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Mental Health Help-Seeking Behaviors and Service Utilization of Black College Students

A thesis submitted in partial fulfillment of the requirements for the degree of Master of Science
at Virginia Commonwealth University

by

Troy J. Keys

Bachelor of Arts

University of Oklahoma, December 2022

Director: Rosalie Corona, Ph.D.

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Abstract

MENTAL HEALTH HELP-SEEKING BEHAVIORS AND SERVICE UTILIZATION OF BLACK COLLEGE STUDENTS

By Troy Keys, B.A.

A thesis submitted in partial fulfillment of the requirements for the degree of Master of Science
at Virginia Commonwealth University

Virginia Commonwealth University, 2023

Major Director: Rosalie Corona, Ph.D., Professor, Department of Psychology

Black college students are less likely to seek mental health services compared to other students. While previous research has identified barriers and facilitators contributing to Black college students' help-seeking behaviors, the current political and social climate and pandemic have negatively impacted their mental health thus warranting the exploration of these factors again. This study aimed to identify the mental health help-seeking behaviors and attitudes of Black college students, the barriers and supports for help-seeking behaviors, their preferred service utilization providers, and their thoughts about promoting mental health help-seeking among their peers. Black college students ($n = 21$) enrolled at an urban university in the southeastern United States participated in semi-structured interviews. 61.9% of participants described having positive personal experiences and attitudes toward mental health help-seeking. Stigma was identified as the primary barrier keeping students from seeking psychological treatment, while social influence (e.g., family, peer) was reported as the most prominent facilitating factor. Students preferred to seek help from people they are most comfortable confiding in and who they believe to be the most trustworthy, which means they often rely on peers and family members for psychological support. Finally, 42.9% of students recommended

targeted outreach to Black college students to increase mental health help-seeking behavior and decrease stigma. The results of this study build upon the existing help-seeking literature while providing unique insights from Black college students about how to promote mental health help-seeking.

Key Words: Mental health, help-seeking, barriers, facilitators, college students, Black

Introduction

The psychological community has placed considerable emphasis on the use of evidence-based treatments in the therapeutic setting (American Psychological Association [APA] Presidential Task Force on Evidence-Based Practice, 2006). However, these interventions are only supportive of potential beneficiaries who are willing and able to access the necessary care. There are many reasons why individuals are unable or unwilling to access psychological care. Demographic markers including race/ethnicity, gender identity, and age are associated with service utilization (Williams & Cabrera-Nguyen, 2016). For instance, Black college students have low rates of seeking psychological treatment (Kam et al., 2019; Lipson et al., 2022). Further, the negative impact of the COVID-19 pandemic on college students' mental health and increased racism towards the Black community (Kim et al., 2021; Volpe et al., 2020) has increased society's attention on mental health issues, help-seeking, and care.

To understand why Black college students who may need psychological treatment are not seeking care, it is necessary to obtain their perspectives of the barriers and facilitators to mental health help-seeking and their lived experience receiving such care. While prior studies have provided useful information, understanding these issues in the current climate is needed given that we have seen advances and changes in psychological care delivery (e.g., teletherapy to improve access to services), treatment modalities (e.g., culturally responsive therapies), and mental health stigma (e.g., greater emphasis on decreasing stigma through media and various other initiatives). Further, this type of information is imperative to identifying and implementing solutions to address mental health help-seeking discrepancies (Mesidor & Sly, 2014; Picco et al., 2016; Planey et al., 2019; Shannon et al., 2022). Exploratory research has begun, including the work conducted by Crumb et al., (2021) in which Black emerging adults (including college-

attending and non-attending emerging adults) were interviewed about how certain barriers such as stigma affect their mental health help-seeking behavior and their treatment/support preferences. The current study contributes to this emerging work by exploring the mental health help-seeking behaviors of Black college students and identifying the barriers and supports that affect their willingness and ability to seek treatment and their treatment preferences.

Why is it Important to Focus on College Students?

The onset of approximately half of all life-long mental health disorders occur prior to adulthood (Kessler et al., 2005). For instance, substance use disorders have a median age of onset at around 20 years, while mental health diagnoses such as anxiety and impulse-control disorders have an earlier age of onset at 11 years (Kessler et al., 2007; Kessler et al., 2005). Emerging adults (18-29 years of age) have a higher risk than any other age group of developing specific mental health disorders, demonstrated by 22% of emerging adults being diagnosed with anxiety, mood disorders, and substance use disorder (Kessler et al., 2005). If left untreated, these disorders can have adverse effects on physical health and social outcomes, as well as academic or occupational success (Breslau et al., 2008; Eisenberg et al., 2009).

