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**Underutilization of Mental Health Services by African American
College Students:
A Review and Future Suggestions**

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**Underutilization of Mental Health Services by African American College Students:
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by

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Abstract

Underutilization of Mental Health Services by African American College Students: A Review and Future Suggestions

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Historically, African Americans consistently underutilize mental health services. This trend is also seen in the African American college population, despite easier access to mental health resources. This report examines the central barriers experienced by African Americans in seeking out mental health services, which are most often seen in the literature. Barriers explored include stigma, the foundations of counseling, cultural mistrust, and attitudes and beliefs about mental health services. The barriers are then used as a framework to discuss preventive, developmental, and community interventions. Further suggestions are made as to how to best utilize interventions to reduce the barriers experienced by African American students in seeking mental health services.

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INTRODUCTION

In 2010, there were 38.9 million African Americans in the United States, comprising approximately 13% of the population (U.S. Census Bureau, 2010). Within the African American community, almost 25%- or 7.5 million-African Americans have been diagnosed with a mental illness (Davis, 2005). Many studies have documented that in comparison to European Americans, African Americans are less likely to use psychological services (Neighbors, 1988; Wang et al., 2005; Wells, Klap, Koike, & Sherbourne, 2001). A similar trend is seen in African American college students, despite the fact that African American enrollment has increased almost 4% since 1976 (Mathews, Corrigan, Smith, & Aranda, 2006; National Center for Education Statistics, 2009; Williams & Justice, 2010).

While most college campuses have some degree of counseling services available to their students, the literature still suggests such services are under-utilized by certain populations. One suggested barrier is the stigma attached to seeking counseling (Vogel, Wade, & Hackler, 2007). Even though mental health services are typically believed to provide benefits and positive outcomes for people, it is not uncommon for those who are experiencing some kind of emotional or psychological distress to never seek out treatment for their concerns (Corrigan, 2004). This is especially true for African American college students. Research done on this population has found that African Americans not only feel stigma for seeking out counseling, but also face additional stigma for belonging to a racial or ethnic minority group (Gary, 2005). Grappling with

multiple areas of stigma serves as one significant barrier for African Americans in accessing mental health services.

A second barrier for African Americans in the mental health field relates to the origins of psychology. The roots of counseling psychology stem from a time when those creating psychological theories and the clients able to access these services were ethnically homogenous. Much of the research and clinical experience were based on young, wealthy, European American, males (Cook, Heppner, O'Brien, 2002). This is reflected in the symptomatology and conceptualizations of mental illnesses as well as the values and attitudes embedded in dominant theories and practice (Cook, Heppner, O'Brien, 2002; Li et al, 2007). If African Americans do not feel that counseling theory and practice accurately capture their experiences, it may limit the appeal of mental health services.

A third barrier to accessing mental health services for African Americans is cultural mistrust. Due to centuries of discrimination, slavery, and unequal treatment, African Americans developed a suspicion of European Americans as the majority group (Vontress & Epp, 1997). Throughout the literature, many attempts have been made to define what cultural mistrust means. For the purposes of this paper, cultural mistrust is marked by the “emotional charge and historical consciousness of oppression that...many African Americans carry in their psyche, and it distinguishes itself from the individualistic and pathological labels of psychiatric diagnosis” (Vontress & Epp, 1997, p. 170). In other words, cultural mistrust is characterized by the suspicion African Americans experience towards European Americans due to past and present actions

(Nickerson, Helms, & Terrell 1994). This theme of cultural mistrust is commonly cited as a principle barrier that contributes to African Americans' hesitancy to seek out counseling. Cultural mistrust manifests itself in multiple domains including apprehension to establish a meaningful relationship with a therapist, higher rates of terminating counseling prematurely, and negative attitudes towards seeking services. (Nickerson, Helms, & Terrell 1994; Terrell & Terrell, 1984). The effects of oppression, slavery, and racism are still felt today by African Americans which leads to a natural suspicion of European Americans and the services provided by them.

Finally, a fourth major barrier discussed in the research is the attitudes and beliefs held by African Americans towards the mental health field. The literature suggests that mental health attitudes and beliefs vary from group to group and African Americans are no exception. Despite low levels of mental health service utilization, African Americans may hold more positive beliefs about mental health services than European Americans (Schnittker, Pescosolido, & Croghan, 2005). In attempting to explain this pattern, research has focused on how African Americans conceptualize mental illnesses as well as other factors that contribute to decision-making on treatment (Anglin, Philip, Link, & Phelan, 2008; Schnittker, Freese, & Powell, 2000). For example, an African American student may believe mental health professionals to be helpful, but may think of mental illness as something that passes on its own. Rather than seeking out services, they go to other less formal sources. These sources of support include, but are not limited to, religious leaders, parents, and peers (Alvidrez, 1999; Ayalon & Young, 2005). So, even though some African Americans may feel positively towards mental health service

utilization, other factors like how they think of mental illness contribute to whether or not they will actually seek out services. The attitudes and beliefs held by African Americans about the mental health field appear to be a barrier in seeking mental health treatment and subsequently influence whom they reach out to in times of distress.

