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# BARRIERS TO THE UTILIZATION OF MENTAL HEALTH SERVICES ON COLLEGE CAMPUSES BY AFRICAN- AMERICAN STUDENTS

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## **ABSTRACT**

African-American college students' underutilization of mental health services is well-documented and has been found to be related, in part, to stigma (Masuda, Anderson, & Edmonds, 2012). However, literature indicates there may be additional reasons why Black students are disinclined to utilize mental health services on college campuses. Employing a confidential survey, this study of Black college students examined in more detail the exclusive, yet intersecting relationship that race, gender, and other social identity markers may have in determining individual comfort levels when discussing mental illness and receptiveness to accessing mental health services. The study hypothesized that both gender and other identity markers predict the comfort and willingness of African-Americans to utilize campus mental health services.

## **LITERATURE REVIEW**

African-American college students disproportionately underutilize mental health services, even when they need support and such support services are accessible on the campus where they are enrolled (Masuda, Anderson, & Edmonds, 2012). Scholars have examined the reasons why African-American students are disinclined to access mental health services and have identified multiple barriers to their utilization of such services (Barksdale & Molock, 2009; Masuda et al., 2012; Stansbury, Wimsatt, Simpson, Martin, & Nelson, 2011).

## Causes for the Underutilization of Mental Health Services

### *Stigma.*

Several studies highlight stigma as a primary reason why African-Americans do not utilize mental health services (Ægisdóttir, O’Heron, Hartong, Haynes, & Linville, 2011; Barksdale & Molock, 2009; Camacho, 2016; Masuda et al., 2012; Stansbury et al., 2011; Vogel, Wade, & Hackler, 2007). In their study of mental health attitudes among African-American college students, Masuda et al. (2012) found that the stigma against seeking help for mental illness is linked to the fear of being judged, or mislabeled, and this judgment can cause even more issues for individuals, preventing them from seeking help. As a result, Masuda et al. (2012) concluded that mental health stigma and self-concealment among African-American students were negatively correlated with a positive, help-seeking attitude. Additionally, while the study indicated a positive correlation between mental health stigma and self-concealment, the study found that both were negatively associated with help-seeking attitudes. Stigma encourages self-concealment, which in turns makes students of color reluctant to expose themselves to available mental health services.

Camacho (2016) focused on two types of stigma and found both played a role in influencing minority students’ decision-making regarding mental health services. The study identified *self-stigma*, which can lower one’s self esteem as soon as a person self-labels, and *public stigma*, which can lower one’s self esteem once society labels the person (Ægisdóttir et al., 2011; Corrigan, 2004; Vogel, Wade, & Haake, 2006; Vogel et al., 2007). Camacho (2016) reported that self-stigma may increase in minority students due to public stigma, decreasing the likelihood that they will seek mental health services. Camacho (2016) noted that a lack of representation in the psychological and counseling staff served as an additional barrier that discourages minority student utilization of the service.

Stansbury et al. (2011) found that African-Americans perceive mental health problems as a personal weakness, and thus experience self-deprecation and an unwillingness to pursue help. Many Black students on university campuses may live with various mental health disorders for long periods, fearing the criticism they might experience once they have shared their problems with others. The words “depression” or “anxiety” might cause their peers to think of them in a derogatory manner, further discouraging them from seeking professional help.

Barksdale and Molock (2009) found that African-American and White students have very similar rates of mental illnesses, but African-Americans were less likely than their White counterparts to ask for and receive help, primarily because of perceived stigma. In the study, African-American adolescents were less frequent users of psychological services than White youth (Barksdale & Molock, 2009). Additionally, Barksdale and Molock (2009) found a significant relationship between negative family norms and help-seeking intentions. Participants with higher negative family norms were less likely to seek mental health assistance. African-Americans relied on a widely supported method of coping by stigmatizing help-seeking, and valued self-reliance to get through their own problems. The authors found that the underutilization of mental health care by African-Americans is due to the negative reactions of their family peers and their distrust of mental health services.

### ***Cultural mistrust.***

In addition to stigma, several studies have identified cultural mistrust and fear, due to racism and discrimination, as reasons for the underutilization of mental health services. In their study of cultural mistrust in the African-American community, Townes, Chavez-Korell, and Cunningham (2009) examined Black patients' preference of having either an African-American counselor or a White counselor. They found African-Americans were less likely to utilize mental health services because of their mistrust of White people, White-dominated systems, and lack of African-American counselors (Townes, Chavez-Korell, & Cunningham, 2009). The authors noted that the lack of counselors

skilled in cultural competence discourages people of color from seeking help, even when they may truly need counseling. The article also suggested that the lower an African-American's socioeconomic status (SES), with the addition of high cultural mistrust, the more they preferred to be treated by an African-American counselor.

