

Mental Health Literacy and Service Utilization among Black/African American Undergraduate
Students

By

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DISSERTATION

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“For I know the plans I have for you,” declares the Lord, “plans to prosper you and not to harm you, plans to give you hope and a future.” ~ Jeremiah 29:11

Abstract

The purpose of this study was to examine the association between mental health curricula content, mental health literacy, help-seeking intentions, and service utilization among Black/African American undergraduate students. This quantitative study sampled (n= 109) undergraduate students enrolled at two four-year institutions. Participants were aged 18 and older who self-identified as Black/African American. For the focus of this study, Black/African American also included people who identified as Black, Black African, African American, African Caribbean, Afro-Caribbean, and/or Afro-Latina/o/x. Participants completed an anonymous online survey through Qualtrics, which included questions pertaining to knowledge of mental illness, risk factors, treatment, help-seeking intentions, and service utilization. This study was also informed by the Theory of Planned Behavior (TPB) and the Relational Cultural Theory (RCT) to provide a supportive framework for the key concepts related to mental health outcomes in this research. Participants that reported being exposed to mental health content were found to have higher mental health literacy scores than those who did not. However, there were no significant differences between mental health literacy scores, help-seeking intentions, and service utilization among this sample population. The results demonstrate a need for additional research to examine the ways in which Black/African American undergraduate students are taught mental health literacy and the factors that aid to increase their help-seeking intentions and service utilization. Results from this study will be used to help inform social work education, practice, policy, and research in order to help improve mental health outcomes.

Keywords: black/african american, help-seeking intentions, mental health literacy, mental health service utilization, postsecondary education, undergraduate students

Chapter One: The Dissertation Overview

Introduction

This quantitative study examined the relationship between mental health literacy, exposure to mental health curricula content, help-seeking intentions, and service utilization. Data were collected from undergraduate students who self-identified as Black/African American from two academic institutions through an online survey, by a software tool called Qualtrics. The data were analyzed by the use of IBM SPSS Version 25. Mental Health Literacy (MHL) is defined as “a construct often defined as one’s knowledge and beliefs about mental disorders that aid in their identification, management, prevention, or peer support” (Kalkbrenner et al., 2019, p.172). Thus, a better understanding of mental health literacy among Black/African American undergraduate students may help with initiatives to improve their help-seeking intentions and utilization of mental health services.

When discussing the overall presenting problem of mental health disparities, the National Association of Social Workers (NASW) Code of Ethics is relevant to addressing the factors that contribute to issues and possible solutions that impact the mental health outcomes of marginalized populations. More specifically, the social work values of service, social justice, dignity and worth of a person, and the importance of human relationships are all relevant to this research study and support the guiding principles and practices of the profession when aiming to effectively advocate for initiatives that will support the promotion of mental health and wellness (NASW Code of Ethics, 2021).

Statement of Purpose

Few studies exist focusing on the mental health literacy of Black/African American undergraduate students and the relationship between their exposure to mental health curricula content, help-seeking intentions, and service utilization (Miles, 2020). Although personal and cultural stigma beliefs impact help-seeking attitudes, intentions, behaviors, and service utilization, the level of mental health literacy of this specific population has not been closely examined. Therefore, the purpose of this study is to further explore this gap in knowledge surrounding mental health literacy among Black/African American undergraduate students in order to help inform social work education, practice, policy, and research and improve mental health outcomes.

Significance of the Study

The prevalence of mental health disparities among minoritized groups and populations is a public health issue that requires the urgent attention of social work professionals, educators, advocates, and practitioners alike. As a result, the investigation of cumulative factors that contribute to the possible negative and positive mental health outcomes of Black/African Americans is necessary to ensure the protection of human rights and social justice. Historically, one's knowledge and beliefs towards mental disorders in the Black/African American community has been stigmatized and has influenced attitudes towards mental health and help-seeking intentions (Cheng et al., 2013). Therefore, this study seeks to assess the mental health literacy of Black/African American undergraduate students and its possible association with help-seeking intentions, and the actual use of mental health services. Thus, examining factors such as mental health curricula content that may contribute to the mental health literacy, help-seeking intentions, and service utilization of this sample

population may benefit the knowledge, skills, and competencies of social workers in every area of specialization.

Social Work Values

The values and ethical principles that help guide the social work profession does not fail to include addressing the issues that impact vulnerable populations. The social work values serve as a reminder that all human beings have the right and access to proper care, treatment, and services, regardless of their race, class, gender, disability, etc., because of their inherent worth and dignity as persons (NASW Code of Ethics, 2021). Historically, people with disabilities, including mental illnesses, have been treated and regarded as if they possess no worth or dignity. They have often been victims of unethical human experiments, crime, and all forms of abuse prevalent in society (Beauchamp & Childress, 2013). To provide culturally sensitive services to Black/African American individuals who may display or disclose mental health issues, social work practitioners must first understand how the knowledge and beliefs towards seeking assistance with their mental health may affect their help-seeking intentions. Mental health equity is a social justice issue that the profession attempts to advocate for, and the findings in this study may contribute to the knowledge needed to influence efforts and initiatives that serve to help close the mental health gap.

Methodology

A quantitative approach was used to collect the data for this study because it allowed the researcher to examine the potential correlation between mental health curricula content, mental health literacy, help-seeking intentions and mental health service utilization. The study aimed to recruit Black/African American undergraduate students enrolled at the following colleges of The City University of New York: York College, and Lehman College. IRB approval was requested

for both academic institutions, as well as Yeshiva University. Chairs and faculty of selected departments were sent a recruitment email describing the nature of the study that included the survey link. Faculty were asked to assist in recruiting students to participate in the online survey. The recruitment email specified interest in participants who were 18 and older and who identified as Black/African American to take part in a study about mental health literacy to assure that they meet the participation criteria. Participation in the study was voluntary and informed consent was obtained electronically, prior to the completion of the online survey. The online survey focused on four areas: (1) demographics, (2) mental health literacy content (3) mental health literacy, (4) help-seeking intentions, and (5) mental health service utilization. The Mental Health Literacy Scale (MHLS) was used to measure the knowledge and beliefs of mental disorders and the treatment and prevention associated with risk factors and symptoms (O'Connor & Casey, 2015). In addition, questions from the General Help-Seeking Questionnaire (GHSQ) were used to measure help-seeking intentions (Wilson et al., 2005).

Contributions

A poor understanding of mental illness and the contributing risk factors prevents one from being able to accurately and appropriately recognize and address mental health challenges with proper treatment services (Furnham & Swami, 2018). Thus, the importance of mental health literacy among diverse populations must be emphasized in areas related to education, policy, research, and practice. The findings in this study will allow for social work professionals to support and advocate for the initiatives that will assist the mental health needs of Black/African American undergraduate students. Additional research that provides context to the possible factors that may hinder or help improve mental health outcomes is needed. The findings in this

study can be vital in developing programs, policies and interventions that aim to effectively reduce mental health disparities.

Chapter Two: The Study Problem

Mental health literacy (MHL) is being able to recognize signs and symptoms of mental illness, and understanding the prevention, treatment, and management of mental health related illnesses and issues (Kalkbrenner et al., 2019). Thus, MHL among Black/African American undergraduate students should be closely examined in order to improve their mental health help-seeking intentions and behaviors. Although studies show that Black/African American college students report disclosing mental health concerns to peers, family members, and religious leaders, they are less likely to seek mental health services, and more likely to report higher levels of distress, stigma, and self-concealment in regards to mental health concerns (Wallace & Constantine, 2005). Studies examining MHL have mentioned the importance of understanding the cultural differences in beliefs about mental illness and concerns that impact help-seeking behaviors (Altweck et al., 2015). Exploring the cultural differences related to MHL may also help researchers, practitioners, and educators to recommend initiatives that will target racial disparities in mental health service utilization among college students.

According to a nationally representative study conducted by Lipson and colleagues (2018) African-American students have a 73% less chance of being diagnosed with a mental illness compared to any other racial/ethnic group. Studies also show that 37.6% of Whites were more likely to receive treatment for alcoholism, drug use, and mental health as opposed to 25.0% of Hispanics and 22.4% of African-Americans (Wells, et al., 2001). Thus, the under-diagnosis of African-Americans may be associated with lower odds of help-seeking behaviors and treatment utilization, resulting in unmet mental health needs. Although attempts have been made to help reduce stigma related to mental health and illness through implementation of anti-stigma

programs, treatment utilization, help seeking behaviors among African Americans remain low (Taylor & Kuo, 2018).

Efforts to address the racial and ethnic disparities in the utilization of mental health services continue to present challenges due to attitudes towards mental health and mental illness, stigma, cultural and religious beliefs, insurance restrictions, distrust of mental health practitioners, etc., (Copeland, 2006; DeFreitas et al., 2008). Research indicates that the unmet mental health needs for treatment and services of Blacks and Latinos are far greater than White Americans (Browman, 2012). Although, state-funded initiatives and other efforts have been made in an attempt to improve the delivery of mental health treatment, hindering factors continue to impact the participation in service utilization among the Black/African Americans community.

Mental health disparities continue to impact vulnerable populations who lack accessible resources and treatment (Robertson-Preidler, 2020). More specifically, the mental health concerns and needs of Black/African American undergraduate students remain unaddressed, further contributing to the disparities that exist (Lipson et al., 2021). According to the American Psychiatric Association (2017), 31% of Black/African Americans who reported having a mental illness indicated utilization of mental health services, compared to 48% of their White counterparts. National data from a fall 2020 study conducted by Healthy Minds Network examined the mental health problems and help-seeking intentions of college students. Out of 32,754 undergraduate and graduate students who participated in the web-based survey from 36 institutions, 10% of the sample population identified as Black/African-American. The results of this study indicated that only 29% of students reported receiving counseling from a professional

in the past year, despite 39% of students indicating that they were diagnosed with overall depression (HMN, 2020).

Historical significance and the social work profession

The history of disparities in mental health treatment and service utilization has also been rooted in structural racism (Alang, 2019). Although there are various determinants pertaining to the unmet mental health needs of Black/African Americans, racism in psychiatry has led to the cultural distrust of mental health practitioners. For example, psychological and psychiatric research has neglected the inclusion of racial and ethnic minoritized groups, which has led to the inaccurate generalization of findings that fail to take into consideration the cultural differences in the diagnosis of mental illness and treatment services (Price et al., 2021). In addition, unethical medical research involving Black/African Americans in historical cases has resulted in the cultural mistrust of White mental health clinicians (Shavers-Hornaday et al., 1997).

After centuries of neglecting to acknowledge their role in perpetuating racial inequities in mental health treatment and services, in 2021, The American Psychiatric Association (APA) published a statement of apology addressing the discriminatory practices and mistreatment towards Black, Indigenous and People of Color (BIPOC). This statement from the APA highlights the importance of mental health care systems conducting anti-oppressive research and implementing practices that seek to rebuild the trust necessary to encourage marginalized racial and ethnic groups to participate in the utilization of mental health services. Educating mental health practitioners on the relevance of structural racism in mental health care and the historical trauma of the Black/African American community is critical in attempting to reduce mental health disparities (Alang, 2019).

During the 1900s, the “mental health crusade” focused on the social, economic, and political reform of services and resources for the mentally ill (Trattner, 1999). There was a dire need to learn of the causes of mental illness, as well as prevention, and treatment. Social workers played a very important role in providing assistance and treatment to women, children, families, and even those in the armed forces. Thus, assisting the oppressed consisted of a dual responsibility of not only providing social services but aiming to address the holistic needs of the poor which shifted to a bio-psycho-social approach.

The social work profession aimed to address social problems while possessing a shared concern for the specific issues and needs of individuals. The profession’s desire to become recognized led to an evolution in training and education to include functional theory and practices of other disciplines (Dore, 1990). As a result, social workers' involvement with the practice of psychiatry and psychotherapy to assist the mental health concerns of the poor soon opened the door for clinical social work. Thus, the emergence of clinical social work and the involvement with national policy decisions on healthcare has not always prioritized the affordability of health care for the poor, which as a result, limits mental health service options and contributes to mental health disparities (Specht & Courtney, 1994).

Mental Health Policies

Mental health policies and laws impact the most vulnerable and disadvantaged populations, who are often unable to advocate for themselves (Wells et al., 2001). Decisions made with the intention to improve conditions for individuals who suffer with mental illness have both challenged and violated the ethical and legal principles that intersect and sometimes conflict when attempting to protect human rights (Ormiston et al., 2021). To address mental health disparities among racial and ethnic minority populations, few policymakers have

advocated for mental health programs and initiatives. Research on current policies that seek or fail to address mental health disparities among racial and ethnic minority communities provide information relevant to supporting the needs of people with mental health challenges (Lora et al., 2017). Providing input on how policies can be reformed is essential to keep policymakers and stakeholders accountable for ensuring that issues of health and mental health disparities are not ignored and that targeted strategies are put in place to reduce them (Lora et al., 2017). Thus, implementing policies and interventions to address health disparities is important to effectively improve mental health outcomes in Black/African American communities.

Prior to the federally funded Affordable Care Act (ACA) of 2010, insurance companies denied coverage for behavioral health services. With the ACA, patients with Mental health and/or substance abuse disorders cannot be denied coverage and preventive services are also included (Robertson-Preidler et al., 2020). In attempting to address the impact of mental health disparities on the help-seeking behaviors of Black/African Americans, the ACA has helped to identify further gaps within the delivery of mental health services. For example, all insurance plans do not necessarily cover the cost of specific mental health services, and may require out-of-pocket fees that mostly affect minoritized individuals and families from low-income households (Robertson-Preidler et al., 2020). Although the ACA has helped increase insurance coverage for many in the U.S., many members of racial minority groups are still uninsured and/or underinsured, and as a result, are unable to receive or afford mental health services (Robertson-Preidler et al., 2020).

According to the National Alliance on Mental Illness (NAMI, 2017) many people face challenges when attempting to access mental health services due to various reasons regarding denial of health insurance plans, unavailability of providers, and the unwillingness of providers

to accept new patients perhaps due to shortage of practitioners. This barrier may prevent a number of people, especially Black/African Americans, who attempt to seek out mental health treatment during emergency situations, to shy away from returning for services. More specifically, the ACA has not improved access to culturally competent mental health practitioners who are able to provide mental health services to individuals in their native tongue contributing to the non-structural barriers that exist.

Similarly, to the ACA, New York Education State Laws generally focused on promoting and improving physical health. However, all aspects of health, particularly mental health, were not always addressed as a concern. According to the New York State Senate (2018), the “Amendment 804 of the New York State Education Law” came into effect on July 1st, 2018 and mandated all NY school districts (K-12) to educate students on mental health and its connection to physical health. Therefore, the amendment required that the health curriculum for all schools include information about the risks, stigma, and effects of mental health. These changes to the New York State Education Law were made with the intention to increase the help-seeking behaviors of students who may exhibit mental health concerns and help others to identify critical warning signs and symptoms. The New York State Education Department (NYSED) provides instructions for all public and charter schools to implement instructional changes to their mental health curricula. Schools are able to replicate or alter the instructions so long as they meet the requirements of the New York State Health Education Learning Standards.

The Role of the Social Work Profession

There is a societal responsibility to ensure that diverse populations are provided equitable access, treatment, and care necessary to effectively target mental health problems. The core values of the social work profession recognize the importance of reducing health and mental

health disparities that impact the mental health outcomes of marginalized communities (Bowen & Walton, 2015). The National Association of Social Workers (NASW) have aimed to provide safety net resources and services to support and enhance the well-being of people. As result, there are social policies that directly impact the profession's effective advocacy for individuals, families and communities. Among key policy issues related to child welfare, workplace violence, and Medicare reimbursement, the profession is committed to improving access to mental health services for communities of color. Early onset for signs of mental illness is seen in teens (Merikangas, et. al, 2010). Thus, implementing school-based early interventions to support the mental health concerns of young students from excluded or marginalized communities is extremely critical in helping to reduce disparities. More specifically, recent research conducted by the National Institute of Mental Health (NIMH) provides statistical evidence that Black children ages 5-12 are at higher risk of committing suicide than children from any other race (Bridge et al., 2018).

In response to this data, the NASW announced its support with an Emergency Task Force developed by the Congressional Black Caucus to address the racial disparities in the access, treatment, and utilization of mental health services in communities of color (Richardson, 2019). Social and public policies, if created with the intention to promote equality and equity, can very likely aid in ensuring that mental health initiatives truly seek to minimize the risk for potential mental health problems among underrepresented minority groups (Alegria et al., 2003). Decisions by policymakers should not be made to only increase the awareness of mental health but the methods and mechanisms chosen to deliver services must be intentional and strategic while taking into consideration the intersectionality of mental health, socioeconomic status, and race.