Importantly, college campuses can benefit from considering what barriers exist for African Americans in seeking mental health services. Knowledge of these issues can help improve and implement effective interventions. Programs can be divided up into three types: preventive, developmental, and community interventions. Preventive programs include surveying and discovering better points of entry for mental health services, such as mentorships or career counseling, to introduce African American students to the positive nature of counseling (June, Curry, & Gear, 1990; Ward & Bingham 1993). Developmental programs seek to enhance psychosocial adjustment and development. Interventions include counselors working interpersonally or in workshops to broaden student perspectives as well as teach new skills (Schwitzer, Griffin, Ancis, & Thomas, 1999). Finally, community interventions involve all of campus to increase African Americans' comfort with faculty and staff as well as normalize and promote mental health services. Examples of this include workshops and increased training for faculty, staff, and students on multicultural issues. The aim of all three types of interventions is to increase African American students' comfort with university personnel, university services, and to normalize mental health services.

This report seeks to review and explore the primary barriers that appear most frequently in the literature which prevent African Americans from accessing mental

health services. The research and information on barriers lends itself to important implications for college counselors, college counseling centers, and university personnel. Subsequently, the report examines various types of interventions that can increase African Americans' comfort with university faculty, staff, and mental health services.

Chapter 1: Central Barriers to Mental Health Care

The barriers discussed below are ones that most frequently occurred in the literature.

While these barriers are well documented and have been studied extensively, they are by no means exhaustive.

Stigma

In the general population, it is well established that stigma significantly influences whether or not people seek out mental health services (Corrigan, 2004). Only 11% of those with a diagnosable mental illness seek out mental health counseling. Of those who experience difficulty, but do not meet diagnosable criteria, only 2% seek out mental health services (Andrews, Issakidis, & Carter, 2001). Although there are many barriers to seeking out mental health services, Corrigan (2004) identified stigma as a central reason for many individuals.

Stigma is defined as an invisible “mark or sign of shame, disgrace or disapproval, of being shunned or rejected by others” (Mental Illness Research Association, 1998, para.1). Stigma tends to manifest because the person believes that his or her condition is abnormal or unusual and, as a result, feels embarrassed. This embarrassment stems, in part, from how society views and treats mental health. In the United States, mental illnesses tend to be viewed as occurring in someone who is weak or dangerous, and the illness is seen as incurable and something that should be hidden (Mental Illness Research Association, 1998). Given these unfortunate realities, it is easy to see why the general population may be hesitant to utilize counselors and psychologists.

Although much research has been done on the stigma associated with mental health counseling, for the most part such research has been limited by the fact that participants in these studies were European American. Other studies that include a more diverse population have proposed an additional stigma specific to minority groups, particularly with African Americans. For example, Lee (1997) found that African American men most often did not seek out counseling because they believed the seeking out such resources to be a sign of weakness. While this is prevalent in many male populations, African American men reported that due to their race, they already experienced stigma (Lee, 1997). Gary (2005) states that members of ethnic minority groups encounter a double stigma when it comes to mental illness; there is the stigma attached to mental illnesses as a whole as well as the stigma attached to being a part of a minority group. Thompson, Bazile, and Akbar (2004) found a similar trend when they conducted a focus group on mental health within the African American community.

Many in the focus group debated over whether or not African Americans experience more stigma due to their race. In the end, most agreed that for African Americans, there is additional shame and many turn their backs on African Americans when they admit they may have mental health trouble (Thompson, Bazile, & Akbar, 2004). Other researchers have conducted focus groups and found that their African American participants discuss the topic of stigma more than the European American participants. The African American participants expressed that it was culturally unacceptable to seek out professional help for their mental health problems (Cooper-Patrick et al., 1997). Even the word choice of “counseling” versus “psychotherapy”

made a big difference in terms of stigma for the participants. When the word psychotherapy was used instead of mental health services or counseling, many associated it with the stigma of mental illnesses. The focus group members said that psychotherapy was synonymous with being labeled as crazy, and saw the processes within psychotherapy as cold and impersonal. However, when the word counseling was used instead of psychotherapy, participants saw it as active problem solving and helpful (Thompson, Bazile, & Akbar, 2004). In sum, it is clear that stigma serves as a significant barrier for many in seeking out mental health services. However, research has shown that there are additional sources of stigma for the African American population.

Foundations of Counseling

Historically, the majority of research on psychological disorders was based on a homogenous group of European American, young, affluent men (Cook, Heppner, & O'Brien, 2002). As a result, descriptions of symptoms, conceptualizations of mental illness, and the values in the mental health field are not always applicable to minority groups (Masuda et. al., 2009). Given that minority groups are projected to no longer be in the minority in the upcoming years, there are obvious complications with this lack of applicability. In the 2000 census, it was predicted that by the year 2042, minorities would become the majority in the United States, and by the year 2050, 62% of children would belong to an ethnic group (U.S. Census Bureau, 2000). These predictions appear to be coming to fruition. According to the 2010 census, the African American population has increased 12% from the last census in 2000. In addition, other racial groups such as Asian Americans have increased 43% and the biracial population has increased 32%. In

comparison, the European American population only increased 5.7% (U.S. Census Bureau, 2010). Since it is clear that the population is becoming increasingly diverse, it is paramount for counselors, psychologists, and psychological theories to acknowledge these changes and reflect them in their practices.