Mental health disorders are also prevalent among college students (Blanco et al., 2008). As of 2021, 60.2% of college students met criteria for one or more mental health problems (Lipson et al., 2022; Healthy Minds Study [HMS], 2021). In the HMS (from 2013 to 2021) depressive and anxious symptoms showed the largest increases with a 134.6% prevalence increase in depressive symptoms, and a 109.5% increase in anxious symptoms among college students. The prevalence of mental health disorders among college students is concerning because these disorders continue to gradually increase in both volume and severity (HMS, 2021; National College Health Association, 2008). The increase in mental health symptoms among

college students is also recognized by university leaders and staff. For instance, 91% of university counseling center directors surveyed expressed a significant increase in the prevalence of severe psychological problems reported on their campuses over a 5-year period (Gallagher, 2015). Recent events such as the COVID-19 pandemic have further impacted the mental health of Black college students.

During the 2019-2020 academic year US college students were asked to leave campus due to the COVID-19 pandemic. This forced most college students to return home resulting in decreases in their independence and social support (Kim et al., 2022). Studies revealed that during the early months of the pandemic students reported higher rates of major depressive disorder, binge-eating disorder, and alcohol use disorder (HMS, 2021; Kim et al., 2022; Lipson et al., 2022). Additionally, the COVID-19 pandemic further perpetuated systemic disparities (such as lack of access to equitable education and healthcare) and increased racism causing members of marginalized and oppressed groups to be disproportionately affected (Hooper et al., 2020; Liu & Modir, 2020). The Black community experienced such discrepancies first-hand as evidenced by Black Americans representing only 13% of the U.S. population yet accounting for a third of the diagnosed COVID-19 cases (Ibrahimi et al., 2020). The pandemic and its' lasting effects further complicate an already complex experience for Black college students.

The Experience of Black Students on College Campuses

Although enrollment rates have decreased since the COVID-19 pandemic, 38% of emerging adults generally and 37% of Black emerging adults in the U.S. attend college. College is a pivotal and oftentimes stressful experience in an individual's life. College students may experience difficulty with interpersonal adaptation, increased academic responsibility, and newfound independence (Schwitzer et al., 1999). Further, the stressors of college can exacerbate

youth-onset mental health disorders and their symptoms, thus making intervention imperative during this time (Kessler et al., 2005). College students typically have more access to health-promoting services than non-college attending emerging adults through mental health resources offered by their institutions (Blanco et al., 2008). Yet, mental health help-seeking by college students remains low, especially among Black college students (Hines et. al., 2017; Kam et al., 2018; Lipson et al., 2022).

Based on the unique lived experiences of Black individuals and the impact of various environmental factors, the current study is informed by Boykin and Toms' (1985) triple quandary theory. In this theory, Boykin and Toms (1985) described a Black individual's racial socialization, an integral part of their development, within the context of a "triple quandary" faced by Black parents in the U.S. when raising their children. The triple quandary centers on the concept that Black individuals in the U.S. are faced with three conflicting sociocultural experiences simultaneously: the mainstream experience (U.S. American context), the minority experience, and the Black cultural experience. The mainstream experience entails one's assimilation to U.S. American culture through participation in work systems, bureaucratic systems, school systems, and consumption systems (Young, 1974). The minority experience is often based upon exposure to economic, social, and political oppression (Boykin, 1986). Lastly, the Black cultural experience is rooted in traditional African ethos and is found in the close connection to one's community, cultural pride, and other developmental assets specifically connected to African American culture (Boykin, 1986). Thus, it is likely that there are unique factors, rooted in their socialization, that influence whether Black college students seek out mental health care.