The profession's commitment to social justice, diversity, and inclusion must inform the knowledge, values, skills, practice, intervention, and research necessary to identify and address the micro and macro determinants that contribute to mental health disparities. Efforts created to improve mental health outcomes for minoritized individuals must require an anti-oppressive, social justice approach which seeks to facilitate advocacy towards addressing their unmet needs (Ormiston et al., 2021). Thus, in addition to the lack of education, cultural, religious, and personal stigma, the existence of mental health disparities denotes that there are differences in how services, treatment, and care are implemented to various communities. Equally important, discriminatory practices against racially and ethnically diverse groups have contributed to the prevalence of mental health disparities and social problems alike, which threaten social welfare, equity, and equality. Therefore, the guiding principles and core values of the social work profession must promote social justice in implications for policy, education, and interventions that serve all communities impartially (Pelton, 2001).

Chapter Three: Literature Review

Introduction

Although the prevalence of mental health issues is not limited to a specific population, understanding barriers towards seeking mental health services among Black/African American college students is extremely critical for social work practice. Overall, mental health disparities exist as a result of unaddressed structural and non-structural barriers to access mental health services (Copeland, 2006). Mental health professionals providing treatment services are to be appropriately trained to understand how socio-cultural issues may affect help-seeking behaviors and should attempt to address such barriers from a multicultural and anti-oppressive lens to providing services (Copeland, 2006). Identifying and understanding the barriers such as stigma, that impact the access of mental health services for Black/African-Americans is extremely important for health and mental health providers who attempt to improve the use of treatment and services among this population.

Methodology of Systematic Review

A systematic review was conducted to gather the findings of research focusing on mental health help-seeking, service utilization, and mental health literacy among Black/African Americans undergraduate students. The aim of this systematic review is to provide evidence of studies exploring the mental health disparities and psychological help-seeking experiences of Black/African American undergraduate students. YUFind, an EBSCOhost Discovery Service, was used for this search. The first search specified the search terms as African Americans or Black Americans or Blacks/College students or University Students or Undergraduates/ Mental Health or Mental Illness/ Help Seeking or Treatment Seeking or Treatment Engagement or Service Utilization. The terms for the second search were simplified to African American or

Black Americans or Blacks/ College Students/Mental Health in order to increase the number of returned articles. Articles were included if they were peer reviewed, available in full-text, and published since 2000. Articles were excluded if they did not specifically discuss the mental health help-seeking attitudes, intentions, behaviors, or service utilization of Black/African American college students. In total, these searches resulted in 152,904 peer-reviewed articles. Of the search, the abstracts were reviewed for the first 16 articles that specifically fulfilled the inclusion criteria. Next, the second set of search terms were used within the Google Scholar database. Thirty-two related articles were reviewed. An additional five articles met the criteria and were included resulting in 21 articles for the first and second search terms mentioned above. An additional search was conducted to identify articles focusing on mental health literacy among Black/African American college students and the only four articles selected mentioned “mental health literacy” in their titles. In total, the literature review consists of 25 articles. For the purpose of this study, Black/African American also includes people who identify as the following: Black, Black African, African American, African Caribbean, Afro-Caribbean, and/or Afro-Latina/o/x.

Findings

Overall, the results from the empirical research articles suggest that a better understanding of how mental health literacy is promoted on college and university campuses is important to improving the help-seeking attitudes, intentions, behaviors and mental health service utilization of Black/African American undergraduate students. Mental health help-seeking attitudes, psychological, social, cultural, and spiritual influences on help-seeking intentions, underutilization of mental health services, and mental health literacy were the four themes discovered after reviewing the literature on mental health help-seeking intentions and

behaviors of Black/African American undergraduate students. These themes summarize some of the findings regarding challenges with help-seeking intentions and behaviors for African American undergraduate students and further implications for research.

Mental Health Help-Seeking Attitudes

Kam et al. (2019) conducted a study to assess the overall mental health help-seeking behaviors, attitudes, and psychological health of Racial Ethnic Minority (REM) college students. More specifically, the participants in this study were recruited from a southeastern public university in the U.S. and included 735 Latina/o American, Asian American, Black American and White American college students. The indirect and direct mental health help-seeking experiences and the utilization of psychological services of REM college students were compared to that of White American college students. Participants completed online self-reported measures and reported their attitudes towards their psychological health, mental health stigma, and their experiences with seeking mental health services.

The authors discussed the possible contributing factors that may impact the mental health help-seeking behaviors of college students from diverse racial and ethnic groups, including mental health stigma, help-seeking attitudes, self-concealment, psychological stress, and psychological inflexibility (Kam et al., 2019). The results in this study suggested that the direct and indirect mental health help-seeking behaviors of Black American college students was significantly lower than their White American counterparts. Participants reported that they would seek help either by receiving professional psychological services or disclosing concerns to a family member or friend. Among the three ethnic groups, Asian American college students were the least to seek help through professional psychological services. The study, however, did not specifically assess how campuses can help improve the help seeking attitudes, intentions and

behaviors of REM college students when pertaining to the indicators that impact psychological health. Similar to other studies, the authors mentioned the importance of colleges and universities aiming to increase the mental health literacy of students which includes ensuring that they are knowledgeable on when, how, and where to receive services for mental health concerns.

Masuda et al. (2012) conducted a study to examine the impact of mental health stigma and self-concealment as distinctive predictors of help-seeking attitudes of African American college students toward receiving psychological services. Out of the 700 students who were recruited from a 4-year university in Georgia through web-based survey participation, only the survey responses from 163 participants who identified as African-American, between the ages of 16 to 48, were used for the specific purpose of this study. The university's Department of Psychology assisted with the sample recruitment process in this study by soliciting participation from students in psychology courses.

Through the web-based survey package, participants were asked to answer demographic questions and to complete self-reported measures which included the Attitudes Toward Seeking Professional Psychological Help, the Stigmatizing Attitudes-Believability, and the Self-Concealment Scale (SCS) questionnaires. The results in this study revealed that there was a negative correlation between mental health stigma and self-concealment with help-seeking attitudes and a positive correlation between mental health stigma and self-concealment (Masuda et al., 2012). The results in this study also accounted for the positive help-seeking attitudes of older participants and those who may have formerly sought or received mental health services. Limitations of the study included that other influential factors to help-seeking attitudes were not

examined and a disproportionate number of female participants impacted the ability to generalize the results to the population (Masuda et al., 2012).

In their study, DeFreitas et al. (2018) aimed to evaluate the impact of perceived and personal mental health stigma on the help-seeking attitudes of African American and Latino college students. More specifically, beliefs pertaining to mental illness and mental health services were explored. The sample in this study included 47 students who self-identified as African American and 75 as Latino, making a total of 122 participants. In addition, the total mean age of participants was 24.07 and a majority identified as female. Students were recruited from psychology courses at a 4-year college and were provided the incentive of receiving course credit or extra credit for their complete participation in the study.

The paper surveys administered in this study included the Mental Health Stigma Scale (MHSS), the Day's Mental Illness Stigma Scale, and the Marlow-Crowne social desirability Measure-Form C (MCSD-C). Overall, statements regarding personal and perceived stigma beliefs towards mental illness and mental health were highlighted. The results in this study indicated that African American college students were more likely to reveal significantly higher perceived and personal mental health stigma than Latino students. Equally important, the results suggested that there are unique factors that contributed to the perceived and personal stigma of both ethnic groups. For example, African American students in the study who indicated their ability to identify others with mental illness reported greater beliefs in perceived stigma (DeFreitas et al., 2018). Interpersonal anxiety was a significant predictor of both personal and perceived stigma for both African American and college students who reported that they experience anxiety when in contact with individuals with mental illness. In regards to limitations, the authors make the strong point that the unequal gender sample representation in the study may

have impacted the low levels of stigma reported in the results, limiting generalizability, and recommended that the same study be conducted with a longitudinal approach to more accurately determine the causation of factors such as anxiety and types of beliefs that contribute to mental health stigma.

Sheu and Sedlacek (2004) explored the racial and gender differences in the help-seeking attitudes and coping strategies of White, African American, and Asian American college students. Incoming freshmen students were recruited at a mid-Atlantic University during a summer orientation by the university's student affairs staff. Participants were asked to provide informed consent and complete an online survey. African American students made up 10% (268) of the total sample population of 2,678 students, and a majority of the participants consisted of White American (77%) and Asian American (13%) students. In this study, help-seeking attitudes and coping strategies were closely measured by administering self-report surveys. Help-seeking attitudes were measured by asking participants to indicate their preference towards seeking campus resources related to substance use counseling, career and/or personal counseling, study skill or time management training. In regards to coping strategies, participants were asked to respond with their level of agreement towards statements describing their approach to coping with personal problems.

The results in this study revealed that African American participants were more likely to prefer seeking informal services to help cope with problems than formal services such as personal/emotional counseling (Sheu & Sedlacek, 2004). African Americans were also more likely to seek informal services like time management, study skills training and career counseling at higher rates than their White and Asian American counterparts. The results also indicated that African American attitudes towards seeking professional counseling services were less favorable

compared to other ethnic groups represented in this study. In regards to gender differences, women in this study reported higher positive help-seeking attitudes towards all services and less avoidant coping strategies. Sheu and Sedlacek (2004) mentioned cultural mistrust as a possible barrier towards the help-seeking attitudes of African Americans and the need for mental health practitioners to be trained to understand these help-seeking attitudes. The limitations discussed in this study pertained to the use of instruments used to measure the help-seeking attitudes and coping strategies of the sample population. The surveys used are not commonly used to measure these variables which may impact the reliability of the instruments. In addition, the sample in this study only consisted of first year students which limits the generalizability of the findings that would aim to represent other populations.

So et al. (2005) examined the help-seeking attitudes among African American college students at a Historically Black College/University (HBCU). More specifically, the authors sought to determine if there was a possible relationship between students' educational level, accumulated credits, and likelihood to seek psychological services. The participants in this study consisted of 134 university students who self-identified as African American. Participants were recruited from a psychology course and were asked to complete self-administered surveys. Primarily, students were asked to specify their gender, educational level classification and earned credits in a brief demographic questionnaire. In addition, the Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPHS) was used to measure help-seeking attitudes.

The results in this study revealed that there was a positive significant relationship between students who accumulated a higher number of credits, educational level, and confidence in seeking psychological services (So et al., 2005). Students were more likely to have confidence

in seeking professional psychological help when they were further along in their studies. The study suggested that students become more knowledgeable of the importance of mental health and mental health services as they attend college over time and may become more confident in the mental health profession. Overall, although the study indicated that overtime, with increased knowledge and personal development, participants had positive attitudes towards the mental health profession, it did not account for an increase in actual help-seeking behaviors. Thus, the limitations of the study included the self-reported measures used that may have not allowed for participants to fully acknowledge their attitudes towards seeking psychological help (So et al., 2005). The findings of the study cannot be generalized to other populations given that the sample only represented African American college students from a historically Black university. It was also suggested that students in this study may have also been more confident in the mental health profession because they were exposed to mental health professionals with similar racial and ethnic backgrounds on campus.

The underutilization of mental health services has caused researchers to explore the help-seeking attitudes of college students. In their study, Chiang et al. (2004) specifically examined the attitudes, concerns, and the potential differences in coping strategies of Black and Latino college students in regards to seeking and receiving professional counseling services. A total of 130 undergraduate students who self-identified as Black (75) or Latino (55) were recruited to participate in this study from two colleges in New York. Students from all four grade levels participated in this study, however, 83.8% of the students identified as freshmen. In addition, the participants in this study were predominantly female. Three instruments were used in this study to collect data: a demographic questionnaire, the Student Concern Checklist which allowed students to indicate their concerns and stressors, and lastly, the Coping Attitudes, Sources, and

Practices Questionnaire (CAS PQ) which specifically assesses students concerns, attitudes, and coping strategies/practices towards seeking professional counseling. Thus, participants provided information on their formal and informal coping practices and their engagement in both on campus and off campus resources.

The hypothesis which stated that Black and Latino college students would report having more favorable attitudes towards informal support networks such as family, friends, religious clergies, etc., when seeking help and less favorable attitudes towards professional counseling was supported by the results of this study. Students reported disagreeing with statements regarding comfortability with seeking professional counseling services and disclosing personal problems with a counselor. The results for professional, relational, and self-coping strategies revealed that students preferred to share problems with people in their informal social networks and often kept problems to themselves, rather than seek professional counseling (Chiang et al., 2004). There were also gender differences in the results of the study which indicated that Black females reported more favorable attitudes towards professional counseling than Black males. Both groups of students indicated strong concerns about career choice, job search, procrastination, academic performance and grades, study skills, and relationships with family members, friends and significant others (Chiang et al., 2004). More specifically, Black students' top concerns were about grades and family relationships. Religious activities and other cultural practices were mostly used by Black students to cope with problems. Overall, family, friends, and significant others were reported as primary sources of social support to address concerns. The limitations of this study included the small sample size and the overrepresentation of self-identified female, Black, and Christian participants, the exploratory research design used, and the inability to assess the validity of the instruments used with cultural sensitivity.

According to a nationally represented study conducted by Lipson et al. (2018) help-seeking attitudes and other factors contribute to mental health disparities in the use of psychological services. The participants in this study included 43,375 students enrolled at 60 institutions from both undergraduate and graduate programs and were recruited via email (Lipson et al., 2018). The data in this study was collected between 2012 and 2015 from an annual web survey-based Healthy Minds Study which examines the utilization of mental health services. Although the only exclusion criteria for this diverse sample population were for participants to be at least 18 years of age, the study closely captures the reported mental health problems and service utilization of students of color. From the sample, 3.8% of students self-identified as African-American, 4.7% as Latinx, 9.8% as Asian/Asian American, .8% as Arab/Arab American, 71.2% as White, 6.0% as Multiracial, and 3.5% as Other. Overall, more than 13,000 of the participants were students of color. Mental health problems were measured by using the following instruments: The Flourishing Scale, the Patient Health Questionnaire-9 (PHQ-9), the Generalized Anxiety Disorder 7-item (GAD-7) scale, the five-item SCOFF questionnaire. In addition, knowledge and attitudes, help-seeking, treatment barriers, race/ethnicity, and covariates such as age, gender, parental education, financial background, etc., were all measured with specific questions asking participants to provide information.

The results in this study indicated that underdiagnoses, and underutilization of mental health services of students of color may be associated with lower odds of help-seeking behaviors, resulting in unmet mental health needs (Lipson et al., 2018). In regards to knowledge and attitudes towards mental health and seeking psychological services, 63% of African Americans reported perceived stigma, and 6% of African Americans indicated personal stigma. Overall, the researchers in this study suggested that future research should seek to understand how treatment

can be viewed in different ways for students of various cultural groups. For example, the use of non-prescribed and prescribed medication, informal and formal counseling, and non-western practices can be viewed as alternative forms of treatment for mental health problems which should also be factored into help-seeking behaviors. The main limitation in this study was that mental health problems were measured by self-reported instruments and clinically based assessments.

Duncan and Johnson (2007) examined the attitudes of 315 Black undergraduate students towards counseling and counselor preference through a study conducted at three mid-western universities and one southern university. The participants for this study were recruited from two predominantly Black universities, and two predominantly White universities. Sign-up sheets and advertised flyers regarding the purpose of the study were used to specifically recruit Black undergraduate students. In regards to counseling experience, 78% of participants indicated they had no prior history engaging in counseling services and 22% reported a history with engaging in counseling. The assessment instruments used in this study consists of the following: a demographic questionnaire, the Cultural Mistrust Inventory (CMI) to measure Black students' mistrust of White people, the African Self Consciousness Scale (ASC), the Attitude Toward Seeking Professional Psychological Help (ATSPPH), and the Counselor Preference Item (CPI) used to assess the counselor preference by race and gender when seeking counseling services related to personal, environmental, vocational/educational concerns individually.

When specifically pertaining to attitudes towards help seeking, the hypotheses of this study were partially supported by the results which indicated that sex, socioeconomic status, and cultural mistrust made significant independent contributions to attitudes toward professional counseling (Duncan & Johnson, 2007). More specifically, Black female participants who

reported lower income and less mistrust towards Whites indicated more favorable attitudes towards seeking counseling. Thus, socioeconomic status and cultural mistrust were significant predictors of positive attitudes towards seeking professional help. The limitations of the study were that only 11% of the variance in attitudes toward counseling and bias could be identified by the variables examined in the study. In addition, bias may have occurred in reports towards counselor preference and cultural mistrust as a result of Black participants being recruited at a predominantly White University.