As mentioned above, psychological theories and descriptions of symptoms are not always a true reflection of minority experiences. This is also true for ethnic minority students on college campuses. Due to this disconnect between theory and present needs, minority students may see mental health services as irrelevant and unhelpful to their current concerns. Li et al. (2007) described that the expression of symptoms can vary from group to group. For example, the expression of anxiety, depression, or stress is not always experienced or shown in the same way for ethnic minority college students. Therefore, it is not surprising that when ethnic minority students experience psychological symptoms--even if they are causing a major interference in their lives--students will not seek out services (Atkinson et. al, 1998).

While the symptomatology and conceptualizations of mental illness is a clear barrier to seeking out mental health services for individuals from historically marginalized groups, the values inherent in counseling also serve as a barrier. Continuing with the understanding that the foundations of counseling are based on a homogenous group, the values in theories are also specific to the majority group. Cook, Heppner, and O'Brien (2002) provide examples of majority values manifested in career theories that are not applicable to minority groups. Exploring value assumptions in career counseling is crucial. Between 17%-22% of college students specifically report that they have career

concerns in counseling (Benton et al., 2003). Therefore, many students will need to use career counselors to aid them in their academic major and career exploration. Some of these values include, but are not limited to, the high value placed on individualism and the structure of opportunity. In America, there is a strong emphasis on making decisions in life and in career that are the best fit for the individual. However, many racial and ethnic minority members tend to place a higher value on being part of a group. For example, instead of picking a job that is best for personal gain, African Americans may choose a career that will best contribute to their family and community (Cook et al., 2002). Career theories make the assumption that everyone subscribes to individualism and that is clearly not true for all groups.

In addition to assuming that all individuals value autonomy and individualism, another assumption made by career theories is that opportunities are equal for everyone. This is perpetuated by what James Adams coined the, “the American Dream.” He declared that “life should be better and richer and fuller for everyone, with opportunity for each according to ability or achievement... in which each man and each woman shall be able to attain to the fullest stature of which they are innately capable, and be recognized by others for what they are, regardless of the fortuitous circumstances of birth or position” (Adams, 2001, p. 214-215). The American Dream, however, has historically not been true for African Americans. In the past, African Americans were unable to take advantage of many opportunities that were given to European American people. For example, chances for property ownership, jobs, loans, and education were by and large given to European Americans exclusively. This left African Americans in substandard

housing and the only career choices available to them were ones that would help them get by financially (Cook et al., 2002; Cureton, 2009). Clearly, these inherent values seen in many early and current career theories do not match up with African American experiences. Consequently, African American students are less likely to seek out mental health services since these services do not address their needs adequately, highlighting another significant barrier.

Cultural Mistrust

Cultural mistrust, which is the extent to which African Americans do not trust European Americans, is another possible barrier for African Americans in seeking out mental health services (Terrell & Terrell, 1981). Despite legal attempts to rectify the oppression, prejudice, and discrimination this group experienced in the past, racism is still part of present day society. Therefore, many African Americans still employ the coping strategy of a “healthy cultural paranoia” towards European Americans (Terrell & Terrell, 1981). This phrase has garnered controversy because some believe the word “paranoia” should be used to describe genuine psychopathology and not attitudes and beliefs (Ashby, 1986; Bronstein, 1986). For the purposes of this paper, cultural mistrust will be used to describe African Americans’ responses to oppression, racism, and prejudice.

Cultural mistrust manifests itself throughout many settings for African Americans. Examples of this include educational, legal, social, and occupational settings (Terrell & Terrell, 1981). Terrell and Terrell (1981) developed a Cultural Mistrust Inventory (CMI), which measures attitudes towards the domains listed above, as well as

mental health services. In the context of mental health services, research has shown that African Americans view counseling as part of oppression by European Americans. Counselors are viewed as products of culture and society, who hold negative racial stereotypes that they are unable to overcome (Duncan, 2003). This suggests that if an African American client has a high level of mistrust for European Americans and society as a whole, they will not trust a European American therapist (Whaley, 2001). Since 64.9% of psychologists in the American Psychological Association are European American, this is particularly problematic (American Psychological Association, 2010).