Scholarly literature suggests that several aspects should be considered when examining African-American mistrust of mental health services. Two such aspects include how others perceive the use of such services and how individuals perceive their own mental health help-seeking behavior (Gaston, Earl, Nisanci, & Glomb, 2016). The African-American community has a long and negative history with health services. From the forced sterilization of African-American women in the past, to the mid-twentieth-century Tuskegee Syphilis Experiment, a strong distrust of health services has developed in African-American communities. Gaston et al. (2016) determined that, due to the mistreatment of African-Americans by the health care system, many Blacks now look at health care with disdain, and believe the providers are discriminatory and racist. Not only is there a strong distrust of health service workers, but the expectation of discrimination also leads to African-Americans refusing to seek help (Copeland & Snyder, 2011; Earl, Alegria, Mendieta, & Linhart, 2011). Studies show that it is important for African-Americans to be able to trust their mental health care provider (Earl et al., 2011; Leis, Mendelson, Perry, & Tandon, 2011; Lindsey & Marcell, 2012; Thompson, Dancy, Wiley, Perry, & Najdowski, 2011; Ward, 2005). Whaley (2001) also explored the relationship between cultural mistrust and mental health services among African-Americans, and found African-Americans may not seek out mental health services, since they are often misdiagnosed and admitted to hospitals involuntarily.

When trying to figure out the primary cause for cultural mistrust, Whaley (2001) reported that researchers must examine patients' complete environment. If African-American patients have a high distrust of people in the larger society, they will distrust others in smaller circles, such as in therapeutic settings, and might

feel uncomfortable with having a White person as their therapist. Whaley (2001) concluded that there was no difference between African-Americans' cultural mistrust in therapy and their cultural mistrust of general society. Many African-Americans may not like to open up to anyone after historically being taught, or warned, to suppress their emotions at the risk of having that information used against them. Wade (2014) found that African-American men believe that, when they express their feelings, they are often viewed as weak and vulnerable. If African-American women open up, they may be viewed as bitter. African-Americans may not even express themselves inside of their own home, due to the fear of their feelings being dismissed, and this fear of expression will continue to make them wary of sharing with anyone. Distrust in others could be a main cause of African-Americans not seeking mental health help.

In their study of young African-Americans' perceptions about mental health help-seeking and medication, Kranke, Guada, Kranke, and Floersch (2012) reported that African-Americans are encouraged to seek mental help services from sources that do not specialize in mental health counseling. Kranke et al. (2012) stated that many African-Americans seek help from their church, because they believe that prayers work better than counseling. African-Americans learn early on that their problems can be taken to church and God will "fix them." Camacho (2016) found that African-Americans need religion so that they can relieve stress, as well as relying on clergy as a support system.

Kranke et al. (2012) stated that many African-Americans depend on their family to help them with their mental illness, because to be labeled as "mentally ill" in the larger community is too negative, and they do not want to be discriminated against. Along with the stigma associated with mental illness, some African-Americans who have been to therapy may have had associated negative experiences, causing them to have a negative help-seeking attitude.

Barksdale and Molock (2009) discussed the perceived norms and help-seeking attitudes of African-American college students. The researchers found that African-Americans prefer to

seek help from family, friends, the clergy/church, and other non-mental health professionals for their psychological issues, rather than go to an actual psychologist or psychiatrist. Many factors play a part in deterring individuals from seeking mental health help. These factors include, but are not limited to, African-Americans having a fear of sharing their emotions, fear of getting treatment, and fear of recognizing how emotionally vulnerable they are. The factors that are specific to African-Americans include, but are not limited to, how negatively they will be seen by family and friends, cultural mistrust, and whether they are afraid of being admitted to a hospital or an institution.

Briggs, Briggs, Miller, and Paulson (2011) found that racial disparities have led to many African-Americans experiencing suspicion and mistrust of mental health care. Many African-Americans believe that White people have more privilege, and that African-Americans have historically been denied equal access to mental health services. The study also suggested that mental health service providers may not have the training to help oppressed people of color. The study also found that African-Americans have difficulties accessing mental health services because of physical barriers, such as incarceration. African-Americans who have experienced imprisonment often experience difficulties finding work, and the low-wage jobs available to them are unlikely to offer health insurance. Many live in racially segregated areas and have little access to mental health care. The study argues that mental health care providers need to understand all of the barriers that prevent African-Americans and other people of color from obtaining mental health interventions and support.