Fripp and Carlson (2017) assessed the attitudes and stigma of African American and Latino university students on their engagement in mental health services. Attitudes and stigma towards seeking help were hypothesized as contributing factors of help-seeking behaviors and the relationship between both variables were explored. The participants for this study were recruited from both urban and rural communities in the southern region of the U.S. Flyers explaining the purpose of the study and the criteria to participate were posted in community centers, social service agencies, and private practices. Word of mouth was also used to recruit participants for this study. One hundred and twenty-nine adults participated in the study by completing a survey either online via Survey Monkey or a paper survey. A total of 30% of the participants self-identified as Hispanic/Latino, and 70% as African American/Black. In addition, participants also provided information regarding their past or current use of mental health services. In addition to collecting demographic information, The Attitude Toward Seeking Professional Psychological Help (ATSPPH) scale, the Intentions to Seek Counseling Inventory, and the Self-Stigma of Seeking Help Scale (SSOSH), were instruments used to measure the attitudes, help-seeking behaviors, and stigma towards mental health services of participants.

The results indicated that attitudes towards seeking help served as a predictor of engaging in psychological services and higher reports of stigma were related to less favorable attitudes of seeking psychological help (Fripp & Carlson, 2017). There was a small positive correlation between attitudes towards seeking help and participation in mental health services. The higher the score for attitudes towards seeking professional help, the greater the likelihood of the individual participating in counseling services. The researchers suggested that importance of exploring how African American students interpret or understand the benefits and purpose of mental health services. African Americans were more likely to report not participating in counseling services due to stigmatized views. The researchers discussed that the participants' limited understanding of the purpose and need of counseling services may also impact help seeking behaviors. Identifying ways to increase positive attitudes towards seeking counseling service and reduce mental health stigma can aid in the help seeking behaviors of African Americans. Thus, educating communities of color to understand the effective use and benefits of participating in mental health services should be a focus for practitioners, educators, and community leaders alike. The results of this study cannot be entirely generalized to the other populations due to the exclusion of other racial and ethnic groups. Also, there are other factors that may impact the help seeking intentions and behaviors of the participants of this study that were not assessed. Warning signs of mental health concerns have been dismissed and/or addressed by alternative approaches to treatment to avoid greater risk of being stigmatized.

Overall, understanding the unique role of social support in serving as a positive predictor for help-seeking attitudes is important when developing initiatives and interventions that serve to improve the utilization of mental health services on college and university campuses. Studies have also provided evidence that Black/African American college students are more likely to

seek emotional support from informal networks when experiencing psychological distress. Thus, there is a gap in our understanding of reasons for both positive and negative help-seeking attitudes.

Psychological, Social, Cultural, and Spiritual Influences on Help-Seeking Intentions

Barksdale and Molock (2009) assessed the perceived norms and mental health help-seeking behaviors of African-American college students. The study aimed to examine how perceived peer and family norms impact the help-seeking intentions of African-American adolescents. Participants for this study were recruited through email solicitation and the incentive of providing students with research credit. The schools' academic department and student organization groups supported the recruitment process for this study. The study consisted of 219 students enrolled at a private and public university in an urban metropolitan area who self-identified as Black/African-American and were at least 18 years of age. Students completed the Intentions to Seek Counseling Inventory (ISCI) and the Survey of Student Attitudes and Intentions Regarding Psychological Counseling online for data collection. Overall, Molock's culturally contextualized model of mental health help seeking intentions was partially supported by the findings which suggested that while negative perceived peer norms influenced help-seeking intentions, perceived negative family norms had a greater significant influence towards help-seeking intentions (Barksdale & Molock, 2009). More specifically, negative perceived family norms strongly influenced the help-seeking intentions for female participants over male participants. Barksdale and Molock (2009) mentioned that the limitations in this study included the cross-sectional design and future research should consider a longitudinal study to examine the relationship between not just negative peer and family norms, but overall subjective positive norms.

Wallace and Constantine (2005) conducted a study to examine the relationship between Africentric cultural values, self-concealment, and psychological help-seeking attitudes in African American college students. Trained research assistants recruited 251 African American college students from a predominantly White university, who were enrolled in both undergraduate and graduate courses. A questionnaire packet was distributed consisting of the following instruments: a demographic questionnaire, the Africentrism Scale (AS), the Attitudes Toward Seeking Professional Psychological Help Scale–Short Form (ATSPPHS-S), the Stigma Scale for Receiving Psychological Help (SSRPH) the Self-Concealment Scale (SCS). The results indicated that higher levels of Africentric cultural values were associated with high levels of perceived stigma from others regarding counseling and greater self-concealment (Wallace & Constantine, 2005). Thus, it is important for researchers to understand the cultural values that impact stigma surrounding counseling and self-concealment in African American college students which contribute to both favorable and unfavorable attitudes towards help-seeking. In addition, attitudes towards psychological help-seeking were more positive for women than men. The possible bias in self-reported instruments used to collect data and the inability to generalize the findings due to the sample of only African American students were limitations in this study.

To investigate the psychosocial dynamics that contribute to the utilization of professional mental health services, Rosenthal & Wilson (2016) conducted a study with first-year college students. This study focuses on the factors that may impact the underutilization of counseling services and the willingness of college students to seek professional help. Students' socioeconomic status, sex, race/ethnicity, belief barriers, perceived need for counseling, and willingness to receive counseling were closely examined as psychosocial variables that influence the actual use of counseling services. A total of 847 participants enrolled in

introductory social behavioral science and psychology courses were recruited from an urban, public college which resulted in a very diverse sample population. In the study, 44% of participants self-identified as African American, 24% as Latino, 14% as mixed or other, 12% as Asian American, and 6% as non-Hispanic White. Group data collection and individual computer-administered sessions were provided to facilitate the methodology process of this study. The participants were asked to complete a self-administered questionnaire with questions measuring the following variables: use of counseling, need for counseling, willingness to use counseling, and belief barriers which pertains to underlying thoughts and feelings regarding counseling in general.

For the findings in this study, although 24% of participants reported clinically significant levels of psychological distress, in regards to the willingness to use counseling, a total of 61% students indicated that they would probably or most certainly not seek professional counseling for their emotional problems (Rosenthal & Wilson (2016). Equally important, 86% of participants reported not seeking counseling services in the past 6 months. Overall, belief barriers impacting the use of counseling services were indicated as stigma, a lack of understanding towards the need for mental health services, and the assumption that counseling would not be effective. The findings in this study also supported the proposed conceptual model of the psychosocial dynamics of the use of counseling for first year college students. The model suggested that students' need and willingness to use counseling services would have a direct effect on the actual use of counseling services. Although this study attempted to provide a theoretical model, more studies should be conducted to further examine the unique process and factors that may contribute to the underutilization of professional mental health services. In addition, the results in this study did not focus on the racial/ethnic differences in the utilization of

mental health services, however, the majority of the sample population self-identified as African American which also provides an insight to some of the help-seeking challenges of this group.

The limitations in this study are related to sample size and representation, restrictions to the generalizability of result findings, and the correlational research design used which only focuses on exploring the relationship between variables rather than causation.

Constantine et al. (2003) conducted a study to assess the moderating effects of social support systems and satisfaction with social support on the relationship between the reported mental health concerns of Black and Latino college students and their willingness to receive psychological counseling. The participants in this study consisted of 158 students with a mean age of 19 from a predominantly White university who self-identified as Black and Latino. Of the participants, 61% identified as Black American and 39% as Latino American.

Participants recruited students enrolled in psychology courses who indicated no history of receiving mental health services. The instruments administered in this study to measure the moderating effects of social support resources and students' willingness to receive psychological services included the following: a demographic questionnaire, the Psychological Concerns Checklist (PCC), and the Social Support Questionnaire Short Form (SSQ-S).

The results in this study indicated that Black college students reported higher social support satisfaction scores than Latino students which was associated with being less willing to obtain psychological counseling. Higher levels of psychological distress were a significant predictor for students' willingness to seek psychological counseling services for both Black and Latino college students (Constantine et al, 2003). Overall, similar to other students, the findings in this study supported that the prevalence of social support resources can contribute to positive help-seeking behaviors for students of color, more specifically, for students who self-identify

as African-American/Black. Students who indicate that they have a positive relationship with the individuals in their social support networks often report being able to express their concerns with experiencing psychological distress. Bias in data from self-reported instruments contributed to limitations in this study. The recruitment incentive provided to participants to receive course credit may have also impacted the way in which participants responded to questions on the questionnaires. The sample criterion limited generalizability for the results in this study, particularly because participants were recruited from a predominantly White university. The authors recommended that the study be replicated at a more racially and ethnically diverse institution.

In their study, Mesidor and Sly (2014) investigated the relationship between social-cognitive factors and psychological distress on the help-seeking intentions of international African-American college students. Social-cognitive factors were operationalized as attitudes, subjective norms, and perceived behavioral control derived from the Theory of Planned Behavior which provides an understanding for predicting mental health help-seeking intentions (Mesidor & Sly, 2014). The participants in this study consisted of 111 full-time undergraduate students from a historically black university (HBU) known as Jackson State University and the ESL program at Belhaven University. The racial background of participants consisted of African-Americans (71.2%), Other (10.8%), Asian (9.9%), European (5.4%), and Hispanic/Latinos (2.7%). This study also took great consideration in emphasizing on the demographic factors pertaining to different religious affiliation, gender, marital status, age, nationality, and student classification of their participants for reasons that will appear in the results.

Students who were recruited and showed interest in the study were provided an assessment package which included a demographic questionnaire and self-reported

questionnaires such as the Intentions to Seek Counseling (ISCI), Attitudes Towards Seeking Mental Health Services (IASMHS), and the Depression Anxiety Scale (DASS-21). The results in this study suggested that perceived behavioral control as described in the Theory of Planned Behavior (TPB) and psychological distress were both significant predictors of intentions to seek mental health services in African American and international college students; therefore, the related hypothesis was supported. Attitudes towards mental health was not a significant predictor of intentions to seek mental health services. There was no significant difference between the help-seeking intentions of African American and international college students; both groups revealed low help-seeking intentions. The limitations of this study included cultural factors relevant to the unique differences of students from various racial and ethnic groups that were not taken into consideration. In addition, the questionnaires were only administered in English and may have resulted in ESL students misunderstanding the information in the survey questions.

Cheng et al. (2013) examined how psychological distress and psychocultural variables influence mental health stigma and help seeking attitudes of racial and ethnic minority (REM) undergraduate and graduate college students. Structural Equation Model (SEM) was used to identify the structural relationship between perceived and self-stigma, physiological distress, psychological variables, and prior use of counseling. Perceived discrimination, other-group orientation, ethnic identity, psychological distress, and psychological treatment history were considered as psychocultural correlates of help-seeking stigma. Invitations to participate in the study by completing an online survey were sent via email. The participants in this study were recruited from a Midwestern public university and consisted of 609 students after some participants were removed from the data for not meeting the criteria. From this sample population, 42.7% self-identified as African American, 27.3% as Asian American, and 30% as

Latino American. The initial online survey included a demographic questionnaire and asked students to report prior use of counseling or psychotherapy; 63.5% of students indicated no prior use of counseling or psychotherapy while 36.3% reported having experience with seeking professional psychological help. The instruments used in this study included the Counseling Center Assessment of Psychological Symptoms-62 (CCAPS-62) to measure psychological distress, the General Ethnic Discrimination scale (GED) to measure perceived discrimination, the Other-Group Orientation scale of the Multigroup Ethnic Identity Measure (MEIM-OGO) to measure other-group orientation, the Perceptions of Stigmatization by Others for Seeking Help scale (PSOSH) to measure perceived stigmatization by others for seeking psychological help, and the Self-Stigma of Seeking Psychological Help scale (SSOSH) to measure self-stigma of seeking psychological help.

Structural Equation Modeling (SEM) was used to identify the structural relationship between perceived and self-stigma, physiological distress, psychological variables, and prior use of counseling. Perceived discrimination, other-group orientation, ethnic identity, psychological distress, and psychological treatment history were considered as psychocultural correlates of help-seeking stigma. High levels of psychological distress and perceived stigma from others in REM students was a significant positive predictor of self-stigma, thus, influencing help-seeking attitudes (Cheng et al., 2013). African American students who reported higher levels of ethnic identity also presented lower levels of self-stigma related to attitudes towards seeking professional psychological help. The results also showed that the SEM was a good fit for understanding the psychocultural variables that contribute to increased self-stigma associated with psychological help. Even when prior participation with counseling or psychotherapy was taken into consideration, increased perceived stigma and self-stigma from others was

significantly associated with psychological help-seeking. The limitations of the study included a small effect size in the variance of variables assessed and the 22% online completion rate of the survey used in the study which was considered low compared to other studies. A majority of the participants were female which limits generalizability.

Ayalon and Young (2005) intentionally assessed the contributing factors that impact the differences in help-seeking behaviors of Black and White college students in the medical, psychological and religious domains, both individually and collectively, and the cognitive-affective variables associated with these differences (Ayalon & Young, 2005). Assessing the cognitive-affective variables that contribute to the help-seeking gap between Black and Whites would account for understanding the interventions that target the specific needs of each group. More specifically, the researchers in this study also aimed to evaluate the relationship between internal and external locus control pertaining to mental health and perceived attribution of symptoms that may impact the differences in help-seeking behaviors in Black and White students.

The participants in this study were recruited at the cafeteria of a community college in a Midwestern city. A total of 136 participants who self-identified as Black (51.5%) or White (48.5%) and at least 18 years or older with the mean age of 23 years old, participated in this study. Overall, 55.9% of the sample identified as female and 41.9% as male. Data from participants who did not identify with either race were excluded from the study. Participants received an incentive of \$5 for their complete participation in the study. The help-seeking behaviors of participants were assessed by asking questions pertaining to their use of mental health service utilization through various services within the medical, emergency, and religious

domains including, psychiatry, school counseling, religious and clergy personnel, etc. The ethnicity of the participants was also assessed as an independent variable.

The results of this study found that there were significant differences in the importance of religiosity and spirituality in both racial groups with Black (87.1%) participants being more likely to report utilizing religious mental health services than psychological services compared to their White (74.2%) counterparts (Ayalon & Young, 2005). More specifically, religious services were more likely to be used at least once in the past year than any other service in the medical, emergency domains for both racial groups. Overall, the findings in this study revealed fewer help-seeking behaviors towards psychological and social services in Black participants than Whites. The hypothesis which predicted that there would be significant racial differences in the help-seeking behaviors in the external and internal mental health locus control and symptom attribution was not supported by the results in this study. Thus, the researchers suggest that further research should examine the cognitive-affective variables that contribute to the differences in help-seeking behaviors between groups (Ayalon & Young, 2005). The association between religiosity and help-seeking behaviors towards religious mental health services should be explored in future studies for implications in practice. The researchers indicated that the help-seeking behaviors of a non-clinical sample population in this study was a limitation to the results that would assess the likelihood of help-seeking behaviors in general. The assessment of help-seeking behaviors of both clinical and non-clinical populations would be helpful to examine the differences in both racial groups.

In summary, perceived negative family norms, belief barriers, social support systems, high levels of psychological distress, perceived stigma, self-concealment, Africentric cultural values and more, have influenced how Black/African American college students view the need to

seek mental health services and participate in counseling resources. More specifically, the relationship between religiosity/spirituality and help-seeking behaviors should be further explored to understand how such factors can positively and/or negatively impact this population's attitudes and willingness towards receive counseling.

Underutilization of Mental Health Services

Henderson et al. (2007) investigated the utilization of mental health services among students enrolled at a Historically Black College/University. The study focused on exploring the relationship between classifications of undergraduate students and mental health help-seeking attitudes. Two hundred and nine participants, ages 16-59 years old, enrolled in psychology courses, were recruited from a HBCU from an unspecified urban area. In this study, 68% of the participants were freshmen and sophomore students, and 32% of participants were juniors and seniors. The College Alcohol, Drug Addiction, and Psychosocial Issues Inventory was administered to measure students' previous and current use of counseling services, the potential need for psychological services and the willingness to seek assistance through mental health services were closely examined. The results of this study indicated that male participants were less likely to utilize mental health services and students with higher classifications were more likely to report use of mental health services. In addition, participants who reported previous use of counseling services did not indicate their continuation of seeking such services when entering college. The hypothesis which stated that there would be a positive relationship between students' level of education and favorable attitudes towards help-seeking was supported by the results in this study. It is suggested that an increased knowledge of the importance and purpose of utilizing mental health services for students may contribute to their positive attitudes towards mental health help-seeking. The most obvious limitation of this study pertains to the single use of

one self-report instrument used to collect data and the selective sample which limits the generalizability of the results.