The effects of cultural mistrust can be seen in the client-counselor relationship, particularly if the client is African American and the counselor is European American. When the therapeutic relationship first begins, the racially different counselor and client may be trying to discern the other's racial attitudes (Gardener, 1971). This inhibits the development of a therapeutic relationship, which may never be fully established and has been found to be the biggest predictor of successful outcomes in psychotherapy (Glass & Kliegl, 1983). Research has also found that African Americans are less likely to disclose personal information to their European American counselors due to mistrust of the majority (Ridley, 1984). African Americans who have higher levels of mistrust are also more likely to terminate counseling prematurely (Terrell & Terrell, 1984). In Thompson, Bazile, and Akbar's (2004) focus group, the African American participants who had limited experience with counseling or were not familiar with the field thought that European American counselors had little knowledge of the struggles African Americans face. The participants also discussed their belief that psychologists cannot see past the

stereotypes about African Americans that are commonly held in society. As a result, the participants believed that psychologists would automatically believe they were crazy and misdiagnose, label, and brainwash them (Thompson, Bazile, & Akbar 2004).

Themes of cultural mistrust are seen on college campuses as well. Similar to Terrell and Terrell's (1981) findings, a 2003 study found that African American male college students who displayed higher levels of cultural mistrust were less likely to seek out counseling on their college campus (Duncan, 2003). Given that 70% of counselors in college settings are European American, it is not surprising that these experiences may be a contributing factor as to why African Americans are not receiving the mental health services they need not only in the general population, but also on college campuses (International Association of Counseling Services, 2010).

Attitudes and Beliefs about Mental Health Services

In any given year, 20% of adults, 18 and older, are estimated to have a mental disorder (U.S. Department of Health and Human Services, 1999). Despite the prevalence of mental health issues, many never seek out mental health services even when having such issues significantly interferes in their lives (Corrigan, 2004). The attitudes and beliefs a person holds about mental health illnesses may be one reason why the general population does not seek out mental health services. There is a body of research that shows beliefs differ from group to group. Therefore, it seems important to consider the beliefs and attitudes unique to the African American community concerning mental health service providers and mental health services.

Research has found racial differences in the beliefs about mental health treatment and its effectiveness to be common. Surprisingly, African Americans have shown more positive beliefs about treatment and its effectiveness despite the fact that they consistently underutilize these services in comparison to European Americans (Schnittker, Pescosolido, & Croghan, 2005). In a study by Diala et al. (2000), African Americans were more likely than European Americans to report feeling positively towards seeking professional help, felt more comfortable discussing personal problems with a professional, and were less embarrassed disclosing use of professional help. Despite these findings, African Americans are still utilizing mental health services at much lower rates than other populations. Researchers have attempted to explain this discrepancy by considering other factors that influence service utilization. Schnittker, Freese, and Powell (2000) found that African Americans were more likely to attribute mental illnesses to bad character rather than having a biological or genetic origin. Some African Americans also hold the belief that mental illnesses will improve on its own. This then lends itself to the notion that while it can be effective, it may not be necessary (Anglin, Philip, Link, & Phelan, 2008). The belief systems as well as other factors that contribute to the decision of utilizing services serve as barriers and reasons why African Americans use mental health services less.

Although African Americans share many attitudes and beliefs towards mental health counseling, discrepancies exist within the African American community. In a study conducted by Broman (1996), 87% of respondents said when dealing with a mental health issue, one should face the problem or do something about it. This type of mentality

encourages the minimization of the stress of a situation and any perception of threat (Johnson & Crowley, 1996). In the literature, this idea is best known as John Henryism. It is a coping strategy in which African Americans repress and strive harder in response to prolonged exposure to stressors, like discrimination (Adams, Aubert, & Clark 1999). Originally, this was formulated to explain racial health disparities and is associated with high blood pressure (Snowden, 2001). However, it is easily applicable to the mental health field as many African Americans persevere through racial discrimination, oppression, and stereotypes. Lee (1997) also found a similar attitude in male populations. African American males culturally do not open up to strangers about personal problems, because they feel doing so would be a sign of weakness. Seeking out counseling would damage their public image and thus most would forgo mental health services and cope with the situation by themselves, or seek out family members. In addition, Thompson, Bazile, and Akbar (2004) found that African American males in particular focus on pride and the perception of weakness associated with counseling. They grew up with the expectation that the life of an African American would not be an easy one and a person must have the strength to work through problems that arise in the lifespan.

While African American males hold beliefs and attitudes specific to their gender, research has also indicated that females too have unique beliefs and attitudes. Similar to males, African American females also tend to believe that seeking out counseling is an admission of weakness. However, African American females think that they should serve as the anchor of the family; rather than other members of the family seeking counseling, the female should be the foundation and main source of support (Thompson, Bazile, &

Akbar, 2004). Since many African American females may believe they are to be the pinnacle of strength in the family, it puts an increasing amount of pressure on them to be self-reliant. Alvidrez (1999) similarly found that African American females believed problems should not be discussed outside of the family at higher rates than European American females. Therefore, African Americans instead seek outside support from people they feel safe with. Ayalon and Young (2005) found that African Americans are much more likely to seek help from religious leaders such as ministers than their European American counterparts. This is congruent with the idea that African Americans are more likely to attribute mental illness or other psychological problems to religious/spiritual causes (Alvidrez, 1999). Other research has shown that African Americans rank parents and friends as their primary source of help and student mental health services as their lowest source of help (Ponterotto, Anderson, & Grieger 1986).