In addition to experiencing the same struggles that other college students experience, Black students are often faced with additional challenges and stressors. For instance, Black college students at predominantly white institutions (PWIs; i.e., where enrollment of White students is 50% or greater) and historically white colleges and universities (HWCUs) are asked to assimilate themselves into the traditional “U.S. American experience,” and consequently experience racism in the form of racially-based discrimination and microaggressions (Hope et al., 2015; Volpe et al., 2020) as well as various other stressors including feelings of isolation (Mosley, 2014). Lewis and colleagues (2022) found that Black students attending an HWCU reported experiencing a significantly greater amount of racial microaggressions than students of other underrepresented races such as Asian, Latinx, or Multiracial students. A study conducted at an HWCU in the Northeast U.S. found that, over a 2-week period, Black students reported an average of 1.24 incidents that they described as “probably or definitely prejudiced” (Swim et al., 2003). In the same study, 55% of participants reported at least one incident of racism. More recently, Volpe et al. (2020) found that Black college students experienced racism between once and a few times (average of 1.38 times) per year with the most recent occurrences coming from the individual level while the reported worst experiences commonly occurring at the institutional level. Experiencing racism can leave Black students at an increased risk for mental health problems (Greer & Spalding, 2017; Mosley, 2014; Volpe et al., 2020).

Indeed, experiencing racism and other forms of prejudice are associated with higher levels of depressive symptoms, anxiety symptoms as well as anger expression among Black college students (Banks, 2010; Greer & Spalding, 2017; Sosoo et al., 2020). A recent study conducted with Black college students found that racism was associated with increased depressive symptoms, which in turn were associated with increased alcohol use (Su et al., 2021).

In addition, racism and discrimination are associated with adverse academic outcomes such as decreased academic motivation, low social involvement, and lower grade point averages (Greer & Chwalisz, 2007; Greer & Brown, 2011; Prillerman et al., 1989).

Racism, discriminatory acts, and other stressors (e.g., pressure to succeed, exploration of cultural/racial identity, and feelings of isolation) likely play a central role in Black students' willingness to utilize school-provided psychological services. Empirical evidence indicates that utilization of university-provided services varies across racial/ethnic groups, and that factors such as greater psychological distress, less family support, and a history of previous psychological concerns promote service utilization (Hayes et al., 2011). Help-seeking experience and attitudes were explored at a Minority Serving Institution (MSI; i.e., a higher education institution that serves large populations of minority students who have historically been underrepresented in higher education) in the Southeast United States by Kam and colleagues (2018). Results from this study demonstrated that Black American students reported primarily negative attitudes toward mental health help-seeking, as well as fewer direct or indirect help-seeking experiences. Further, Rosenthal and Wilson (2016) reported that Black students score among the highest in emotional distress while simultaneously scoring among the lowest in knowledge of counseling services compared to members of other racial/ethnic groups (Asian American, Latino, non-Hispanic White, and "mixed or other"). A lack of targeted outreach to Black students may be partially responsible for lower help-seeking behaviors. For one to seek services, they must first be aware that such services exist, identify a need for services, and be willing to seek out those services.

Three-Step Model for Mental Health Help-Seeking

Generally, help-seeking has been defined as "any communication about a problem or troublesome event which is directed toward obtaining support, advice, or assistance in times of distress" (Gourash, 1978, p. 414). While there are similarities between help-seeking in general and mental health help-seeking (e.g., the influence of perceived need for treatment and likelihood to seek help), some factors unique to mental health differentiate between these two types of help-seeking. For example, in general help-seeking, validation of symptoms and increased severity of symptoms typically influence a person's likelihood to seek care (Mechanic, 1966; Scheppers, 2006). In contrast, severe symptoms of depression have been found to have a negative impact on individuals' help-seeking behavior (Nagai, 2015). In the current study, mental health help-seeking behavior is defined as "one's tendency to seek professional aid during a personal crisis or following prolonged psychological discomfort" (Fischer & Turner, 1970, p. 79).

In addition to operationalizing the outcome of interest, it is important to ground the study in a model or framework. The present study is primarily driven by Cauce et al.'s (2002) three-step model for mental health help-seeking and is supplemented by the triple quandary theory (Boykin & Toms, 1985) described above. In the three-step model for mental health help-seeking, Cauce et al. (2002) describes the process of determining whether an individual will decide to seek treatment. While the three-step model for mental health help-seeking was originally intended to explain adolescents' pathways into mental health services, it has been adopted by researchers exploring the behaviors of emerging adults, including college students (Cheng et al., 2018; Daehn et al., 2022; Liang et al., 2005; Vogel et al., 2007).