In their study, Williams et al. (2021) attempted to evaluate the risk and protective factors that impact the help-seeking intentions and behaviors, and utilization of mental health services of Black male college students. More specifically, the researchers aimed to investigate the possible social, environmental, and covariate factors that cause Black men to be at risk of developing poor mental health. The participants in this study were recruited via email from a public university and were asked to complete a longitudinal survey. Although over 12,000 students participated in this longitudinal study, the sample population for this study consisted of 681 freshmen and sophomore students who identified as Black, male, and at least 18 years of age. The self-reported measures administered in this study included a Symptom Check-list which measured symptoms of anxiety and depression, a survey to assess the use of campus service utilization, a demographic questionnaire, an Alcohol Use Disorder Identification Test, and the survey of the RAND Medical Outcomes which was used to assess for social support. Participants were also asked questions related to non-traumatic stressful life events and financial status. The study also accounted for students' academic achievement by documenting their grade point averages through the university's data system. More specifically, alcohol consumption, cannabis use, and academic achievement were assessed as covariate factors.

The results in this study indicated that anxiety and depressive symptoms were highly associated with stressful life events for Black men in their freshmen and sophomore year of college (Williams et al., 2021). Perceived financial status and parental education was revealed as a risk factor of mental illness. In this study, there was a significant relationship between religiosity and the underutilization of mental health services. Participants who reported their use

of religiosity as a means of coping with life stressors indicated low levels of mental health service utilization. Thus, the researchers suggest that future studies should be conducted to assess the inclusion of religion, spirituality, and mental health in the intervention and prevention practices developed to improve help-seeking behaviors of Black men. Lastly, there were several limitations in this study pertaining to the minimum data collected to assess the risk and protective factors of psychological well-being. The researchers suggested that the relationships between associated factors could have been measured through more appropriate assessment tools.

Rosenthal and Wilson (2008) examined the disparities in mental health service utilization among racially and ethnically diverse college students in an urban city. This longitudinal study focuses on assessing the utilization of mental health services for emotional problems and aimed to determine if differences in ethnicity, sex, social class, and psychological distress are factors that contribute to disparities in the use of counseling services. Thus, purposive sampling was used to conduct this study in order to control for specific variables pertaining to ethnicity, age, educational level, etc. Students were invited to serve as participants in this study by trained undergraduate and graduate research assistants, and were enrolled in introductory courses at two separate colleges located in Queens, New York. A total of 1,773 students in their second semester of college participated in this study; 49% of participants identified as African American/Black, 28% Latino, 13% Asian, and 10% Caucasian/White. The research assistants provided participants with self-administered questionnaires. Ethnicity, sex, socioeconomic status, educational level, were all measured by a single-item question asking participants to specify their information. Participants were also asked to indicate whether or not they engaged in counseling services for emotional problems by mental health practitioners over the past six months. In

addition, psychological distress symptoms were measured by using the dysphoria domain of the Trauma Symptom Inventory.

Overall, the results in this study found that there was no significant relationship between the use of counseling, ethnicity, sex, and socioeconomic status. Although 74% of participants reported experiencing moderate psychological distress, 90% of participants indicated never using counseling services to address their emotional problems in the prior six months (Rosenthal & Wilson, 2008). There was no difference in the use of counseling services between the four ethnic groups represented in this study. Due to the lack of significant relationship between the use of counseling services and the demographic variables targeted, the researchers suggest that initiatives to help improve and/or increase mental health service utilization among first-year college students should focus on understanding specific individual needs of the student population in regards to seeking help for psychological distress (Rosenthal & Wilson, 2008). In addition to the self-reported measures, the limitations of this study also included that the term “professional counselor” was not used as one of the professionals in which students may have sought counseling services and therefore, may have impacted the results.

Although studies have mentioned the lack of help-seeking intentions and behaviors of African American college students, little attention has been focused on identifying if students are knowledgeable about the mental health services available. Yorgason et al., (2008) examined the knowledge of the availability and use for mental health services among college students. A total of 750 students at a university in the United States were recruited by email to participate in the study and 266 students completed the online survey. From this sample population, 84% of students self-identified as Caucasian, 10% as Asian American, 5% as American Indian, Mexican, Chicano, Puerto Rican, and 2% as Black. Furthermore, 59% of participants identified as male,

and 41% as female. Participants were also asked demographic questions to indicate their age, sex, ethnicity, citizenship status, years of college, and residence status (on or off campus). The Outcome Questionnaire (OQ-45.2) was used to assess participants' mental health problems and symptoms. Students' knowledge and use of university mental health services was assessed by specified statements asked in the study questionnaire.

Only 17% of students reported their use of the university mental health services and neither Black or Hispanic/Latino students were included in this number (Yorgason et al., 2008). The reasons for non-participation in mental health services for both groups included lack of time, and lack of knowledge regarding services. Overall, the percentage of students who reported their knowledge of mental health services were less than 50%. Female students were more likely to report using mental health services than male students and psychological distress was greatly associated with knowledge and use of mental health services. The main limitation in this study included that the majority of the participants were Caucasian, causing the sample population to lack diversity and representation. Also, there was no distinction made between participants who were currently using the university's mental health services or those who used them previously.

More research exploring the risk and protective factors that impact the help-seeking behaviors of both African American women and men is needed in order to help increase the use of mental health service utilization. Overall, studies show that African American women are more likely to seek mental health services than African American men. Furthermore, the more knowledgeable African American students are about the presence of mental health services, the more likely they are to seek help. Religiosity and spirituality are factors that influence help-seeking attitudes, and as a result impact the utilization of services.

Mental Health Literacy (MHL)

Miles et al. (2020), conducted a study to assess the correlation of demographic, psychological, and academic variables with mental health literacy in diverse undergraduate college students. The final sample population in this study consisted of 1213 undergraduate students from nine colleges from a public urban university system. The study consisted of 62.0% female and 73.3% non-white participants. Of the participants, 27.3% self-identified as Black/African American. These students were recruited to participate in the study by members of a research team at various sites on campus, including classrooms, with the permission of professors. Students were given \$5 or research credit to participate in the study and administered a paper-and-pencil survey to avoid the risk of them searching information online regarding mental health literacy. Multiple-choice questions from the Mental Health Literacy Assessment for College Students (MHLA-c) survey were used in this study in addition to a two-page form that asked participants to provide information regarding demographics, college experience, mental health experience and openness to mental health issues. The MHLA-c assesses knowledge of psychological disorders, risk factors, treatment and more, and the application of knowledge to improve outcomes.

The results in this study indicate the high, mid, and low-level performers on the assessment of mental health literacy. Higher mental health literacy scores were associated with participants who majored in psychology or field related to applied health, and who previously experienced taking a course pertaining to clinical psychology (Miles et al, 2020). Low performers on the MHLA-c assessment did not report previous experience with taking clinical psychology courses. High performers were also more likely reported being in their late to early 30s, white, female, and beyond the third year of their undergraduate studies. Furthermore, high

performers were also more likely to report personal and family history with diagnoses and treatment for psychological disorders and were less reluctant to speak about mental health concerns. Overall, increased knowledge in mental health as a result of enrolling in and completing a psychology course improved mental health literacy. The limitations in this study were that the mental health literacy assessment lacked a cultural inclusive lens to examining general knowledge of everyday mental health issues that people of color may experience. The items from the MHLA-c seemed to only reflect a theoretical knowledge of mental health issues that would most likely be limited to those who have taken a course in clinical psychology or personal and family history with diagnoses and treatment for psychological disorders.

Kalkbrenner et al., (2020) examined mental health literacy (MHL) and peer-to-peer counseling referrals among community college students. Although MHL has been associated with higher chances of improving help-seeking behaviors among students attending 4-year universities, the authors sought to assess its usefulness in encouraging peer-to-peer counseling referrals for community college students. More specifically, the three dimensions of MHL which include the REDFLAGS Questionnaire and the Knowledge and Engagement scales of the College Mental Health Perceived Competency Scale (CMHPCS) were assessed for factorial validity and as predictors of peer-to-peer counseling referrals. In addition, the demographic differences in MHL scores were closely examined. Qualtrics Sample Services assisted the researchers in collecting data from a national sample of community college students by distributing an electronic link which consisted of a demographic questionnaire, and the measurement instruments. A final sample of 485 community college students from over 30 states were used in the study. Students were required to be at least 18 years of age to be eligible to participate in the study. Only 2.3% (n=44) of participants in this study self-identified as African

American among other ethnicities included. Furthermore, 54.2% of participants identified as female, and 43.6% as male.

The results of the study supported the hypothesis that MHL was a significant positive predictor of peer-to-peer referrals to the counseling center (Kalkbrenner et al., 2020). Items on the REDFLAG questionnaire that highlight mental health distress were more likely to be identifiable by students who reported having a history of seeking personal counseling at least once. Peer-to-peer referrals to the counseling center were also associated with the students' ability to recognize items from the Knowledge and Engagement subscale of the CMHPCS. White students in this study were more likely to report higher scores of MHL, history of help-seeking, and engaging in peer-to-peer counseling referral. The findings in the study suggested that further research should explore the development of interventions that can help increase MHL among community college students to improve help-seeking behaviors. Other ethnicities were coded as non-white, and the study did not examine the reason for the differences in MHL and help-seeking history of the separate ethnic identities represented. The study also did not consider the cultural differences in mental health warning signs that may impact MHL scores.

Rafal et al. (2018) aimed to assess mental health literacy (MHL), psychosocial determinants, and help-seeking behaviors among male university students. The purpose of the study was to closely examine how these variables may impact the well-being of male undergraduate and graduate students in the US. Participants for the study were emailed an invitation by the registrar's office of an unspecified university in the southeastern United States. The eligibility criterion for this study required participants to identify as male, and be at least 18 years of age. The final sample included 1,242 male students. It is important to note that only 8.5% (81) of undergraduate students and 5.6% (19) graduate and professional students from

the entire sample self-identified as African American. The majority of the sample population self-identified as White, non-Hispanic (80.5%). Various scale measurements were used to assess mental health literacy, psychosocial factors, and behavioral intentions in male students. For example, demographic variables, attitudes towards mental health, subjective norms, self-stigma, and help-seeking behaviors were assessed using multiple instruments of measurement that were modified for this specific study.

Graduate students reported higher scores of mental health knowledge, attitudes, normative beliefs, self-stigma towards help-seeking, and impact of help-seeking on self-confidence than undergraduate students (Rafal et al, 2018). White male participants reported higher scores of mental health knowledge and lower scores of self-stigma than any other group. Overall, students majoring in STEM in both graduate and undergraduate programs reported both lower scores in mental health knowledge and help-seeking for mental health issues. Although the results of this study did not provide information on the specific mental health literacy of African American male participants, it sheds light on the importance of examining the knowledge, beliefs, and attitudes of mental illness in this group. In addition, racial groups that were underrepresented in this study were grouped together which makes it difficult to specifically examine the racial differences between participants in the study. Therefore, research seeking to improve mental health literacy on campus must consider the unique cultural differences that exist between racial groups and the factors that may impact help-seeking behaviors.

Altweck et al. (2015) examined the cultural differences in mental health literacy (MHL) in European American and Indian sample populations of the United Kingdom. The authors emphasized the prevalence of higher MHL scores among American-Western European cultures

than non-westernized cultures, such as Asian and African populations. Online survey links were distributed by a London university's intranet site and other websites were used to recruit a sample of European American (N=100) and Indians (N=108) currently living in India. Demographic variables such as household income, education, religious affiliation, were collected but not specifically mentioned. The collectivism subscale was used to measure both individualism and collectivism. Brief vignettes that provided a description of persons with symptoms of depression were given to participants to read, and recognition of symptoms of mental illness (depression, schizophrenia, and generalized anxiety disorder) from each vignette were assessed with specific questions regarding the readings. Causal beliefs, lay help-seeking beliefs and professional help-seeking beliefs which are elements of the MHL model, were examined in relation to culture and mental disorders to assess MHL in both groups.

Although the results revealed that collectivism was a predictor of the MHL model, it was not a significant predictor for professional help-seeking for neither Indians or European Americans in this sample (Altweck et al., 2015). However, participants who were Indian reported higher scores of lay help-seeking beliefs than their European American counterparts. More specifically, in the Indian sample, lay help-seeking beliefs were associated with collectivism, recognition, social casual beliefs, and professional help-seeking beliefs. The cultural differences between both groups significantly moderated the prediction of lay help-seeking and recognition of mental illness. Moreover, casual beliefs of mental illness were found more among European Americans. Lower recognition scores of mental illness were found among Indians. Overall, recognition of mental illness was an important factor for greater prediction of professional help-seeking which speaks to the necessity of MHL among various cultural groups. The results of the study provide implications for further research to understanding how

cultural differences moderate aspects of the MHL model and what interventions or initiatives can be developed to effectively address these differences across cultures. The limitations of study included the recognition scale used to measure symptoms of mental illness and mental disorders. Symptoms of mental illness can be subjectively interpreted across cultural groups especially when such symptoms may vary in presentation between American-Western European cultures and non-westernized cultures. Thus, lower scores of recognitions of mental illness in the Indian sample may be as a result of cultural differences in knowledge, beliefs, and attitudes towards mental illness. In addition, this study did not take place in the United States, and did not include African American students; therefore, the results lack generalizability.

Few studies exist to closely examine mental health literacy in Black/African American college students. Equally important, the studies that do exist use mental health literacy scales that lack elements of cultural diversity and inclusion. Although MHL scales appear to evaluate knowledge, beliefs, and attitudes towards mental illness, the cultural differences in the presentation of symptoms of mental illness that impact the identification, prevention, treatment, and help-seeking behaviors of Black/African American college students are not included. For example, MHL assessments should also measure the knowledge and understanding of intergenerational trauma which may contribute to the psychological distress and poor mental health outcomes of Black/African Americans. The impact of intergenerational trauma on mental health should be a vital component of MHL. Thus, the inclusion of trauma-informed mental health literacy may assist with helping colleges and universities with improving MHL in Black/African American college students from a culturally sensitive approach which can aim to effectively address mental health issues in this population.

Conclusion

The literature review supports the body of evidence that suggests Black/African American students from colleges and universities continue to have unmet mental health needs compared to their counterparts, despite the availability of mental health services (Lipson et al., 2018). Although college campuses have attempted to provide psychological and counseling services to students, a concern remains about whether they are adequately addressing the mental health needs of Black/African American students and improving their mental health attitudes and behaviors. Furthermore, studies have reported that college students are more prone to seek mental health services when encouraged by peers and family members. However, little attention has been focused on identifying factors that influence students' willingness to utilize psychological services currently or in the future (Kalkbrenner et al., 2020).

Psychological, social, cultural, and spiritual factors contribute to mental health related stigma, thus, influencing the help-seeking attitudes, intentions, and behaviors of Black/African American college students. For example, religiosity, spirituality, Africentric cultural values, peer and family social networks have impacted the coping mechanism of African American students, which has resulted in self-concealment (Wallace & Constantine, 2005). Therefore, the non-structural barriers that exist to seek help for psychological services, even through college and university campuses are multi-layered and must be addressed through culturally inclusive and effective approaches. The findings of this literature review have also confirmed that as Black/African American students' progress throughout their studies, they are more likely to report seeking mental health services (So et al., 2005). Research has also provided evidence that Black/African American female students have more favorable attitudes towards seeking

psychological services, than male students (Yorgason et al., 2008). Furthermore, students who report higher rates of psychological distress are more likely to seek mental health services.

Overall, the knowledge and use of college and university mental health services vary for different ethnic groups and appears to be significantly lower for Black/African American students. While current research explores the influential factors that contribute to the help-seeking intentions of Black/African American college students, there remains a need for future research to explore how to target the specific mental health needs of this population. Mental health literacy has been shown to be a positive predictor of peer-to-peer counselor referral, and mental health service utilization (Kalkbrenner et al., 2020; Miles, et al., 2020). Thus, the research question for this study aims to examine the relationship between curricula content, mental health literacy, help-seeking intentions, and mental health service utilization among Black/African American undergraduate students.

Chapter Four: Theoretical Frameworks

The Theory of Planned Behavior (TPB) and Relational-Cultural Theory (RCT) have both been used to help provide understanding for intentions behind individual behaviors related to help-seeking (Comstock et al., 2008; Fishbein & Ajzen, 1975). These theoretical aspects contribute to the possible explanation of the underutilization of mental health services and help-seeking intentions of Black/African American undergraduate students. Efforts seeking to improve mental health outcomes among this population will require the knowledge of attitudes, beliefs, cultural and relational norms and practices that may facilitate or hinder mental health help-seeking behaviors (Hagger et al., 2007). The TPB has been commonly used to predict different health behaviors, including mental health help-seeking intentions (Conner & Heywood-Everett, 1998). In addition, the RCT has been applied to understand a culturally-oriented perspective of how human beings connect to develop relationships that help to reduce social isolation and promote positive emotional and psychological well-being (Duffey & Somody, 2011). Thus, exploring the premises of these theories may aid in identifying the mental health issues, and interventions needed to effectively improve mental health in Black/African American undergraduate students.