Chapter 2: Interventions

Preventive Interventions

The barriers described above provide some insight into ways in which universities can work to reduce the underutilization of mental health services by African Americans. While the amount of African American students admitted to universities has increased, only 43% are graduating in a 6-year period (National Center for Education Statistics, 2010). Counseling centers, as well as other offices on campus, can work to enhance the adjustment of African American students at earlier stages in their education through preventive interventions. Preventive interventions aim to prevent or forestall the onset of a particular problem, such as adjustment difficulties (Drum & Lawler, 1988). One example of this is by creating mentorship programs that include faculty, staff, graduate students, and peers. This type of preventive intervention will increase African Americans' access to supportive relationships and improve comfort with university services such as counseling.

Mentoring programs historically have shown positive outcomes for students involved. Benefits include higher academic performance, higher retention rates, and increased social adjustment (Campbell & Campbell, 2007). One such program was piloted by Thile and Matt (1995); in their study, they created an Ethnic Mentor Undergraduate program (EMU) to aid freshman and transfer students in their first year. The program was created to help students feel less underrepresented and provide a positive support system for students to flourish academically. African American and Latino/a students with majors in the College of Health and Human Services were sent

brochures and information about the program. Those interested applied and were matched with older students with similar ethnicities and fields of study. For example, freshmen usually were matched with senior students whereas junior transfer students were matched with a graduate student. With their mentors, the students in the EMU program attended workshops and activities to not only enhance their academic performance, but also to foster a sense of belonging and a supportive atmosphere. The students had a faculty mentor in addition to their student mentor to strengthen university ties, and increase ease with forging relationships with university faculty and staff. At the end of the academic year, students involved in the EMU program had higher GPA's and self-efficacy, and were more likely to return to the university the following year (Thile & Matt, 1995).

One area not explored in the study, but noted as a possible area of interest by the authors, was the prospect of the mentoring process extending into the counseling domain. The students and their mentors established positive and trusting relationships that could serve as a point of entry into more structured counseling experiences. As noted earlier, African Americans tend to feel more comfortable going to peers and parents than counselors. An African American student will be more comfortable seeking out mental health services if someone with whom they have an established relationship encourages them. If the students have a connection with a faculty member, it could also help to reduce some of their discomfort and mistrust with the university system. Rather than feeling underrepresented with no real ties to the university, the student may feel empowered because they have someone to look out for and aid them.

Mentor programs are one example of how universities can broaden African

American students' access to peer and faculty relationships and university services (Schwitzer, Griffin, Ancis, & Thomas, 1999). Additionally, counseling center staff can help enhance adjustment and comfort of African American students through supportive workshops, counseling groups, modifying orientation, and creating class presentations that address the social climate issues African American students may be facing (Schwitzer, Griffin, Thomas, 1999).

Preventive programs like the ones discussed above can serve as a way to increase African American students' access to social support. However, despite the numerous benefits, there are limitations to preventive interventions. A primary limitation noted by Schwitzer (2005) is that help-seeking behaviors in college students are a paradox; those who are most likely to seek out services are often times at the lowest risk levels for the presenting concerns, whereas those who are at the greatest risk are those who seek help the least. A solution to this is mandating student involvement in these programs; however, that too comes with additional limitations. Schwitzer et al. (1993) mandated academically at-risk financial aid recipients to attend a one-session counseling center appointment intended to provide social support and information through referral suggestions and self-assessment. Students were more likely to return if they felt support from their counselor in the session, and those who did return for subsequent appointments had higher graduation rates. Although seemingly successful, there is a risk that by mandating preventive interventions for specific populations, like African Americans, could be counterproductive. Rather than reducing barriers, it could further stigmatize students and possibly send a message that they are deficient when in reality it is meant to

be helpful. Further research should investigate the effects of mandating such programs. Additional research is also needed for the efficacy of workshops, tailored orientations, and class presentations addressing the social climate issues of African American students.

Developmental Interventions

Preventive strategies are one way to connect African American students on campus and to increase comfort with university faculty/staff and services. However, developmental interventions can also serve to reduce barriers for African American college students. Developmental interventions are traditionally used to help individuals who may not have immediate presenting concerns, but are possibly susceptible to risks (Drum & Lawler, 1988). These types of interventions are best utilized to help college students cope and develop by teaching them new skills or dimensions (Schwitzer, Griffin, Ancis, & Thomas, 1999). There are many ways for counseling centers and universities to aid students with psychosocial developmental processes and additionally address concerns specific to the African American population.

One example of a developmental intervention that both addresses psychosocial adjustment issues and connects students with resources on campus is a freshman seminar course. Schwitzer, McGovern, and Robbins (1991) created and implemented a First Year Seminar for freshman students. In this orientation style seminar, the content of the course was constructed to enhance students' first year experiences academically, personally, and socially (Schwitzer et al., 1991). The course lasted 10-weeks, was co-taught in teams by 1 faculty member and 1 counseling center or student affairs staff, and student participation was self-selected. Overall the intervention showed improved academic and social

adjustment in contrast to those who elected not to take a First-Year Seminar (Schwitzer et al., 1991). While these types of courses may prove beneficial for multiple populations, including African American students, additional factors should be addressed to enhance African American students' comfort with university services and staff.