This model is of particular significance because of its emphasis on the roles of both cultural and contextual factors that influence the pathways to health service utilization by

members of underrepresented groups. A core component of this framework is that cultural worldviews, inclusive of those influenced by ethnicity, gender, race, or sexual orientation, are integral to the help-seeking process and can affect all domains of the model (Cauce et al, 2002; Cheng et al., 2017). The process includes: (1) problem recognition, (2) the decision to seek help, and (3) service selection (Cauce et al., 2002). However, this process is not always linear and can occur in any particular order as shown in Figure 1.

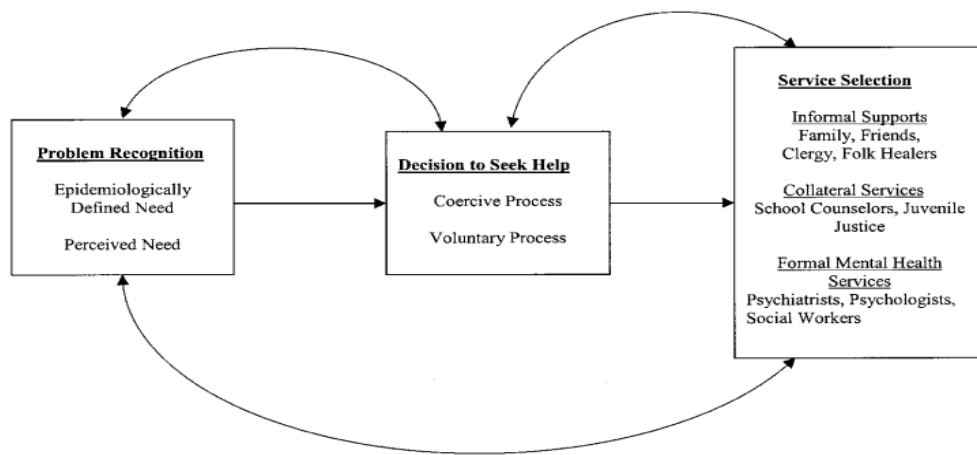


Figure 1. A model for mental health help seeking.

Figure 1 has been recreated based on the original version found in Cauce et al., 2002.

In this model, problem recognition has been broken down into two categories: epidemiologically defined need and perceived need for help. Epidemiologically defined need refers to an individual with an existing clinical diagnosis and is typically explored on a system or group level, whereas perceived need is most often addressed on the individual level. When discussing the perceived need for help, the subjective nature of that definition leaves what can be described as the “problem” open to interpretation. Some studies have explored the nuance of an individual’s perceived need for help and found that many ethnic and cultural groups had

differing opinions on what should be considered a mental health problem (Sue, 1994; Fabrega et al., 1993).

Yet, this perceived need or identification of a “problem” typically leads to the individual’s decision to seek help. Cauce et al. (2002) explained that help seeking is most likely to occur when a mental health problem is deemed undesirable, and unlikely to go away on its own. Yet problem recognition is simply not enough to elicit the act of seeking professional psychological help. It is common for barriers to arise throughout the process affecting an individual’s help-seeking behavior (Cauce et al., 2002). These barriers are any reason that one might be hesitant to receive treatment and can take many forms, including availability and access to services, cultural mistrust, self-concealment, and perceived stigma (Aguierre Velasco et al., 2020; Alvidrez et al. 2023; Cauce et al., 2002; Eisenberg et al., 2009; O’Connor et al., 2014, Rickwood & Thomas 2012).

Cultural variations around the perceived need to seek professional assistance for mental health issues also play an important role. As noted by Cauce and colleagues, when a disconnect between formal service use versus salient and valued social norms presents itself, people are highly unlikely to seek treatment (Cauce et al., 2002). Barriers such as self-concealment and self-stigma are often conceptualized to overlap with Afrocentric values (Wallace & Constantine, 2005; Boykin & Toms, 1985). This cultural layer contributes yet another underlying barrier to seeking professional treatment in the Black community. Thus, an individual’s social and cultural environment plays a role in their help-seeking decision-making process.