The Theory of Planned Behavior

The Theory of Planned Behavior (TPB) is an extension of the Theory of Reasoned Action (TPA) and was developed by social psychologist Icez Ajzen (Fishbein & Ajzen, 1975). The theory's model has been used to focus on aiding in health promotion behaviors. It has been supported by empirical research and seeks to provide an explanation on how attitudes may predict behavior (Ajzen & Fishbein, 1970). The theoretical model also suggests that human behavior is often driven by three contributing factors which include attitudes, subjective norms,

and perceived behavioral controls (Bohon et al., 2016). Positive or negative attitudes towards a behavior and its predicted outcome impact the behavioral intentions of an individual and their behavior is influenced by societal norms, beliefs and practices (Conner & Heywood-Everett, 1998). According to the TPB, the intentions and likelihood of a person seeking mental health services is influenced by the person's attitudes, subjective norms, and perceived barriers towards seeking mental health services and treatment (Bohon et al., 2016). Thus, in order to understand the help-seeking attitudes, intentions, and behaviors of Black/African American undergraduate students, this research must seek to understand the constructs of the TPB model and how it can be applied to programs and initiatives involving the promotion of mental health literacy.

Studies utilizing the TPB model have been helpful in providing an understanding on how health behavior such as substance use, condom use, food selection, and other behaviors can be predicted and/or changed (Conner & Heywood-Everett, 1998). As explained by the TPB, a person's decision to engage or participate in a behavior is based on the determining factors which influence their intentions. Intentions to perform behaviors can be influenced by attitudes, subjective norms, and perceived behavioral control. Attitudes are the way in which people think and feel about a behavior, how people perceive others hold beliefs about a behavior are subjective norms, and perceived behavioral control is one's awareness towards the control they possess to perform the behavior (Conner & Heywood-Everett, 1998). An individual's perceived behavioral control greatly impacts their intention to perform a behavior if they perceive they will encounter barriers outside of their control. Overall, with the support and use of this theory, further studies help predict the mental health help-seeking intentions and behaviors of Black/African American students to gain insight on how to increase mental service utilization (Mesidor & Sly, 2014).

Subjective norms and attitudes towards behavior are both predecessors and predictors of one's intention (Armitage & Conner, 2001). Regarding mental health service utilization, studies have reported that Black/African Americans are less likely to seek services due to mental health related stigma (DeFreitas et al., 2018). Subjective cultural, societal, and religious norms may contribute to mental health related stigma. Public stigma towards mental illness often leads to self-stigma which then creates a barrier for help-seeking intentions and behaviors (Damghanian & Alijanzadeh, 2018). When faced with criticism or shame from society or members of their community regarding mental illness, mental health-related outcomes are negatively impacted. Thus, normative and stigmatizing beliefs and attitudes surrounding mental health issues are formed and influence participation in treatment services (Fripp & Carlson, 2017). For this reason, Black/African American undergraduate students would benefit from learning a cross-cultural approach to mental health literacy which could aim to address the subjective norms that affect the way in which they perceive seeking services for mental health.

Based on the TPB, perceived barriers such as stigmatizing attitudes and beliefs towards seeking mental health services may impact intention and behavioral control (Armitage & Conner, 2001). Attitudes and perceived behavioral control have been assessed as strong predictors of intention to seek mental health services (Bohon et.al, 2016). Therefore, identifying the negative attitudes and beliefs about people with mental illness and mental health service utilization is critical in order to effectively aim to reduce mental health related stigma. According to Altweck (2015), cross-cultural mental health literacy is necessary to increase the knowledge and positive beliefs of mental illness. A cross-cultural approach to mental health literacy will aid in educating various racial and ethnic groups of the cultural differences in knowledge, beliefs, and practices towards mental illness and mental health help-

seeking behaviors. With a better understanding of the cultural factors that impact both favorable and unfavorable attitudes towards mental health, predictors of lay and/or professional help-seeking intentions and behaviors can be closely examined to improve mental health related outcomes for Black/African American undergraduate students. Equally important, measuring perceived behavioral control to assess the barriers to seeking mental health services will provide insight to how such obstacles can be challenged through mental health literacy.

The generalizability of the TPB social cognitive model has been known for its use to examine participation in physical activity among people from various cultural groups and orientations and similar behaviors alike (Hagger et al., 2007). The constructs of the model can help provide a contextual framework to understanding the differences in the help-seeking intentions and behaviors of cultural groups when variations in attitudes, subjective norms, and perceived behavioral control exist. The effects of the subjective norms of collectivist cultures may also be examined when pertaining to mental health help-seeking behaviors and support the need for mental health literacy to encompass a culturally sensitive approach. Studies have shown that individuals from non-Western cultures were more collectivist and strongly influenced by in-group help-seeking beliefs (Altweck, 2015). Therefore, the salient beliefs and norms of a person's cultural group towards mental illness and seeking mental health services may serve as either a barrier or benefit. Cultural beliefs and perceptions not only influence mental health, but impact help-seeking behaviors (Altweck, 2015). Perceived behavioral control is not limited to the perceived difficulty of seeking mental health services but being able to do so without shame. Hence, it will be important to explore the personal and environmental factors that contribute to beliefs about the capabilities to participate in mental health help-seeking behaviors and the possible consequences or outcomes.

The behavior of seeking mental health services can be hindered or supported by personal, cultural and societal beliefs (Hagger et al., 2007). Structural and non-structural barriers to mental health help-seeking among Black/African American undergraduate students negatively impact mental health outcomes. Although many studies have explored the factors that contribute to the mental health outcomes of diverse student populations, improving mental health literacy for Black/African American undergraduate students must include focusing on the cultural differences that impact help-seeking intentions, attitudes, subjective norms, and perceived behavioral control (Altweck et al., 2015). More specifically, mental health stigma prevents individuals from seeking help for mental health but should not be considered as the only determinant (Damghanian & Alijanzadeh, 2018). Thus, the TPB provides an explanation for the possible reluctance in the mental health help-seeking intentions and behaviors of individuals (Altweck et al., 2015). It is also important to understand that although behavioral intentions can be increased, this does not guarantee an increase in help-seeking behaviors (Damghanian & Alijanzadeh, 2018). Therefore, predicting intentions to seek mental health services by applying the constructs of the social cognitive model can be helpful for colleges and universities attempting to develop programs and initiatives to increase help-seeking behaviors among Black/African American students.

Relational Cultural Theory

Theoretical models of human development and psychological health have traditionally focused on a client-centered approach without a contextual framework towards treatment (Comstock et al., 2008). The core tenets of the Relational-Cultural Theory (RCT) were developed to provide a culturally inclusive response to the psychological and mental health needs of marginalized populations. In the late 1970s, Jean Baker Miller and other multicultural

feminist and social advocates, developed the RCT to highlight the impact of culture on human relationships (Comstock et al., 2008). This theory views human connection and relationships as a central part of personal growth and development, and isolation as a detriment to this process (Jordan, 2017). Rooted in feminist theory, the RCT addresses the sociocultural factors that impact the relational connections of marginalized populations and challenge the traditional theories used to pathologize their human experiences (Jordan, 2017). The theorists emphasize the importance of fostering human relationships to help facilitate the therapeutic process. Thus, this theoretical approach aims to utilize multicultural and social competencies to promote continuous interpersonal connections and relationships that are meaningful for the growth, development, and mental health well-being of individuals (Duffey & Somody, 2011).

Traditional theoretical counseling models focused on the personal problems and concerns of the individual while neglecting contextual factors related to societal norms, economic status, etc., and the important relationships that impact the human development of devalued groups (Hall et al., 2014). The tenets of the RCT also expand on the theoretical basis of psychology theorists such as Erick Erikson, Alfred Alder, and Carl Rogers to provide a relational approach to supporting the emotional and psychological well-being of individuals by using multi-cultural and social justice competencies (Comstock, et.al, 2008). Such competencies highlight and acknowledge the ways in which marginalization, systems of oppression, and critical issues in society pertaining to social justice, contribute to shame, humiliation and social isolation in oppressed communities (Comstock et al., 2008). More specifically, the impact of cultural oppression, negative external factors and relational experiences of marginalized groups are addressed through mutuality and empathy in order to improve their psychological and emotional well-being. By understanding the cultural elements and culminating factors that impact a

person's growth and development, professional counselors and mental health practitioners are able to help their clients foster supportive connections and empowering relationships necessary for positive mental health outcomes (Duffey & Somody, 2011).

Positive and negative beliefs towards individual relational experiences influence the connections and disconnections people form throughout their lifespan (Hall et al., 2014). Thus, the RCT recognizes the importance of addressing an individual's presenting problem and psychological concerns within their cultural context (Duffey & Somody, 2011). In this theory, a disconnection may form within a person and with others when they experience confusion, lack of clarity, and lack of self-worth (Comstock et al., 2008). In contrast, connections are developed within oneself and with others when there is a sense of belonging, positive support and mutual empathy. RCT focuses on helping individuals move through experiences of relational disconnect where they navigate through internalized feelings of isolation, shame, rejection, fear, negative beliefs and self-blame (Hall et al., 2014). The goal is to help individuals seek and form connections that will enable them to develop mutually empathetic growth fostering relationships in therapy, with significant others and in life (Jordan, 2017). Moving towards connections that aim to provide opportunities for healing, acceptance, and trust help individuals to experience both personal and communal growth beyond their negative relational experiences (Jordan, 2017). The concept of connections and disconnections in the RCT is used to establish a guide for understanding how cultural factors that impact how people view themselves and the relationships they develop are important to consider when working to foster growth and well-being.

Conversely, the RCT views isolation from others as a detriment to human development that results in pain and suffering. Due to the importance of human connection to the growth and well-being of an individual, feelings of exclusion should reveal the need to condemn isolation

(Jordan, 2017). Thus, seeking connection with others in a professional therapeutic environment, or from the larger culture is necessary for survival and will aim to assist them with developing a sense of belonging and community. In the same way that this theory seeks to promote interpersonal connections for individual growth through a culturally inclusive approach, colleges and universities must also understand the diverse contextual factors of race, gender, ethnicity, class, etc., that impact the help-seeking behaviors of students. Fostering relationships with such students prior to encouraging them to seek mental health services and personal counseling may be an essential component to improving overall mental health outcomes and service utilization. The RCT also acknowledges that marginalized groups in society such as Black/African Americans, who have historically and presently been excluded and isolated, should form relational connections that will validate their unique experiences and cultural perspectives.

There are few studies focusing on the role of social support in moderating the relationship between psychological distress and help-seeking behaviors, however, some have shown that Black/African Americans are more likely to seek help from their close family members, peers, and religious leaders (Constantine, et.al, 2003). The RCT places emphasis on how mutual empathy can be used and demonstrated to help individuals feel understood and valued (Hall et al., 2014). When pertaining to the tenets of this theory, self-concealment of mental health concerns can be viewed as a disconnection between oneself and others. Experiencing mutual empathy while disclosing mental health concerns and symptoms without judgement or shame may allow for more trusting connections that help promote positive help-seeking behaviors. This tenet of RCT can also be used to educate faculty, staff, and students to encourage the presence of mutual empathy, the condemnation of isolation, and the formation of positive connections that may occur on college campuses. Cultivating a campus environment in which authentic

connections and relationships are able to develop in people provide understanding for the diverse and unique experiences of others (Duffey & Somody, 2011). Mutual empathy is an important tenet of the RCT because it is necessary for the process of healing and growth necessary for mental health and well-being.

In regards to utilizing the RCT for providing counseling services, the theory mentions the importance of trained culturally competent mental health professionals working with marginalized populations (Hall et al., 2014). Relational competence is referred to as the practitioner's ability to understand the cultural context in which the client presents their concerns and shares their narratives (Duffey & Somody, 2011). It is a multicultural approach used to respond responsibly to the unique psychological needs of the client while also understanding their own cultural identity which may impact the therapeutic alliance (Hall et al., 2014). Studies have indicated that the underutilization of mental health services among Black/African Americans have been associated with cultural mistrust (Whaley, 2001). Therefore, initiatives developed to increase help-seeking behaviors and mental health service utilization should include the promotion of diverse, and culturally competent practitioners. Breaking down barriers of cultural mistrust must also begin with integrating culturally inclusive strategies that will target Black/African American students and their peers. Thus, mental health literacy on college campuses must seek to promote the importance of seeking mental health services through a multicultural and social justice approach that supports the tenets of the RCT.

Conclusion

In conclusion, the theory of planned behavior and relational cultural theory both consist of elements that can help address issues of mental health literacy among Black/African American

undergraduate students. The theory of planned behavior helps explain how students' attitudes, subjective norms, and perceived behavioral control towards mental health services may predict their help-seeking intentions and behaviors. Furthermore, relational-cultural theory focuses on ways to build cultural trust and positive connections that will lead to authentic, growth-fostering, mutual relationships. Studies have shown that Black/African Americans are seeking help from informal sources which may help influence their intentions to use mental health services (Sheu & Sedlacek, 2004). Thus, it is important to examine the relationship between mental health curricula content, mental health literacy, help-seeking intentions, and mental health service utilization to further understand contributing factors that aid in improving mental health outcomes among this population.

Chapter Five: Research Questions and Related Hypotheses

The purpose of this study is to examine the mental health literacy of Black/African American undergraduate students. This includes people who identify as Black, Black African, African American, African Caribbean, Afro-Caribbean, and/or Afro-Latino. The research questions and related hypotheses aim to investigate the correlation between mental health curricula content, mental health literacy, help-seeking intentions, and mental health service utilization among Black/African American undergraduate students. The research questions and related hypotheses include the following:

RQ1: To what extent does taking coursework with mental health content increase mental health literacy among Black/African American undergraduate students?

H1: Black/African American undergraduate students who have completed coursework with mental health content will have higher mental health literacy scores than Black/African-American students who have not.

H2: Black/African American undergraduate students who have taken a psychology or social work course will have higher mental health literacy scores than Black/African-American students who have not.

H3: Black/African American undergraduate students who have completed an abnormal psychology course will have higher mental health literacy scores than Black/African American undergraduate students who have not.

RQ2: What is the relationship between mental health literacy and help-seeking intentions among Black/African American undergraduate students?

H4: As mental health literacy increases, help seeking intentions among Black/African American undergraduate students will increase.

RQ3- What is the relationship between mental health literacy and the use of treatment services among Black/African American undergraduate students?

H5: As mental health literacy increases, mental health service utilization among Black/African American undergraduate students will increase.

Chapter Six: Methodology

A quantitative approach was used as the method in this study to collect and analyze numerical data and possible trends between the independent and dependent variables in this study. A correlational, cross-sectional design was selected to conduct this study in order to closely examine the statistical relationship between mental health content, mental health literacy, help-seeking intentions, and mental health service utilization among Black/African American undergraduate students during the spring 2022 academic semester. A correlational design allowed for the researcher to observe a correlation between variables without controlling or manipulating any other variables (Creswell, 2012). This design helped provide an explanation for the possible changes that one variable may have on another variable. Thus, the correlational method was the most suitable design to answer the research questions and test the related hypotheses of this study. Lastly, research integrity was used to assure compliance approval for this study through the Institutional Review Boards of Yeshiva University, York College, and Lehman College prior to research implementation.

Sampling

The sample included self-identified Black/African American undergraduate students enrolled at two, 4-year colleges within the City University of New York (CUNY). Participants identified as Black/African American, were currently enrolled as a full or part-time student, and were at least 18 years old. These colleges were chosen for convenience and purposive sampling because the researcher is a current employee of the CUNY. According to the City University of New York Office of Institutional Research and Assessment, in the fall semester of 2019, the total enrollment of Black (non-Hispanic) students consisted of 44.1% at York College and 33.1% at Lehman College. Each academic institution consists of racially and

ethnically diverse student populations in the state of New York, thus, recruiting students who identified as Black/African American was the targeted sample population. A third institution with a high Black/African American student population was removed from the original proposed study because its IRB declined participation at the time of the study.

An a priori power analysis was conducted to determine the appropriate sample size needed for this study. In anticipation of multiple linear regression analysis, the sample size needed in order to ensure appropriate power was between 55-150 participants. The final sample size for this study consisted of (n=109) participants.

Data collection

A quantitative approach was used to collect the data for this study in order to assess the association between mental health curricula content, mental health literacy, help-seeking intentions, and mental health service utilization among Black/African American undergraduate students. The data for this study was collected during the spring 2022 academic semester. Participants in the study were recruited through email communication with the chairpersons of psychology, social work, education, business, and science departments. In addition to email communication with department faculty, participants from York college were recruited through the college's online research pool management system called SONA. At York college, the specific courses in which students are required to participate in the research pool include the following:

- Anthropology 101
- Anthropology 220
- Psychology 102
- Sociology 101
- Sociology 220

- Social Work 101
- Social Work 350
- Social Work 360

Through SONA, students are assigned anonymous identity codes when creating a research pool account. Each research credit is worth approximately one hour of participation in the activities, therefore, participants were granted one credit for their participation in this study. Participation in the study under the research pool remained voluntary and students were able to discontinue their participation at any time. Students were not assigned to participate in this study but had the option to select and choose to participate.