Although most college students experience some amount of distress, research has shown that underrepresented populations are more likely to experience distress in college than their majority peers, particularly at predominantly White institutions (PWI) (Gloria, Hird, & Navarro, 2001; Jones, Castellanos, & Cole, 2002). While Freshman Seminar courses address the academic, social, financial, and adjustment issues during the transition to college, additional considerations should be incorporated for the adjustment of African American students. For example, courses such as these should also explore and discuss the impact of African American students' academic self-concept as they are adjusting to social change in university settings, especially in PWI's (Schwitzer et al., 1999).

Academic self-concept has been broadly defined as the perception, attitudes, and feelings a student holds about his or her own academic ability in comparison to his or her peers (Cokley, 2000; Lent, Brown, & Gore, 1997). The theory of academic self-concept has been examined in relation to many concepts including racial identity, however, Gerardi (1990) found that academic self-concept is the only variable significantly correlated with GPA. Since African American students historically tend to have higher GPA's when attending historically Black colleges or universities (HBCU's), Gerardi (1990) suggested students attending HBCU's have a higher academic self-concept than

their counterparts attending PWI's. Despite Gerardi's (1990) assertions, Cokley (2000) found no significant difference when examining academic self-concept of African American college students at HBCU's and PWI's. Rather than the kind of institution influencing academic self-concept, Cokley (2000) asserted that it is instead the campus environment the student encounters upon entrance to the university or college. Factors in the environment like positive relationships with faculty members serve an important role in affecting a student's academic self-concept (Cokley, 2000). Creating ties with faculty member not only serves as an important variable in affecting academic self-concept, but it also serves as a contributing factor in lower drop out rates (Allen, 1992), as well as personal and academic benefits (Cokley 2000). Given this information, there are several ways for those involved in the Freshman Seminar courses to positively impact academic self-concept.

Aside from strengthening student-faculty relationships, professors can help students develop the necessary comfort and interpersonal skills needed to reach out to faculty. It is not uncommon for students to feel discomfort in approaching university faculty, however this is particularly true for African American students attending PWI's where African American faculty represent a small proportion of tenured faculty and senior staff (Allen 1992; Cokley, 2000). Teaching students the skills needed to approach and make connections on campus can be an invaluable asset in their education. While university faculty and staff have a unique opportunity to positively affect academic self-concept through Freshman Seminar courses, student affairs professionals can also play a role in the psychosocial adjustment of African American students by addressing racial

identity and racial self-consciousness.

The racial identity and racial self-consciousness of African Americans is complex as they are functioning within a society that has been a source of rejection, oppression, and marginalization. Helms (1990) defined racial identity as “a sense of group or collective identity based on one’s perception that he or she shares a common heritage with a particular racial group” (p. 3). Similar to racial identity, African self-consciousness refers to “African American’s self awareness and consequent practices regarding their historical, cultural, linguistic, and philosophical origins as African descended people” (Cheatham, Tomlinson, & Ward, 1990, p. 493). The influence of college racial composition’s on African self-consciousness has produced conflicting results. While Baldwin, Duncan, and Bell (1987) found that African American students attending an HBCU had a higher degree of African self-consciousness than at PWI’s, other studies have found the opposite (Cheatham et al., 1990). Cokley (1999) credits the discrepant findings to how the studies defined racial and cultural identity and/or awareness. Conceptualizing such constructs proves to be difficult as they are often related. In the literature “that addresses racial and cultural awareness is the notion that increasing levels of racial awareness are equivalent to various racial ideologies, which in turn are equivalent to different stages of racial identity” (Cokley, 1999, p. 237).

In considering both racial identity and African self-consciousness, universities need to foster an environment in which racial identity can be explored and within which the experience of African self-consciousness in a negative way is minimized. In light of the literature, student affairs professionals can develop and refine programs and services

to address identity and race at both HBCU's and PWI's. As it has been established, the university environment, rather than the racial composition alone, serves an influential role in the racial and cultural identity of African American students. Student affairs professionals must be aware of their campus environment as well as pertinent aspects of identity for African American students in creating and shaping university programs and services (Cokley, 1999). Thus, when selecting topics and guest speakers for university events or programs, more than just racial and cultural identity needs to be considered to best meet the needs of African American students (Cokley, 1999).

First year seminars and student affairs may provide an excellent forum for African American students to learn new skills about navigating their college experience and psychosocial adjustment, it is clear that some students who may benefit most from such services are not seeking them out. Additional resources that universities can use are workshops that address the transition to college, social belonging, and experience of adversity.