An individual’s decision to seek help can also be facilitated by various components of one’s life. Help-seeking facilitators are factors that encourage the help-seeking process, assisting with the identification of a need, and translation of the perceived need into help-seeking, and of

intentions to behavior (Cauce et al., 2002; Deane et al., 2005). Commonly found facilitating factors include perceived need for treatment, emotional competence, knowledge of services, and social (e.g., family, peer) encouragement (Ayalon & Alvidrez, 2007; Gulliver et al., 2010; Rickwood et al., 2007; Rickwood et al., 2005). The positive impact of facilitators can be present throughout all stages of the help-seeking process and are influential in the determination of one's utilization of services (Cauce et al., 2002).

The final step of the model for mental health help-seeking is service selection, which can be defined in many ways. Cauce et al. (2002) group the numerous outlets considered to be “psychological services” in three distinct categories: informal supports (e.g., family, friends, clergy), collateral services (e.g., school counselors, juvenile services), and formal mental health services (e.g., psychiatrists, psychologists, social workers, etc.). This step in the process is thought to be more collaborative, with the individual often being reliant upon their social network to connect them with services (Pescocolido, 1992). Rickwood and colleagues (2012) also described two main types of mental health help-seeking behavior: formal and informal. Formal help-seeking is any treatment sought from a professional with a “legitimate and recognized role in providing relevant advice, support, and/or treatment” (p. 175). Historically, this has included a wide range of professions including specialists, generalists, primary care providers, and community and youth workers. Informal services, meanwhile, would include seeking treatment from one's social network (e.g., friends or family members), though self-help has become a more easily accessible form of informal help-seeking via online computer-mediated processes. Cauce et al. (2002) further noted that service selection can be facilitated or inhibited based on one's social network, therefore rendering context and culture as perhaps the greatest influence during this stage of the help-seeking process.

Barriers to Black College Students' Mental Health Help-Seeking

As noted previously, Black college students have low rates of seeking formal mental health care when a problem arises (Kam et al., 2019; Masuda et al., 2012; Mosley, 2014). Considerable progress has been made to help researchers and clinicians better understand why Black college students may be more hesitant than members of other racial/ethnic groups to seek professional assistance for mental health concerns. Consistent with Cauce et al.'s model (2002), barriers are factors that may contribute to an individual's inability or opposition to seeking treatment, and they may appear in various forms including lack of knowledge about existing services, cultural mistrust, and stigma, among others. For instance, some Black college students are hesitant to seek psychological treatment because of fear of how they may be perceived by others (Kam et al., 2019), a concept referred to as "perceived stigma" (Eisenberg, Downs et al., 2009). Both Black children and young adults are often socialized by peers and family to "tough it out" or "chill," downplaying the negative effect that coping this way can have on mental health (Broman, 1996; Poulin et al., 1997). Thus, the impact of perceived stigma, an individual's social environment, and developmental context may affect their likeliness to seek help.

Other potential barriers, that are part of the Black experience, include cultural mistrust of the healthcare system (Allen et al., 2007; Ravenell et al., 2008), utilization of alternative outlets such as friends or family, and fear of a negative diagnosis or treatment procedures (Griffith et al., 2011). Likely related to cultural mistrust, Black college students have also been found to have more negative attitudes about mental health services than other students (Masuda et al., 2009). In a recent study, Busby and colleagues (2021) found that 74% of Black college students at elevated risk of suicidality reported that perceived problem severity was a barrier for mental health

service utilization. Further, 55% reported perceived stigma and 39% cultural understanding as perceived barriers.

An additional barrier may be related to the low rates of health literacy found in the Black community. According to the 2003 National Assessment of Adult Literacy, 58% of African Americans had basic or below basic health literacy (Kutner et al., 2006). Low health literacy has been found to correlate significantly with utilization of healthcare services and health outcomes (Stewart et al., 2015) and mental health service utilization (Henderson et al., 2013; Rusch et al., 2011; Wei et al., 2015). Another potential barrier is the influence of perceived norms of mental health help-seeking among Black college students. For instance, Barksdale and Molock (2009) found that peer norms had a greater influence on Black males' utilization of services, while females were influenced by family norms. Overall, the perceived stigma experienced by both Black male and female college students negatively correlated with their help-seeking intentions, suggesting that one's social network can influence their intentions to receive treatment. Together, this literature suggests that barriers to mental health help-seeking among Black college students can be found at the individual, peer, and cultural level.