Each CUNY institution follows a set of General Education Requirements through a Pathway Model. This model consists of core curriculum requirements for students in all degree programs (see appendix A). However, psychology courses, which specifically teach on human behavior and development are not included in the General Education Requirements. More specifically, psychology, social work, and education departments often include mental health content in their curriculum while science, technology, engineering, mathematics (STEM) and business departments often do not. For this reason, Black/African American undergraduate students were recruited through all departments previously mentioned. Faculty of departments were contacted via email requesting their assistance in the recruitment of participants with an email specifically describing the purpose of the study, inclusion criteria, and the approximate survey completion time of 10-20 minutes. The recruitment email specified interest in participants who were 18 and older and who identified as Black/African American to take part in a study about mental health literacy to assure that they met the participation criteria. Snowball sampling was also used to recruit participants with a closing message that appeared at the completion of

the study survey which asked participants to share the survey link with other students who may have also identified with meeting the inclusion criteria of the study.

Procedure

Participants were informed about the purpose and estimated time of the study by the researcher in the recruitment email and through the research pool. Participants were provided informed consent at the start of the survey, prior to their participation. Participation for this study was voluntary and students were reassured that their responses would be anonymous and that no identifying information would be collected. Students willing to participate in the study were also informed that they were allowed to terminate their participation and involvement at any time. To encourage students' participation in the research study, faculty were asked to emphasize the importance of the topic. A hyperlink to the study survey was also distributed to faculty in the recruitment email to share with their students.

Instruments

Demographics

Participants were asked to report age, gender, major, and educational level (academic classification) which was collected in order to describe the sample and also used to conduct additional analysis for mediating or moderating factors that may influence mental health literacy scores among Black/African American undergraduate students in the study. Overall, demographic questions were collected to gain an idea of the sample characteristics.

Mental Health Content

To assess mental health content included in courses taken by students, participants were asked the following three questions:

Question #1: Have you completed a course that taught information about symptoms of mental illness, treatment, and prevention? (i.e., symptoms of depression, cognitive-behavioral therapy, knowledge regarding accessible mental health services, etc.) (Yes/No/Not sure).

Question #2: Have you taken a course in psychology or social work? (Yes/No/Not sure).

Note: psychology and social work courses were specifically selected for question #2 after a review of the course catalog of each institution revealed that psychology and social work courses covered mental health content (See Appendix B).

Question #3: Have you ever taken an abnormal psychology course? (Yes/No/Not sure).

Note: Abnormal psychology is the only consistent course offered at both institutions which course description provides an overview of symptoms and diagnoses of mental illness, and treatment methods.

Mental Health Literacy Scale

Twenty-eight MHL questions were adapted from the Mental Health Literacy Scale (MHLS) to assess an individual's mental health literacy level with questions pertaining to mental illness, risk factors, treatment, and attitudes towards seeking services (O'Connor & Casey, 2015). Items 1-15 were used to assess respondents' understanding of mental health with a scale ranging from very unlikely, unlikely, likely, and very likely. Items 16-28 were measured on a scale ranging from 1 = strongly disagree to 5 = strongly agree. The modified scale resulted in 23 items from the original 35 items and were selected because they specifically focused on assessing MHL as defined for the purpose of this study. Cronbach's alpha coefficient will be conducted to test the reliability of the modified scale.

General Help-Seeking Questionnaire

Questions from the General Help-Seeking Questionnaire (GHSQ) were used to measure help-seeking intentions (Wilson et al., 2005). The original GHSQ scale consists of two prompt questions to assess the intentions of seeking help for personal or emotional problems from ten formal and informal sources that were separated into four categories (i.e., informal sources, formal sources, no one, and other source). Participants were asked the following question: “If you were having a personal or emotional problem, how likely is it that you would seek help from the help sources listed below?” The options of help sources include: (1) Informal sources (i.e., intimate partner, friend, parent, other relative/family member), (2) Formal sources (i.e., mental health professional, phone helpline, doctor/GP, minister or religious leader), (3) No one (i.e., “I would not seek help from anyone”), (4) Other source (i.e., “I would seek help from another not listed above [please list in the space provided]”). Participants were asked to indicate their likelihood to seek help from that source on a scale ranging from 1=Extremely unlikely to 7=Extremely likely. For this study, the second prompt regarding help-seeking intentions for suicide ideation was not included.

Mental Health Service Utilization

A single item was used to measure the use of mental health services. Participants were asked “How many times have you sought support within the past 12 months from a psychologist, psychiatrist, social worker, therapist, counselor, and/or religious leader. The response categories include “0, 1-3, 4-6, and 7 or more.”

Variable Table

Hypothesis	Variable Name	Operational Definition	Level of Measurement	Variable Type	Analysis Method
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<p>RQ1-H1</p> <p>Students who have completed coursework with mental health content will have higher mental health literacy scores than students who have not.</p>	Mental Health Content (MHC)	Course work with mental health content	Dichotomous	Independent	Independent T-test
	Mental Health Literacy (MHL)	Sum score of Mental Health Literacy Scale	Continuous	Dependent	Independent T-test
<p>RQ1-H2:</p> <p>Students who have taken a psychology or social work course will have higher mental health literacy scores than students who have not.</p>	Psychology or Social work course	Took a Psychology or Social Work Course	Dichotomous	Independent	Independent T-test
	Mental Health Literacy (MHL)	Sum score of Mental Health Literacy Scale	Continuous	Dependent	
<p>RQ1-H3:</p> <p>Students who have completed an abnormal psychology course will have higher mental health literacy scores than students who have not.</p>	Abnormal Psychology Course (AB-PSYC)	Completion of Abnormal Psychology course	Dichotomous	Independent	Independent T-test
	Mental Health Literacy (MHL)	Sum score of Mental Health Literacy Scale	Continuous	Dependent	

RQ2-H4: As mental health literacy increases, help-seeking intentions among students will increase.	Mental Health Literacy (MHL)	Sum score of Mental Health Literacy Scale	Continuous	Independent	Pearson's Correlation Coefficient
	Help-Seeking Intentions (HSI)	Sum score of General Help-Seeking Questionnaire	Continuous	Dependent	
RQ3-H5: As mental health literacy increases, mental health service utilization among students will increase.	Mental Health Literacy (MHL)	Sum score of Mental Health Literacy scale	Continuous	Independent	Pearson's Correlation Coefficient
	Mental Health Service Utilization (MHSU)	Use of counseling services within the past 12 months by a psychologist, social worker, psychiatrist, pastor, etc.?" Options: 0, 1-3, 4-6, 7 or more.	Categorical	Dependent	

Limitations

There are a few limitations for this study. While the online survey collected responses from a sample of Black/African American undergraduate students, it was a convenience sample. Thus, due to the study's targeted sample population and inclusion criteria, students were not randomly selected for participation which limited the maximization of participation. The majority of students who participated in the survey were through the research pool at York College which provided students with research credit for participation. Thus, this may have contributed to response bias.

Although a quantitative research design is used to quantify the data collected, it does not provide information on the unique personal experiences of participants when pertaining to mental health curricula content, mental health literacy, help-seeking intentions, and mental health service utilization. Additionally, the researcher was unable to assess for the potential bi-directional relationship between students who participated in psychology or social work courses and their exposure to mental health content. For example, the researcher was unable to control for the differences in mental health literacy of the participants due to exposure to mental health content not related to taking a psychology or social work course. Participants with higher mental health literacy scores may have had previous experience with the mental health system or may have gained knowledge of mental health through other alternatives. Thus, the causality of this relationship was not assessed and the researcher does not have access to this information.

Limitations also include personal stigma surrounding the topic of mental health commonly observed in this population which may also lead to social desirability bias. There are limitations to the existing mental health literacy scale by O'Conner & Casey (2015). The questions on the scale may be perceived as leading and/or lacking a culturally inclusive approach to assessing mental health literacy. The scale is an original Australian based assessment used to measure mental health literacy and thus, may not accurately be used to evaluate the knowledge of mental illness, risk factors, treatment etc., in the Black/African American population.

The questions used from the General Help Seeking Questionnaire (GHSQ) for this study did not allow respondents to differentiate between what formal help-seeking sources they sought support services (i.e., mental health professional, phone helpline, doctor/GP, minister or religious leader), which is a limitation to understanding which sources may report higher utilization

among participants (Wilson et al., 2005). Finally, the reported use of mental health services within the year may also be presented as a limitation in this study due to the lack of access and availability to resources during the COVID-19 pandemic.

Chapter Seven: Results

Descriptive findings

Data were collected from 166 people, but due to missing data, 57 people were excluded from the final statistical analysis. More specifically, 36 people selected Other/Non-Black/African American as their race which did not allow them to meet the inclusion criteria to participate in this study. In addition, eight people did not report their race which was necessary data required, and 13 people discontinued their participation in the survey after only answering questions pertaining to demographics. The data was analyzed with a final sample size of 109 participants.

As shown in the sample description in Table 1, the participants were primarily female (71.6%) and between 18 and 24 years old (62.4%). From the six racial groups provided as options, the largest group in the sample identified as having multiple races (31.1%), followed by Afro Latina/o/x (19.3%), Black (13.8%), Afro-Caribbean (11.9%), Black African (10.1%), African American (7.3%), and African Caribbean (6.4%). The participants classified their educational level as seniors (28.4%), freshmen (27.8%), sophomores (23.9%), and juniors (22.0%). The overall descriptive for age, gender, major, and educational level (academic classification), and a summary of the variables can also be found in Table 1.

Table 1. Sample Description (n=109)

	<i>N</i> (%)
Sex	
Male	26 (23.9)

Female	78 (71.6)
Female, Non-binary	1 (.9)
Other	3 (2.8)
Total	108 (99.0)
Age	
18 to 24	68 (62.4)
25 to 34	30 (27.5)
35 to 44	9 (8.3)
45 to 54	2 (1.8)
Total	109 (100)
Race	
Black	15 (13.8)
Black African	11 (10.1)
African American	8 (7.3)
African Caribbean	7 (6.4)
Afro-Caribbean	13 (11.9)
Afro Latina/o/x	21 (19.3)
Multiple Race	34 (31.1)
Total	109 (100)
Educational Level	
Freshman (0-29.9 credits)	27 (24.8)
Sophomore (30-59.9 credits)	26 (23.9)
Junior (60-89.9 credits)	24 (22.0)
Senior (90-120+credits)	31 (28.4)
Total	108 (99.0)
Major	
Social Work	27 (24.7)
Applied Science	19 (17.4)
Psychology	13 (11.9)
Business/Finance/Accounting/Marketing	9 (8.2)
Humanities/Social Sciences	8 (7.3)
Aviation Management	7 (6.4)
STEM	6 (5.5)
Education	3 (2.7)
Undecided/Undeclared/Unknown	17 (15.5)
Total	109 (100)
Took a Course with Mental Health Content	
Yes	76 (69.7)
No	18 (16.5)
Not sure	14 (12.8)
Total	108 (99.0)

Took a Psychology or Social Work Course

Yes	93 (85.3)
No	14 (12.8)
Not sure	2 (1.8)
Total	109 (100)

Took an Abnormal Psychology Course

Yes	18 (16.5)
No	59 (54.1)
Not sure	16 (14.7)
Total	93 (85.3)

Mental Health Service Utilization (Past 12 months)

0 times	63 (57.8)
1-3 times	27 (24.8)
4-6 times	8 (7.3)
7 or more	11 (10.1)
Total	109 (100)

Analyses

IBM SPSS Version 25 statistical software was used to test the hypotheses in order to examine the mental health literacy of Black/African American undergraduate participants in this study. Independent t-tests and correlational statistical tests were conducted to examine the relationship between mental health course content, mental health literacy, help-seeking intentions, and mental health service utilization among Black/African American undergraduate students.

Scale Reliability

The modified mental health literacy scale utilized 23 items from the original 35 items. Reliability analysis found Cronbach's α (alpha) was 0.878 (with 19 items reverse scored), suggesting that the internal consistency of the mental health literacy scale was acceptable. To

ease interpretation of responses, raw scores were transformed to standardized T-scores. Overall, scores on the unmodified mental health literacy scale range from 35 being the lowest to 160 being the highest (O'Connor & Casey, 2015). Higher mental health literacy scores suggest higher mental health literacy while lower mental health literacy scores suggest lower mental health literacy. These findings provide an indication of normal distribution between the mental health literacy scores of the participants (See Table 2).

To assess help-seeking intentions, participants were asked to indicate their likelihood to seek help from informal and formal sources on a scale ranging from 1=Extremely unlikely to 7=Extremely likely. The options for sources were grouped into four categories which included: (1) Informal sources (i.e., intimate partner, friend, parent, other relative/family member), (2) Formal sources (i.e., mental health professional, phone helpline, doctor/GP, minister or religious leader), (3) No one (i.e., "I would not seek help from anyone"), (4) Other source (i.e., "I would seek help from another not listed above"). Higher help-seeking intentions scores suggest higher help-seeking intentions (See Table 2).

Table 2. Descriptive Statistics for Mental Health Literacy and Help-Seeking Intentions Scores

Variable	n=109	Mean	<i>Standard Deviation</i>	<i>Median</i>	<i>Mode.</i>	<i>Min.</i>	<i>Max.</i>	<i>Kurtosis.</i>	<i>Skewness.</i>
Mental Health Literacy Scores		81.2	12.7	85	87	52	105	-.77	-.47
Help-Seeking Intentions Scores		17.18	.43	18	16	4	28	1.29	-.24

Hypothesis #1: Mental Health Course Content and Mental Health Literacy Scores

The first research question attempted to examine the statistical significance between the mental health literacy scores among Black/African American students who reported completing coursework with mental health content, and those who did not. Hypothesis one predicted that Black/African American undergraduate students who have completed coursework with mental health content will have higher mental health literacy scores than Black/African-American students who have not. The results suggest that participants who indicated completing a course with mental health content ($M = 83.59$, $SD = 12.26$) compared to participants who indicated no or not sure to completing a course with mental health content ($M = 76.22$, $SD = 12.44$) demonstrated significantly better mental health literacy scores $t(106) = -2.84$, $p = .03$. These results imply that there is a statistically significant difference in the levels of mental health literacy scores among participants who have indicated completing a course with mental health content. Thus, these findings support hypothesis #1.

Hypothesis #2: Psychology or Social Work Course and Mental Health Literacy Scores

The first research question also aimed to examine the statistical significance between the mental health literacy scores of students who reported taking a psychology or social work course, and students who did not. Hypothesis two predicted that students who reported taking a psychology or social work course would have higher mental health literacy scores than students who did not. An independent t-test was also conducted to test this hypothesis and the results demonstrated that there was a significant difference between the mental health literacy scores of participants who reported taking a psychology or social work course ($M = 82.22$, $SD = 12.83$) and participants who reported no or not sure to taking a psychology or social work course ($M = 75.56$, $SD = 11.26$), $t(107) = -1.94$, $p = .02$. Therefore, these findings support hypothesis #2.

Hypothesis #3: Completion of Abnormal Psychology Course and Mental Health Literacy Scores

The first research question also aimed to assess the statistical significance between the mental health literacy scores of students who reported the completion of an abnormal psychology course, and those who did not. Hypothesis three predicted that Black/African American undergraduate students who have completed an abnormal psychology course would have higher mental health literacy scores than Black/African American undergraduate students who have not. An independent sample t-test was used to compare the means between the mental health literacy scores of participants who reported completing an abnormal psychology course and those who did not. Although more participants indicated not taking an abnormal psychology course, there was no statistical difference between the mental health literacy scores of participants who reported taking an abnormal psychology course ($M=79.00$, $SD=16.70$) compared to those who did not or were not sure ($M=82.92$, $SD=11.83$), $t(91)=1.15$, $p=.125$. Therefore, these findings do not support hypothesis #3.

Hypothesis #4: Mental Health Literacy and Help-Seeking Intentions

The second research question attempted to examine the correlation between mental health literacy scores and help-seeking intentions. Hypothesis four predicted that as mental health literacy scores increased, help-seeking intentions among Black/African American undergraduate students would also increase. A Pearson correlation coefficient was performed to measure the possible linear relationship or statistical association between two quantitative variables with normally distributed data (Schober et al, 2018). More specifically, the Pearson correlation test was used to evaluate whether an increase in mental health literacy scores is associated with an increase in help-seeking intentions. There was no notable correlational effect between mental health literacy scores and help-seeking intentions among participants. Mental health literacy

scores were not correlated ($r = -.111$, 95% CI [$-.30, .09$], $p = >.05$) to help-seeking intentions. Thus, these findings do not support hypothesis #4.