Gaston et al. (2016) found that African-Americans needed their therapists to share similar religious beliefs, appear to be non-threatening, and meet their personal and emotional needs. Gaston et al. (2016) reported that African-Americans place a high value on mental health care providers respecting and understanding them. One of the main issues in mental health services is the fact that many African-Americans do not feel as if their needs and values are understood. African-Americans tend to feel safer and more comfortable with mental health care professionals of color.

### ***Racial/ethnic identity.***

Several studies have shown the influence of racial ascription and identity in influencing utilization of mental health services (Richman, Kohn-Wood, & Williams, 2007). In their study of 1,000 African-Americans, Richman et al. (2007) found that discrimination and unfair treatment alone only marginally predicted the utilization of mental health services, controlling for age, gender, and reported psychological distress. They noted that individuals who placed a value on their racial identity, and those who experienced discrimination, were less likely to utilize mental health services than those who placed a low value on their African-American identity. The study assumed that race and racial identity is not simply categorical, but dimensional, and reported a considerable variation in how Black people perceived and responded to their racial experience (Ben, Cormack, Harris, & Paradies, 2017). In a study with similar findings, both self-identified Black and Latinx individuals with psychiatric disorders, who claimed to have a strong racial identity, were associated with decreased utilization of psychiatric services (Burnett-Ziegler, Lee, & Bohnert, 2017).

In their review of the literature on the interconnection of racial identity and mental health, Wilson, Sellers, Solomon, and Holsey-Hyman (2017) noted that racial identity mattered in overall psychological well-being and the perceived need for mental health services. An unhealthy racial identity was linked to psychological distress and a potential willingness to seek mental health services, while a healthy racial identity was linked to psychological well-being, making it less likely for an individual to need mental health support. The general conclusion is that racial salience and centrality determine treatment-seeking behavior. Racial identity plays a functional role in African-American life, and appears to be negatively associated with high racial identity and treatment involvement.

### ***Demographics/other identity markers.***

Age has been found to be instrumental in determining the utilization of mental health services. Masuda et al. (2012) looked at age and past help-seeking attitudes to determine if older



or younger African-American students have a more positive (or receptive) attitude toward receiving mental health services. They concluded that older students, and those who have sought help in the past, were more likely to seek help.

Barksdale and Molock (2009) also found that age is a factor in help-seeking and individuals' utilization of mental health services. People between the ages of 30 and 40 were more likely to seek help than younger adults, and African-Americans between the ages of 18 and 24 were the least likely to accept treatment. Barksdale and Molock (2009) found that this result was most pronounced when African-Americans deemed their mental health problems to be deeply personal or threatening. As this perception increased in intensity, minority students were less likely to utilize mental health services. The study concluded that African-Americans within this age category have more stigma about mental illness, and are more vocal about their concerns about mental health services than White people.

Some studies have pointed to the role of socioeconomic status in determining services utilization. Two studies exploring the intersection of gender and socioeconomic category found that African-American women who identified as low-income did not seek mental health help because of their financial struggles. Some participants believed themselves too strong to seek help; and felt they should handle everything on their own (Copeland & Snyder, 2011; Ward & Heidrich, 2009).

Additional identity factors may determine whether African-American students seek mental health treatment. More information is needed to gain a full understanding of how other identity markers intersect to influence Black students' utilization of mental health services. The current literature points to the influential nature of identities in determining behavior and decision making in regard to mental health services utilization.

## **CONCLUSION**

Most college campuses have counseling and psychological services for students, yet the literature shows that African-Americans at predominately white institutions are less likely to

use these services than their White counterparts. Many factors cause this disparity, including cultural mistrust, stigma, and a lack of diversity in the counseling staff. In order for students of color to open up and feel safe, the staff must be more diverse (Camacho, 2016). Camacho (2016) stated that minority students who attend a predominately white institution can feel discriminated against and alone. Smith, Chesin, and Jeglic (2014) reported that, while both minorities and White students experience stress, marginalized minority students are more at risk for mental health problems, resulting in depression, binge drinking, and suicidal ideation. Many college students do not understand the mental challenges they experience, and might not understand the seriousness of their needs. Instead, they attribute their feeling to regular college life and do not seek treatment (Kim, Kendall, & Web, 2015).

African-American students are at a higher risk of stress, depression, racism, sleep deprivation, as well as a lack of social and academic support (Dzokoto, Hicks, & Miller, 2007; Stansbury et al., 2011). Many African-Americans view depression as a weakness, rather than a treatable condition (Dzokoto, Hicks, & Miller, 2007; Shellman, Mokel, & Wright, 2007), and might try to address it alone or with prayer. Jorm, Kitchener, O’Kearney, and Dear (2004) reported that African-Americans who had received mental health education were more likely to seek treatment, and said they would recommend professional help to their family and friends.

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