Facilitators of Mental Health Help-Seeking Behavior

Although the exploration of barriers to mental health help-seeking behavior is important, facilitators to the help-seeking process provide a supplementary understanding of the influence of various factors on an individual's decision to seek help. Facilitators are factors that contribute positively to the help-seeking process, assisting with the identification of need, translation of need into help-seeking, and translation of intentions to behavior (Cauce et al., 2002; Rickwood et al., 2005). Although there are studies exploring facilitating factors to mental health help-seeking behavior, few assess the facilitating factors for Black emerging adults, including those attending

college (Ayalon & Alvidrez, 2007; Gulliver et al., 2010). One study that examined mental health help-seeking behavior in Black emerging adults reported the perceived need for treatment as the most common facilitating factor (Ayalon & Alvidrez, 2007). Other frequently identified facilitators in the general population include emotional competence, knowledge of existing services, and social encouragement (Gulliver et al., 2010; Rickwood et al., 2007; Rickwood et al., 2005).

In exploring facilitators, it is also important to take a strengths-based approach. Indeed, the Search Institute emphasizes the importance of strengths or “assets” and explains that the greater the number of assets that a young person possesses, the greater the number of positive developmental outcomes (Scales, 1999). Assets are presented in two categories: external assets are “the supports, opportunities, and relationships young people need across all aspects of their lives,” and internal assets which are “the personal skills, self-perceptions, and values they need to make good choices, take responsibility of their own lives, and be independent and fulfilled” (Search Institute, 1990). Data collected by the Search Institute (2018) indicated that for Black youths (grades 6 – 12), internal assets including integrity, positive view of personal future, honesty, responsibility, and achievement motivation were most commonly self-reported. Responses from this same survey demonstrated that familial support, positive peer influence, youth programs, religious community, and school boundaries were the most experienced external assets of Black youths (grades 6 – 12).

Assets have also been found to act as a buffer between an individual and risk factors that may have an adverse effect on their development (Butler-Barnes et al., 2013). A culturally-relevant and salient asset for Black college students is their racial/ethnic identity. Although the effects of racial/ethnic identity as a moderator between racial discrimination and depressive

symptoms has yielded mixed findings (Chae et al., 2017; Hope et al., 2019; Mason et al., 2017; Su et al., 2021; Yip et al., 2019), Mosley (2014) found that positive racial identity correlated with a higher likelihood to seek out counseling in a sample of Black college students attending a HWCU. In addition, help-seeking attitudes were among the main predictors of intentions to seek psychological services. In another study, Black college students who were prompted to seek psychological treatment and knew someone who had sought treatment had more positive attitudes toward mental health help-seeking behavior (Vogel et al., 2007). Further, Black students would prefer to receive guidance for psychological concerns from non-medical professionals, such as clergy or family members, despite acknowledging the additional benefits that professional psychological services may offer, including quality of treatment (Ayalon & Young, 2005; Aymer, 2010; Woods-Giscombé & Black, 2010). While we have learned some things about the barriers and supports to formal mental health help-seeking for Black college students, the changing political and social climate highlights a need to continue exploring why Black college students have low rates of formal mental health help-seeking utilization.

Present Study

Black college students do not often seek mental health care when a need arises (Hines et al., 2017; Kam et al., 2018; Lipson et al., 2022). Further, the barriers and facilitators to mental health help-seeking behaviors for Black college students are complex and intertwined with personal, relational, social, and environmental factors. Black college students have unique experiences specific to their cultural group that may affect their mental health and help-seeking behavior. For instance, Black college students may have a cultural mistrust of professional mental health services because of how they and their ancestors are and were treated in medical systems. Further, the social and political climate has changed in the past five years, and this has

negatively impacted the mental health of Black college students. The murders of Black individuals and other forms of racialized violence have become increasingly visible through social media outlets, which further perpetuates racism (Williams et al., 2022). In addition, the disproportionate impact of the COVID-19 pandemic on college students and the Black community has further contributed to increased mental health problems (Kim et al., 2022; Lipson et al., 2022). As such, we must obtain an understanding of Black college students' mental health help-seeking behaviors so that we can decrease barriers to mental health service utilization and better facilitate their entry into formal treatment when necessary.

