Organizations
   e. Black Student Union (BSU)