Hypothesis #5: Mental Health Literacy and Service Utilization

The third research question sought to explore the relationship between mental health literacy and the use of treatment services among Black/African American undergraduate students. The hypothesis stated that as mental health literacy increases, mental health service utilization among Black/African American undergraduate students would increase. A Pearson correlation coefficient was performed to measure the statistical association between mental health literacy and mental health service utilization; two continuous variables. More specifically, the Pearson correlation test was used to evaluate whether an increase in mental health literacy scores is associated with an increase in mental health service utilization. There was no notable correlational effect between mental health literacy scores and mental health service utilization among participants. Mental health literacy scores were not correlated ($r = .058$, 95% CI [$-.132, .243$], $p = >.05$) to mental health service utilization. These results do not support hypothesis #5.

Conclusion

The statistical tests were conducted to provide quantitative data to help explain the examined association and strength between mental health course content, mental health literacy, help-seeking intentions, and mental health service utilization among Black/African American undergraduate students. Overall, the results of the hypotheses tested revealed that exposure to mental health content contributes to mental health literacy. However, the results also indicated that efforts to increase exposure to mental health content, mental health literacy, help-seeking intentions, and service utilization should be further assessed and developed in order to improve mental health outcomes.

Chapter Eight: Discussion

Introduction

The findings presented in this study highlight the importance of further mental health literacy research among Black/African American undergraduate students. Although all of the hypotheses were not supported by the results, there are many implications and contributions to future research that would benefit social work education, practice, and policy. Institutions of higher education should aim to identify barriers to increasing the mental health literacy, help-seeking intentions, and service utilization of Black/African American undergraduate students to help reduce mental health disparities that often result in both academic and non-academic challenges (Henderson et al., 2007). This study demonstrated that exposure to mental health content may serve as a contributing factor and predictor of higher mental health literacy. However, the results did not help explain the insignificant association between mental health literacy help-seeking intentions, and mental health service utilization. Therefore, additional research is needed to further explore other variables that may impact the mental health outcomes of this population.

Mental Health Literacy

The mental health literacy scores of Black/African American undergraduate students in this study reveals the need to implement additional efforts to promote the importance of mental health among this population. With 160 being the highest score of the unmodified mental health literacy score, the mean score of (M=81.2) by the participants in this study suggest the need to improve knowledge for mental illness, treatment, and prevention. Associated factors contributing to the differences in mental health literacy scores of Black/African American undergraduate students are important to examine in order to help increase their help-seeking intentions and use

of mental health services. This study sought to assess the extent to which mental health content can serve as a predictor of mental health literacy, which was proven.

There are also limitations to the existing mental health literacy scale by O’Conner & Casey (2015). The questions on the scale were developed in relation to the mental health literacy of people living in Australia. A review of this scale, focused on U.S. cultural inclusivity and sensitivity, could make it a better measurement tool for US-based populations, particularly Black/African Americans. For example, studies have shown that racial trauma has been associated with symptoms of PTSD in Black Americans (Metzger et al., 2021). Although questions from the MHL scale appears to evaluate knowledge, beliefs, and attitudes towards mental illness, the cultural differences in the presentation of symptoms of mental illness that impact the identification, prevention, treatment, and help-seeking behaviors are not included. Thus, interventions designed to increase mental health knowledge, beliefs, attitudes, and behaviors of Black/African American students in higher educational institutions should aim to implement culturally sensitive approaches that will support and aid the promotion of mental health literacy. Campus interventions seeking to enhance mental health literacy among their student population must consider the unique cultural differences that exist between racial groups and the factors that may impact help-seeking behaviors.

Mental Health Course Content

The present study examined the relationship between mental health curricula content, help-seeking intentions, and service utilization among Black/African American undergraduate students. Results from the first hypothesis support that Black/African American undergraduate students who have completed coursework with mental health content have higher mental health literacy scores than Black/African-American students who have not. This finding suggests the

importance of exposure to mental health content and information among this population. An increase to mental health literacy is a direct result of being taught, informed, and/or educated of information about symptoms of mental illness, treatment, and prevention that aids in the development of knowledge (Furnham & Swami, 2018). Previous research highlighted the differences in contributing factors to mental health literacy scores such as being exposed to mental health information through coursework (Miles et al, 2020).

More specifically, previous research shows undergraduate students who reported majoring in psychology, taking a course in clinical psychology, or related courses, reported higher literacy scores than those who did not (Miles et al, 2020). Similarly, in this current study, students who reported taking a psychology or social work course did exhibit higher mental health literacy scores than those who did not. Although the course curriculum for both academic institutions suggest that information on mental illness, treatment, and prevention are mainly embedded into the curriculum of psychology or social work courses, the results of this study suggest for further exploration of the variation of courses that may also contribute to mental health literacy other than psychology or social work. The results also raise the question of whether or not psychology and social work courses are strategically and effectively teaching mental health literacy. Although the question used to assess mental health content allowed participants to indicate whether or not they had taken a course with information focusing on mental health, it did not provide the opportunity to specify which exact course. In addition, the question did not accurately assess whether taking a course is equivalent to successfully completing a course. Thus, students may report taking a course that they did not successfully pass or complete. Nevertheless, the findings suggest that promoting mental health awareness is required beyond the classroom. In addition to mental health literacy being embedded into the

curriculum of higher educational institutions, perhaps workshops, programs, and events on campus can be tailored to teach and promote mental health literacy.

Advertised messages to help raise awareness of mental health can also be integrated within safe college spaces such as the psychological and counseling centers, women and men college centers, LGBTQIA+ resource centers, health and wellness offices, student activity and recreational centers and lounges, etc., that aim to foster a network of support. Institutions of higher education may also implement mental health literacy training programs in which psychology, social work, health education faculty, and instructors alike, can work in collaboration with mental health professionals to educate other faculty and staff of the at-risk signs of mental health to assist students in need. It is also important to acknowledge that even the thought of learning about mental health may be discouraged by students' cultures and how this may impact their willingness to be informed about the topic (Hansen et al, 2020). Thus, further research is needed to examine how colleges promote mental health literacy from a culturally inclusive lens through curriculum integration, student life activities, counseling services, and more.

The hypothesis, which predicted that participants who reported having taken an abnormal psychology course would have higher mental health literacy scores than those who did not, was not supported by the findings. There were no statistical differences between the means of mental health literacy scores of participants who reported completing an abnormal psychology course and those who did not. Abnormal psychology is the only consistent course offered at both institutions with a course description that provides an overview of symptoms and diagnoses of mental illness, and treatment methods. Only 18 (16.5%) of participants reported taking an abnormal psychology course. These findings suggest that majority of the students in this study

may not have had much exposure to mental health content as it relates to taking an abnormal psychology course, which would potentially reflect low mental health literacy scores.

Furthermore, perhaps there were not enough students who reported taking an abnormal psychology course to show differences between mental health literacy scores from students who did not. If abnormal psychology courses are specifically tailored to teach about the onset of psychopathology, signs, and treatment, it may benefit institutions of higher education to require students to complete an abnormal psychology course as a core course, or develop a mental health literacy course or online training in which students receive credit and/or certificate of completion for their participation. Thus, students' knowledge of areas of mental health, mental illness, prevention, treatment, and services can be measured through different types of pre and post assessments.

Help-Seeking Intentions

The results did not show a positive correlation between mental health literacy and help-seeking intentions among Black/African American undergraduate students. The results revealed that an increase in mental health literacy did not result in an increase in help-seeking intentions. One possible explanation for this finding is that students were not allowed to specify their intention to seek help from separate sources which is a limitation to understanding which sources may report higher utilization among participants (Wilson et al., 2005). The ten formal and informal sources listed from the general help seeking questionnaire were grouped into four categories (i.e., informal sources, formal sources, no one, and other sources). Therefore, if students were allowed to specify their intentions to seek help from a parent, friend, intimate partner, other relative/family member, mental health practitioner, mental health professional, phone helpline, doctor/GP, minister or religious leader, help-seeking intentions scores may have

been reflected differently. For example, a student's intention to seek help from a parent or friend may vary due to the nature of relationships, however, when coupled together, the level of intention may be reduced. Thus, examining the extent to which these formal and informal relationships impact help-seeking intentions among Black/African American students is critical to understanding how help-seeking intentions can be encouraged or discouraged by these sources.

Research supports that college students with higher mental health literacy scores are more likely to have positive attitudes towards seeking care from professionals for mental health related issues (Rafal et al, 2018). As explained by the Theory of Planned Behavior (TPB), help-seeking intentions are influenced by attitudes, subjective norms, and perceived behaviors towards seeking mental health services (Conner & Heywood-Everett, 1998). Therefore, knowledge of mental disorders taught from a culturally sensitive and relevant approach may aid in the accurate recognition of symptoms, and destigmatized beliefs of mental health which can contribute to greater help-seeking intentions. Equally important, the impact of psychological and social determinants of help-seeking intentions among this population requires further examination so that efforts may include those key factors. According to the Relational-Cultural Theory (RCT), fostering supportive human relationships is critical for positive mental health outcomes of individuals from marginalized groups seeking emotional and psychological support (Duffey & Somody, 2011). Thus, students' formal relationships with their peers, faculty, academic advisors, coaches, tutors, family members, etc., are extremely influential for the promotion of help-seeking intentions that may lead to actual help-seeking behaviors.

Mental Health Service Utilization

The use of mental health services imply that individuals engaged with mental health professionals to seek counseling for emotional and/or psychological support (Rosenthal & Wilson, 2008). Research focuses on the lack of mental health service utilization among Black/African American college students aim to understand the barriers they perceive exist (Busby et al, 2021). The results also did not support the fifth hypothesis, suggesting that as mental health literacy increased, mental health service utilization among Black/African American undergraduate students would also increase. From the current study, 63(57.8%) of students indicated that they had sought services zero times within the past twelve months, while 46 (42.2%) reported seeking services at least one or more times. Consistent with previous literature, the results of this current study indicate that Black/African American students are less likely to engage with mental health services (Yorgason et al., 2008). However, the findings also suggest that there may be more reasons, in addition to lack of mental health literacy, that impact their ability or willingness to utilize mental health services. It is also important to identify the differences between the students who actually sought services and those who did not. These findings require further exploration. For example, questions pertaining to subjective norms such as cultural and/or religious beliefs that may also contribute to mental health stigma expressed in the Black/African American community, were not included in the survey. Students were also not asked questions to assess barriers to mental health care access or treatment.

Future research should seek to identify barriers to mental health services for the Black/African American student population. College initiatives should aim to develop a formal mental health resource guide for students, faculty and staff that will enable institutions of higher learning to refer students to on and off campus mental health resources and services. An

accessible, tangible, and convenient mental health resource guide may serve to include information for counseling and wellness centers, mental health and crisis prevention hotlines, symptoms of mental illness, holistic community centers, religious organizations that offer such services, and more, would help to increase the knowledge of available resources on the campus community. Psychological Centers at colleges should also intentionally hire more Black/African American mental health practitioners to assure cultural sensitivity and opportunities to build cultural trust among students. Cultural and public stigma can play a huge role in low mental health service utilization rate (Wallace & Constantine, 2005). Thus, the visual representation of Black/African American mental health practitioners can help encourage students to utilize mental health services from professionals they may feel they share common cultural identities with. The positive encounters and interaction with such services and mental health professionals may also encourage word of mouth recommendations among students to enhance the usage of mental health services on campus.

The COVID-19 Pandemic and Mental Health

The mental health needs across subpopulations have increased during the COVID-19 pandemic causing a decreased availability of mental health related resources (Office of the Surgeon General, 2021). Recent research discusses the disproportional biopsychosocial effects of the global pandemic on the Black/African American community and the health and mental health inequities that exist (Vasquez Reyes, 2020). Therefore, the reported use of mental health services by participants within the year may also be presented as a limitation in this study. The survey also did not ask any questions pertaining to access to mental health services during the COVID-19 pandemic. Therefore, it is important to consider the potential negative psychological impacts of the pandemic on this community and the limited access to mental health providers and

services. In addition, the lack of awareness related to mental health and mental health services may impact help-seeking intentions. Thus, further research is needed to examine how the unmet mental health needs of Black/African American undergraduate students are being addressed during the pandemic.

Contributions to Social Work Education in Higher Education

Social work was indicated more than any other major, by 27 (24.7%) participants in this study. This raises the question of how Black/African American undergraduate social work students are being taught mental health literacy in their core courses. While social work practice in mental health is widely prevalent, regardless of their specialized areas of practice pertaining to child and family welfare, gerontology, substance abuse, health and mental health, community organization, advocacy and more, mental health literacy should be taught to all social work students. The results of this study suggest that Black/African American undergraduate social work students might not actually be gaining mental health literacy. Social workers play a critical role in providing mental health services, support, and treatment to their clients. Thus, low mental health literacy scores reflect a concern and a need for the education of mental health literacy among this population. More specifically, social work education curriculums are to implement additional instruction on how mental health literacy can be taught through an anti-oppression lens that embodies the core values and ethics of the profession.

Educating and training social work faculty and students on the systemic racism and discrimination experienced by racial and minoritized groups in the mental health care systems, is also crucial in understanding how signs and symptoms of mental illness in Black/African Americans can be as a result of intergenerational trauma which is often overlooked within the

mental health field. Teaching mental health literacy to Black/African American social work students from a culturally sensitive approach may help decrease mental health stigma and increase help-seeking intentions. Black/African American undergraduate social work students may also educate and encourage their peers to learn more about the knowledge of mental health, illness, signs, symptoms, treatment and prevention and work to destigmatize beliefs towards mental health help-seeking and service utilization.

Contributions to Social Work Practice in Higher Education

The integration of theory and practice allows for social workers to take a holistic approach to identifying possible solutions to presenting problems. The findings in this study may contribute to the theoretical knowledge and practice of the social work field. For example, training social work students to become informed professional practitioners and advocates requires educating them on knowledge that is well versed in understanding the needs of the populations they will serve. Therefore, additional information regarding mental health literacy and its impact on help-seeking intentions and service utilization among Black/African Americans may educate social workers in the field on ways to adequately support and advocate for services and resources needed to assist this population. Education on mental health literacy and the factors that contribute to promoting public health is essential to the knowledge base of the profession.

Over the years, social work practice in higher education has become more prevalent and significant. Understanding the factors that contribute to the mental health literacy of Black/African American undergraduate students can enable social workers employed at higher-educational institutions to help promote help-seeking behaviors that will aid in the positive mental health outcomes of this targeted population. The results of this study may also aim to

provide social workers who work closely with Black/African American undergraduate students on and off campus to address issues of mental health that contribute to the life stressors of these students. Social work practitioners such as therapists and those in community mental health agencies may assist in the efforts to help this population identify symptoms and risk factors of mental illness, as well as the accessible treatment, interventions, and services provided on campus and through community resources. In addition, social workers may begin to identify the possible challenges and solutions to increasing mental health literacy of Black/African Americans and assess further skills, and knowledge needed to effectively address their mental health issues. Furthermore, the promotion of mental health literacy in continuing education programs, clinical supervision, and other more wide-reaching avenues is essential to ensuring that students of the Black/African American community are learning of the importance of mental health and the resources available to seek help.

Contributions to Mental Health Policy

Parity and equity are extremely important when developing and implementing mental health policy that will impact vulnerable and marginalized individuals, groups, and communities. In order to provide accessible, adequate, and equitable mental health services and resources, policies must reflect the critical mental health concerns of the public in all structural systems related to health, education, criminal justice, etc. Thus, the findings in this study can be used to help advance and improve mental health policy. With this body of knowledge, social work professionals will be able to advocate for the mental health needs of Black/African American undergraduate students and assist institutions of higher education to develop initiatives that serve to improve curricula content focusing on mental health literacy.

Equally important, the lack of health literacy continues to be closely examined within the Affordable Care Act (ACA) in order to require that the implementation and delivery of services to patients are effective (Somers & Mahadevan, 2010). According to Somers and Mahadevan (2010), “health literacy is the degree to which one can understand and make decisions based on health information” (p.5). Studies have shown that there is a correlation between low health literacy and poor health outcomes (Jayasinghe et al., 2016). Mental health literacy is a subset of health literacy, therefore, policy efforts to improve MHL and mental health outcomes among disadvantaged groups should be viewed just as important. Therefore, an emphasis on mental health literacy within the ACA is also needed to ensure that mental health providers are working towards helping Black/African Americans understand information about mental health and services that will allow them to make decisions related to engaging with preventative services, as well as management and treatment of their mental well-being. It is critical that efforts to health care reform include practical and culturally sensitive approaches to improve mental health literacy for disadvantage communities that are accessible. If not, low rates of help-seeking intentions and use of mental health services among diverse groups will continue to persist.