The current study used qualitative methods to amplify the lived experience of Black college students and identify barriers, facilitators, and cultural assets that may influence their mental health help-seeking behavior. The aims were to (1) explore the mental health help-seeking behaviors and attitudes of Black college students, (2) identify the barriers and supports to their mental health help-seeking behaviors, (3) explore their preferred service utilization providers, and (4) identify what they believe can be done to increase the utilization of formal psychological services when necessary. The specific research questions are:

- 1) What are Black college students' experiences, if any, and attitudes about seeking mental health care?
- 2) What are the primary barriers and facilitators of mental health help-seeking behaviors for Black college students?
- 3) Who would Black college students prefer to go to for help when they are experiencing a mental health problem?
- 4) What do Black college students believe can potentially be done to help increase the utilization of psychological services when necessary?

Methods

Participants

Participants were recruited from an urban university in the southeastern U.S. This university is designated as an MSI due to their high enrollment of students from underrepresented groups, more specifically from Asian American and Pacific Islander backgrounds. Racial-ethnic demographic percentages of all full-time undergraduate students at this institution include 42.7% White, 19.7% Black or African American, 14.5% Asian American, 11% Hispanic, 7.9% Multi-Ethnic, 2.3% International, 1.7% Unknown, and 0.1% American Indian or Alaskan Native. However, it is important to note that this university is situated in a city with a population that is 43.96% Black or African American, close to the majority (44.62% White) according to the United States Census Bureau (2023).

Participants were 21 Black college students ($M_{age} = 18.76$ years, $SD = 0.94$). Students were eligible to participate if they (a) self-identified as Black, (b) were between the ages of 18 and 29 years, (c) were currently enrolled in college, and (d) could complete the in-person study procedures. Slightly over half (52.4%) of the students identified as women, 38.1% identified as men, and 4.8% identified as non-binary and genderfluid. Three participants were born outside of the U.S. and an additional five students had parents who were born outside of the U.S. Finally, eight participants reported having sought professional mental health services (7 participants reported this on the survey and 1 participant mentioned this in the interview but not the survey). Overall, greater than three-fourths of the participants had sought professional psychological services themselves (38.1%) or reported that a family member had previously sought professional psychological services (41.6%). Table 1 displays the demographic information of the sample.

Table 1

Demographics of Black College Student Sample

Characteristics		
Age, <i>M</i> , <i>SD</i>	18.76	0.94
Race, <i>N</i> , %		
African American/Black	19	90.5
African American/Black & European American/White	2	9.5
Ethnicity, <i>N</i> , %		
Not Hispanic or Latino	15	71.4
Ethiopian	3	14.3
Liberian	1	4.8
Sierra Leone	1	4.8
Country of Origin, <i>N</i> , %		
USA	18	85.7
Ethiopia	1	4.8
Liberia	1	4.8
Sierra Leone	1	4.8
Father Country of Origin, <i>N</i> , %		
USA	12	57.1
Ethiopia	3	14.3
Liberia	2	9.5
Ghana	1	4.8
Sierra Leone	1	4.8
Jamaica	1	4.8
Mother Country of Origin, <i>N</i> , %		
USA	13	61.9
Ethiopia	3	14.3
Liberia	1	4.8
Ghana	1	4.8
Sierra Leone	1	4.8
Kenya	1	4.8
Not sure	1	4.8
Gender, <i>N</i> , %		
Male	8	38.1
Female	11	52.4
Non-Binary	1	4.8
Genderfluid	1	4.8
Sexual Identity/Orientation, <i>N</i> , %		
Heterosexual	14	66.7
Lesbian	1	4.8

Bisexual	1	4.8
Asexual	1	4.8
Pansexual	1	4.8
N/A	3	14.3
Education, <i>N</i> , %		
Freshman	17	81
Sophomore	3	14.3
Junior	0	0
Senior	1	4.8
GPA, <i>N</i> , %		
4.0 – 3.0	9	42.9
2.9 - 2.0	6	28.6
1.9 - 1.0	1	4.8
Prefer not to say	5	23.9
Family SES, <i>N</i> , %		
Poor or low-income	1	4.8
Working class	10	47.6
Middle class	9	42.9
Rich or upper class	1	4.8
Prior Treatment, <i>N</i> , %		
Yes	8	38.1
No	13	61.9
Family History of Treatment, <i>N</i> , %		
Yes	10	41.6
No	11	52.4