Walton and Cohen (2011) conducted a study in which they aimed to increase students' feelings of social belonging in universities through having them reframe psychological perceptions of threat as ubiquitous experiences. Those in the intervention group read reports of experiences of other students on campus. Themes in the report addressed the difficulty of the transition to college, questioning feelings of belonging, and success in making friends. In order to have the participants internalize the messages they read, participants were then asked to write an essay about how their experiences were similar to those in the report. After writing the essay, the participants recorded a video of

their speech and were told it would be used to help other students going through a similar transition. African American students in the intervention group reported higher GPA's and improved health and wellbeing. Strategies such as these can be utilized by counseling centers to help African American students with the adjustment to college by normalizing the experience and reducing some of the perceptions of threat. However, it is important to note that while Walton and Cohen (2011) demonstrated successful results in their study, those utilizing such techniques must be cautious and cognizant of the unique considerations of African American students and not invalidate or undermine their experiences. Specifically, racism and open hostility on college campuses are not common experiences for all members of campus and should not be treated as such. Thus, caution should be exercised in assembling interventions of this nature.

Developmental interventions can be useful in helping African American college students cope and develop skills, as these interventions can be tailored to meet the unique developmental needs of specific populations. By taking the basic structure of programs like First-Year seminars, universities can incorporate and address topics such as racial identity or academic self-concept. The courses also lend themselves to instructor flexibility, and can be taught by any faculty or staffs on campus, thus helping African American students connect with relevant resources. However, as with preventive interventions, participation in these types of programs is also self-selection and has similar limitations.

In assessing workshops that increase feelings of belonging for university students, several limitations and considerations need to be addressed. First, as the intervention

works by changing people's "subjective interpretation of ambiguous events," those creating and structuring intervention materials must be cautious in determining what an ambiguous event is, particularly when it comes to experiences of racism (Walton & Cohen, 2011, p. 1451). Additionally, since the events being reframed are intended to be ambiguous ones, such programs would be ineffective in openly hostile environments (Walton & Cohen, 2011). Extreme caution is necessary in executing these types of workshops and would be best constructed by a group of diverse and multiculturally competent individuals.

Community Interventions

Preventive and Developmental interventions can be effective ways to link African American students with the people and resources needed to increase comfort with university faculty, staff, and services and reduce barriers in seeking out such services. However, these interventions primarily place the responsibility of accessing them on the students. Community interventions aim to connect the university community as a whole so that other offices on campus, counseling centers, and university faculty and staff can have a more global perspective of services and student needs and resources (Pace, Stamler, Yarris, & June, 1996). Community interventions that improve faculty and staff understanding of the complexity of African American psychosocial adjustment would be most effective in helping to reduce barriers experienced by African American students (Schwitzer et al., 1999).

Existing literature on multicultural competence has mostly emphasized skills and competencies as it relates to counseling, however, there is a growing body of literature

that believes the focus of multicultural competencies should move beyond practice and instead focus on advocacy and social justice (Resnick, 2006; Vera & Speight, 2003). College counseling centers in particular are in a unique position to expand psychological and multicultural practice beyond the counseling center and into the university community. These faculty and staff possess the training and ability to serve as educators and consultants on campus and in the community at large (Resnick, 2006). A specific example of this is the African American Students Program for Improvement and Retention in Education (ASPIRE), which was developed by the University of Florida's counseling center staff. The structure of the program integrated an affirmative Afrocentric stance and extended services to both students and university faculty and staff. Aside from services and counseling offered to students, ASPIRE staff identified and contacted individuals, groups, and organizations on campus to offer training, outreach, and consultation (Resnick, 2006). The increased presence and involvement of the counseling center on campus not only increased university faculty and staff awareness of African American students' needs, but it also increased the number of African American students who utilized mental health services. Thus, in addition to the continual multicultural development of university personnel, college-counseling centers can also utilize their knowledge to increase their presence on campus and to reach out to the student body as whole.

There are many ways for college counseling centers to reach out to their students. One example of this is designing outreach programs that target racial-ethnic minority students' needs. For example, the college-counseling center at the University of Florida

conducted “Diversity Lunch Series” that addressed topics like race, culture, cultural identity, privilege, and racism (Resnick, 2006). According to Resnick (2006), the main goal of these lunches was to prompt faculty, staff, and students to explore and discuss these themes in a safe space. These “Diversity Lunch Series” helped raise awareness on campus around difficulties and issues that minority students face. Given that, it is equally important to engage European American students in these discussions, so they have the opportunity to explore their racial identity and privileges (Resnick, 2006). By having discussions on privilege, race, and racism, European American students can develop awareness of what difficulties their fellow minority students encounter and, in turn, begin to understand them and their needs. Specific outreach programs aimed at targeting African American students may help lower mistrust and reduce the stigma of counseling centers on college campuses (Duncan & Johnson, 2007; Kreuter, Strecher, & Glasman, 1999).

While the interventions described above prove to be beneficial for students, an additional consideration in bridging the gap between which students utilize mental health services may also require incorporating new worldviews into university systems.