With the findings of this study, higher educational institutions may begin to revisit the core curriculum courses to require that mental health content be taught in courses other than psychology and social work. New York Education State Laws should require that institutions provide mandatory in-person and remote mental health literacy training for all faculty, staff, and students to help encourage peer to peer and professional counseling referrals. The implementation of a mental health literacy compliance training course may aid in the orientation of faculty, staff, and students to the university and promote mental health literacy focusing on the

symptoms of mental illness that impact the identification, prevention, treatment, and help-seeking behaviors.

When pertaining to the role of social workers in advocating for policies that facilitate change on a micro, macro, and mezzo level, the profession must be strategic in presenting research that will speak to the needs of the people they seek to serve. Social workers have an ethical responsibility to conduct research that can be utilized to promote social justice and implement positive change for the welfare of society. The findings in this study will not only contribute to the existing body of research that aims to explore ways to improve mental health outcomes but it will also reveal the need for additional research in this area. Although the quantitative approach used in this study has captured the level of significance between the variables being measured, further qualitative research on this particular subject would also be valuable to understanding the unique experiences and underlying factors that also contribute to the barriers towards help-seeking behaviors and mental health service utilization of Black/African American individuals.

Areas of Future Research

The barriers to mental health service utilization among Black/African American undergraduate students must continue to be explored in order to close the mental health gap. As a result of this study, we now know that exposure to mental health content increases mental health literacy. Research has supported that Black/African Americans may be reluctant to seek mental health services and engage in treatment due to personal and public stigma (Fripp & Carlson, 2016). Thus, perhaps asking participants questions related to cultural and religious messages regarding mental health, specific barriers to mental health treatment, exposure to mental health content, and help-seeking intentions using a qualitative approach, will help to address the gaps in

mental health literacy, service utilization and help-seeking intentions among this population. In addition, demographic variables such as gender, age, etc., can be used in the analysis of future research in order to compare differences between the mental health literacy scores of Black/African American students. Potential future research may also help support the creation of a new culturally sensitive mental health literacy scale that can be used to more accurately assess the mental health knowledge of Black/African American students and to inform research and practice.

Theory of Planned Behavior suggests that intentions and likelihood of a person seeking mental health services is influenced by the person's attitudes, subjective norms, and perceived barriers towards seeking mental health services and treatment (Bohon et al., 2016). While the questions in the survey can be used to assess an individual's mental health literacy level with questions pertaining to mental illness, risk factors, treatment, and attitudes towards seeking services, the survey did not specifically account for questions relating to subjective norms, and perceived barriers towards seeking mental services that also impact help-seeking intentions.

The present study was conducted at institutions of higher education that provide free and confidential counseling services to students who voluntarily seek such services through walk-ins, and referrals from college faculty, and/or staff. Furthermore, the institutions have documented their commitment to developing initiatives to assist students with accessing mental health services through virtual and on-line platforms and to also help train faculty and staff on recognizing signs of psychological distress in students who may benefit from referred counseling services. The Relationship-Cultural Theory discusses how important it is to provide a culturally inclusive response to the psychological and mental health needs of marginalized populations (Comstock et al., 2008). Thus, initiatives developed to help improve mental health outcomes

should include strategies that will aim to address the mental health needs of Black/African American students on and off campuses.

Conclusion

The lack of mental health literacy, help-seeking intentions, and service utilization among Black/African American undergraduate students in this current study should be viewed as a public health concern. The current study contributes to the body of literature that supports the mental health disparities and unmet mental health needs of this population. Although a quantitative research design is used to quantify the data collected, it does not provide information on the unique personal experiences of participants when pertaining to exposure to mental health content, mental health literacy, help-seeking intentions, and mental health service utilization. Furthermore, limitations included personal stigma surrounding the topic of mental health commonly observed in this population which may also contribute to response bias.

More research is needed to examine the factors that aim to both improve and hinder mental health literacy for Black/African American undergraduate students. Mental health content is important to consider when developing both educational and mental health service initiatives to help students increase their mental health literacy. Social work research, education, practice, and policy can be informed by the findings of this current study which provides critical information on efforts to promote mental health literacy and direction for future research.

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Appendix A
CUNY General Education Requirements

CUNY General Education Requirements Consist of:

- Common Core (all students)
- College Option (students in bachelor's degree programs)

Common Core

Required Common Core (12 credits / 4 courses) **

- English Composition (2 courses)
- Mathematical and Quantitative Reasoning (1 course)
- Life and Physical Sciences (1 course)

Flexible Common Core (18 credits / 6 courses) **

- World Cultures and Global Issues (1 course)
- U.S. Experience in Its Diversity (1 course)
- Creative Expression (1 course)
- Individual and Society (1 course)
- Scientific World (1 course)
- One additional course will be taken from one of the above areas. ***

**For students in AA, AS and bachelor's degree programs.

***In many cases, individual colleges will specify how the sixth course must be chosen. In addition, in most cases, students can complete for Common Core credit no more than two courses in any single discipline (e.g. history) or interdisciplinary field (e.g. women's studies). At Baruch College, students may complete for Common Core credit no more than one course in any discipline or interdisciplinary field. Again, it is essential to consult college guidelines.

Source link: <https://www.cuny.edu/about/administration/offices/undergraduate-studies/pathways/gened/>

Appendix B

Courses with Mental Health Content

York College	Lehman College
PSY 102- Introductory Psychology	PSY 135- Psychology of Personal Adjustment
PSY 234- Personality	PSY 166- General Psychology
PSY 238- Abnormal psychology	PSY 232-Childhood Psychopathology
PSY 289- Psychology of Addiction	PSY 234-Abnormal Psychology
PSY 340-Clinical Health psychology	PSY 245-Psychological Testing and Assessment
PSY 362- Physiological psychology	PSY 255-Theories of Personality
PSY 381- Psychological Consequences of Chronic Disability	PSY 335- Health Psychology
PSY 383- Behavior Modification	PSY 366- Clinical Neuropsychology
SCWK605-Understanding Mental Disorders	PSY 416- Seminar in Physiological Psychology
	PSY 433- Methods of Psychological Intervention
	PSY 434-Seminar in Abnormal Psychology
	PSY 440 Seminar in Psychological Services
	PSY 445-Seminar in Psychological Testing and Assessment
	PSY 470 Practicum in Psychological Services
	SWK 242- Social Work Practice with Older Adults

York College

PSY 238-Abnormal Psychology- Selected topics in psychopathology stressing the experimental approach: models of psychopathology; anxiety, dissociative, mood, and personality disorders; substance abuse and sexual disorders; schizophrenia; disorders of childhood and adolescence; and methods of treatment

<https://www.york.cuny.edu/produce-and-print/contents/bulletin/listing-of-courses/listing-of-courses-by-department/PSY>

Lehman College

PSY 234- Abnormal Psychology-Examination of the concept of abnormality and of the major categories of psychopathology with regard to symptoms and diagnosis. Consideration of etiology and treatment of psychological disorders from psychodynamic, behavioral, cognitive, humanistic, sociocultural, and biological perspectives.

<https://lehman-undergraduate.catalog.cuny.edu/courses>

Appendix C

#33005814.0

Recruitment Email

Dear Faculty:

I am a doctoral candidate at Wurzweiler School of Social Work, Yeshiva University, preparing to undertake my dissertation research. The purpose of my research is to examine mental health literacy among Black/African American undergraduate students and the factors that may contribute to mental health service utilization.

I am requesting your assistance with inviting students from your academic institution to participate in an anonymous online survey on mental health literacy. I would really appreciate your help in encouraging students to participate in this study, for example by mentioning it in your class, and emphasizing the importance of this topic. Participation in this study is voluntary and only collective trends, not personal identification, will be included in any written or verbal report. The institutional review boards at Yeshiva University, York College, and Lehman College, will further ensure the privacy of participants by requesting that an electronic consent form be completed which will identify their rights as a participant. Students will receive a copy of the form.

Please find the Mental Health Literacy Survey Link below:

If you have any questions about this study, you can contact my dissertation committee chair, Dr. Shannon Lane, at shannon.lane@yu.edu; or me at cenatus@mail.yu.edu

Appendix D

Mental Health Literacy Survey

Q1 You are invited to participate in a web-based online survey on mental health literacy among Black/African American undergraduate students. This is a research project being conducted by Rebecca Cenatus, a Ph.D. student at the Wurzweiler School of Social Welfare at Yeshiva University. It should take approximately 10-20 minutes to complete the survey.

PARTICIPATION

Your participation in this survey is voluntary. You must be 18 years of age or older to participate in this study. You may refuse to take part in the research or exit the survey at any time without penalty or loss of benefits to which you are otherwise entitled. You are free to decline to answer any particular question you do not wish to answer for any reason. Your alternative to participating is to not participate.

BENEFITS

You will receive no direct benefits from participating in this research study. However, your responses may help us learn more about mental health literacy among undergraduate students who identify as Black/African American and will attempt to examine the factors that may contribute to help-seeking intentions and mental health service utilization.

PAYMENT

You will not be paid for being in this study.

RISKS

The possible risks or discomforts of the study are minimal. You may find some of the questions to be sensitive and personal on the survey questions given your personal experience with mental health.

CONFIDENTIALITY

Your survey answers will be sent to a link at Qualtrics.com where data will be stored in a password protected electronic format. Qualtrics does not collect identifying information such as your name, email address, or IP address. Therefore, your responses will remain anonymous. No one will be able to identify you or your answers, and no one will know whether or not you participated in the study. The research records may be reviewed by the IRB overseeing this research.

CONTACT

If you have questions, concerns, or complaints at any time about the study or the procedures, you may contact my dissertation committee chair, Dr. Shannon Lane, via email at shannon.lane@yu.edu.

If you feel you have not been treated according to the descriptions in this form, or that your

rights as a participant in research have not been honored during the course of this project, or you have any questions, concerns, or complaints that you wish to address to someone other than the investigator, you may contact the Dean of Science, Dr. Edward Berliner, who handles IRB oversight for YU for any information and inquiries at eberline@yu.edu.

This research is being overseen by WCG IRB. An IRB is a group of people who perform independent review of research studies. You may talk to them at 855-818-2289 or researchquestions@wcgirb.com if:

You have questions, concerns, or complaints that are not being answered by the research team.

- You are not getting answers from the research team.
- You cannot reach the research team.
- You want to talk to someone else about the research.
- You have questions about your rights as a research subject.

ELECTRONIC CONSENT:

Please select whether or not you consent to participate in this study:

- Yes, I consent
- No, I do not consent

Skip To: End of Survey If You are invited to participate in a web-based online survey on mental health literacy among Bla... = No, I do not consent

Q2 The purpose of this survey is to examine the mental health literacy of Black/African American undergraduate students. Do you identify as any of the following group(s)? Select all

that apply.

- Black
- Black African
- African American
- African Caribbean
- Afro-Caribbean
- Afro Latina/o/x
- Other/Non-Black/African American

Skip To: End of Survey If The purpose of this survey is to examine the mental health literacy of Black/African American und... = Other/Non-Black/African American

Q3 What is your gender?

- Male
- Female
- Non-binary
- Gender non-conforming
- Gender-fluid
- Agender
- Other: _____

Q4 What is your age range?

- Under 18
- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 or over

Skip To: End of Survey If What is your age range? = Under 18

Q5 What is your educational level?

- Freshman (0 - 29.9 credits)
- Sophomore (30 - 59.9 credits)
- Junior (60-89.9 credits)
- Senior (90-120+ credits)

Q6 What is your major?

Q7 Have you completed a course that taught information about symptoms of mental illness, treatment, and prevention? (i.e., symptoms of depression, cognitive-behavioral therapy, knowledge regarding accessible mental health services, etc.).

- Yes
- No
- Not sure

Q8 Have you ever taken a course in psychology or social work?

- Yes
- No
- Not sure

Skip To: Q10 If Have you ever taken a course in psychology or social work? = No

Q9 Have you ever completed an Abnormal Psychology course?

- Yes
- No
- Not sure

The purpose of the following questions is to gain an understanding of your knowledge of various aspects to do with mental health. When responding, we are interested in your degree of knowledge. Therefore when choosing your response, consider that:

Very unlikely = I am certain that it is NOT likely

Unlikely = I think it is unlikely but am not certain

Likely = I think it is likely but am not certain

Very Likely = I am certain that it IS very likely

Q10 If someone became extremely nervous or anxious in one or more situations with other people (e.g., a party) or performance situations (e.g., presenting at a meeting) in which they were

afraid of being evaluated by others and that they would act in a way that was humiliating or feel embarrassed, then to what extent do you think it is likely they have Social Phobia:

- Very Unlikely
- Unlikely
- Likely
- Very Likely

Q11 If someone experienced excessive worry about a number of events or activities where this level of concern was not warranted, had difficulty controlling this worry and had physical symptoms such as having tense muscles and feeling fatigued then to what extent do you think it is likely they have Generalised Anxiety Disorder:

- Very Unlikely
- Unlikely
- Likely
- Very Likely

Q12 If someone experienced a low mood for two or more weeks, had a loss of pleasure or interest in their normal activities and experienced changes in their appetite and sleep then to what extent do you think it is likely they have Major Depressive Disorder:

- Very Unlikely
- Unlikely
- Likely
- Very Likely

Q13 To what extent do you think it is likely that Personality Disorders are a category of mental illness:

- Very Unlikely
- Unlikely
- Likely
- Very Likely

Q14 To what extent do you think it is likely that the diagnosis of Bipolar Disorder includes experiencing periods of elevated (i.e., high) and periods of depressed (i.e., low) mood:

- Very Unlikely
 - Unlikely
 - Likely
 - Very Likely
-

Q15 To what extent do you think it would be helpful for someone to improve their quality of sleep if they were having difficulties managing their emotions (e.g., becoming very anxious or depressed):

- Very Unlikely
- Unlikely
- Likely
- Very Likely

Q16 To what extent do you think it would be helpful for someone to avoid all activities or situations that made them feel anxious if they were having difficulties managing their emotions:

- Very Unlikely
- Unlikely
- Likely
- Very Likely

Q17 To what extent do you think it is likely that Cognitive Behaviour Therapy (CBT) is a therapy based on challenging negative thoughts and increasing helpful behaviours:

- Very Unlikely
- Unlikely
- Likely
- Very Likely

Mental health professionals are bound by confidentiality; however there are certain conditions under which this does not apply.

Q18 To what extent do you think it is likely that the following is a condition that would allow a mental health professional to break confidentiality:

If you are at immediate risk of harm to yourself or others

- Very Unlikely
- Unlikely
- Likely
- Very Likely

Mental health professionals are bound by confidentiality; however, there are certain conditions under which this does not apply. To what extent do you think it is likely that the following is a condition that would allow a mental health professional to break confidentiality:

Q19 If your problem is not life-threatening and they want to assist others to better support you

- Very Unlikely
- Unlikely
- Likely
- Very Likely

Please indicate to what extent you agree with the following statements:

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
Q20 I am confident that I know where to seek information about mental illness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q21 I am confident using the computer or telephone to seek information about mental illness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q22 I am confident attending face to face appointments to seek information about mental illness (e.g., seeing the	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

doctor/General Practitioner)

Q23 I am confident I have access to resources (e.g., doctor/General Practitioner, internet, friends) that I can use to seek information about mental illness

Please indicate to what extent you agree with the following statements:

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
Q24 People with a mental illness could snap out if it if they wanted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q25 A mental illness is a sign of personal weakness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q26 A mental illness is not a real medical illness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q27 People with a mental illness are dangerous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q28 It is best to avoid people with a mental illness so that you don't develop this problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q29 If I had a mental illness I would not tell anyone

Q30 Seeing a mental health professional means you are not strong enough to manage your own difficulties

Q31 If I had a mental illness, I would not seek help from a mental health professional

Q32 I believe treatment for a mental illness, provided by a mental health professional, would not be effective

If you were having a personal or emotional problem, how likely is it that you would seek help from the help sources listed below?

	Extremely Unlikely	Unlikely	Likely	Extremely Likely
Q33 Informal sources (i.e., intimate partner, friend, parent, other relative/family member)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Q34 Formal sources (i.e., mental health professional, phone helpline, doctor/GP, minister or religious leader)
- Q35 No one (i.e., "I would not seek help from anyone")
- Q36 Other source (i.e., "I would seek help from another not listed above." Please list in the space provided (i.e., work colleague). If no, leave blank.)

Q37 How many times have you sought support within the past 12 months from a psychologist, psychiatrist, social worker, therapist, counselor, and/or religious leader?

- 0
- 1-3
- 4-6
- 7 or more

End of Block: Informed Consent Statement

Thank you for taking this survey. If you know anyone else who identifies as Black, Black African, African American, African Caribbean, Afro-Caribbean, Afro Latina/o/x, age 18 or older, and enrolled as a part-time or full time undergraduate student from Lehman College, or York College, please share and forward the following link to them to participate in this survey:

https://yeshiva.co1.qualtrics.com/jfe/form/SV_6tUzOEGZLRaBfV4