Worldview has been defined in the literature as “a way of thinking that organizes all aspects of one’s life, including intra- and interpersonal thoughts and behaviors and one’s functioning in social systems and institutions in the community” (Belgrave & Allison, 2006, p. 29). Generally speaking, worldviews serve as a framework for how individuals and cultures understand, evaluate, and navigate the world (Belgrave & Allison, 2006).

While every cultural and ethnic group has their own unique worldview and variations

within, the Euro American worldview and African worldview are two that frequently occur in the literature and are compared to and against one another.

The European American worldview is one that emphasizes control over nature, survival of the fittest, independence, individual rights, and competition, whereas the African worldview is characterized by being one with nature, interdependence, cooperation, and collective responsibility (Belgrave & Allison, 2006). Historically, college student development theories have been rooted in European psychology, and thus, PWI's have been created and structured around Eurocentric values (Johnson, 2003). This is problematic as the difference in worldviews and values noted above translate into different needs for African American students that need to be explored, researched, and integrated into college student development theory and universities. Johnson (2001) suggested using the seven principles, Nguzo Saba, of Kwanza as a foundation to create and develop programs that would better meet the needs of African American college students. The seven principles are aligned with African worldview and include "umoja (unity), kujichagulia (self-determination), ujima (collective work and responsibility), ujamma (cooperative economics), nia (purpose), kuumba (creativity), and imani (faith)" (Johnson, 2001, p.416-417). In addition to serving as educators and advocates, counseling center staff can also make connections with religious and spiritual institutions within the community to effectively reduce barriers and help African American students.

By and large, research has indicated that there are lower levels of religiousness among mental health professionals (Bergin & Jensen, 1990; Hathaway, Scott, & Garver, 2004). This is problematic as 92% of Americans agreed they believed in God or a

universal spirit (Gallup, 2011). Furthermore, African Americans have higher levels of religious involvement in comparison to the general United States population (Chatters, Taylor, & Lincoln, 1999; Taylor, Chatters, Jayakody, & Levin, 1996), and African American college students also display these trends, as they tend to report higher levels of religious participation than their European American counterparts (Blaine & Crocker, 1995). While religiosity and spirituality in mental health professionals vary widely from institution to institution, it is important for staff at college counseling centers to also have strong ties with religious and spiritual institutions in their community. As noted earlier, one reason African Americans may underutilize mental health services is that they attribute mental health issues to spiritual causes and are more likely to rely on spiritual/religious institutions as a source of support (Alvidrez, 1999). Thus, it is important for college counseling centers to be able to connect and work with religious and spiritual institutions in the community to best serve African American students who have religious and/or spiritual beliefs. Overall spiritual and religious activities have been found to alleviate academic and career related stress as well as serve as a buffer in dealing with certain situations such as racism (Constantine, Miville, Warren, Gainor, & Lewis-Coles, 2006; Mattis & Jagers, 2001). In establishing connections with outlets such as these, it not only can give African American students the space to explore their presenting concerns, but can also serve as a bridge between them and mental health services.

While progress has been made to move towards educating the university community and advocating for African American students, there is still much work to be

done. Programs like ASPIRE and the “Diversity Lunch Series” are a strong start in creating a supportive community. However, more outcome data is needed to effectively evaluate the efficacy of such programs. While the University of Florida’s counseling center, where ASPIRE and the “Diversity Lunch Series” programs are housed, reports an increase in campus outreach as well as an increase in students accessing mental health services, no data has been posted on the demographics of students using services or on the outreaches themselves (Counseling and Wellness Center, 2011). Additionally, participation in these types of programs is largely self-selection. Limitations with this type of participation have been noted in previous intervention sections. However, the University of Florida took several initiatives to increase student participation for the “Diversity Lunch Series” such as finding sponsors in the community to donate free lunch. This has helped to increase the number of people attending the series, but by no means attracts everyone.

A further concern for programs like ASPIRE and “Diversity Lunch” series is funding. In present economic times, funding for universities is continually cut. Texas alone cut 5% of funding across-the-board for higher education, which amounts to about \$73 million dollars (Center on Budget and Policy Priorities, 2011). Often times when university funding is often cut, student services and programs such as these are some of the first to lose funding or are no longer free of charge to students. This can limit program accessibility and overlook students in need.

Chapter 3: Implications for Future Research

This report reviewed some of the central barriers that African American students may experience in seeking out mental health services including stigma, cultural mistrust, the foundations of counseling, and attitudes and beliefs about mental health services. While the barriers discussed capture the broad scope of reasons as to why African American college students consistently underutilize mental health services, it is by no means an exhaustive list. Additionally, in considering the barriers, this report also sought to review and assess interventions utilized by universities to reduce some of the barriers experienced by African American students. The interventions were broadly divided into preventive interventions, developmental interventions, and community interventions. While universities and studies have implemented successful interventions, there are still many limitations that need to be addressed in future research. A common limitation seen across all three types of limitations was that involvement in interventions was self-selected. This is problematic, as individuals who are most likely to access these programs are often considered low-risk for the presenting problem the intervention is trying to address. Given this information, future research should not only continually evaluate the effectiveness of interventions, but should additionally measure the effects of making these programs mandatory.

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