Procedures

After obtaining an IRB exemption for the study, participants were recruited through SONA, the Psychology Department's online recruitment system. I sent students interested in participating in the study an email with instructions regarding when and where they would complete the in-person interview and the informed consent document for them to review before the interview. On the day of the interview, I reviewed the study procedures and consent form with the students and gave them a copy of the consent form. Students were allowed to ask questions and have them answered before signing the consent form. After consenting to

participate, students completed a short, demographic survey (on paper). Next, I conducted the semi-structured interviews. Interviews lasted 15 minutes to 1 hour ($M = 26:05$ minutes) and were audio recorded. Students received 2.0 SONA credits for participating in the study. Students were assigned an ID number, which was used on their surveys and to label the audio recordings. Because the study was exempt from IRB review, we did not collect student emails or other information that would allow future contact, which meant that member checking could not be conducted. Survey data was entered into Google Sheets following each interview and notes were taken about observations and themes recognized throughout the interview.

Measures

Demographics. Participants were asked about their race, ethnicity, gender identity, educational attainment, GPA, sexual identity, and their personal and family history of mental health problems. They were also asked about their family's socio-economic status and their parents' country of origin.

Semi-structured interview. Interview questions were created to explore the contributing factors that affect Black college students' willingness to seek or not seek mental health care. Items were guided by Cauce et al.'s (2002) conceptualization of the three-step model of adolescent mental health help-seeking, including an individual's problem recognition, the decision to seek help, and their service selection processes. In addition, Boykin and Toms's triple quandary theory (1985) was used to focus on the unique experiences that are relevant for Black college students. Example questions are "Are there things or characteristics about you that you think play a role in your likelihood to ask for help from others?" "Do you think that your race plays a role? If yes, then why?" "Do you think that being a minority plays a role? If yes, then why?" The semi-structured interview can be found in Appendix A.

Data Analysis

Data analysis was conducted using a rapid qualitative coding approach (Lawrence et al., 2019; Nevedal et al., 2021). Typically, in a rapid qualitative approach, researchers do not transcribe the interview or focus group recordings before coding begins. Instead, codebook development and coding are conducted using interview notes and audio recordings. In this study, we used a hybrid approach. The semi-structured interviews were transcribed using Rev an artificial intelligence (AI) automatic speech recognition software (<https://www.rev.ai/>). The coding team (myself, a graduate student, and Dr. Corona) used a combination of the audio recordings and transcriptions to code. The accuracy of the transcribed quotes was checked during coding when we wanted to extract a quote for the final report.

Coding followed Braun and Clark's (2006) *six-step reflexive thematic analysis*. (1) The first step was to familiarize ourselves with the data. This was accomplished by listening to the audio recordings while reading the AI transcripts and noting thoughts about potential codes. (2) Next, we created a codebook. Specifically, we generated the initial codes by identifying interesting features of the data. Codes were created using deductive (analyzing the data through the lens of existing theory and research) and inductive (using the interviews and my notes to determine the codes) approaches. This involved reading the transcripts and listening to the audio recordings in search of examples discussing the help-seeking process, barriers/facilitators, identity, and access to services. A graduate student researcher and I worked closely together discussing the codes until the codebook was completed. The codebook underwent iterative development throughout the data collection process. Table 2 presents the codes that were developed. (3) Codes were then collated into potential themes. Themes are constructs that researchers identify before, during, and after data collection and can be generated from a myriad

of pathways including the data collected, literature reviews, and researchers' subjective opinions (Polkinghorne, 2005; Ryan & Bernard, 2000). Themes were generated with the research questions in mind (i.e., participant's previous attitudes/experience toward seeking help, whether potential barriers or facilitators are present in the response, how the response may fit into the three-step model, and how their race/ethnicity may impact their response). After the initial coding was completed (i.e., marking portions of the transcripts with codes and identifying themes), we reviewed the data again and discussed any potential disagreements.

Once coding was completed, the researchers re-reviewed the themes while considering the initial codes and the entire dataset (Step 4). (5) Themes were categorized into four overlapping categories following the research questions and theories: previous attitudes and experiences about seeking mental health care (categorized by positive and negative), barriers/facilitators to help-seeking (informed by the model of help-seeking), how one's racial-ethnic experience impacts help-seeking (informed by the triple quandary theory), and access to/selection of services (informed by the help-seeking model). During this step, we identified the primary codes represented by the themes and extracted quotes. This additional process allowed the research team another opportunity to review the data and deliberate if necessary. (6) Finally, a report (i.e., this thesis) was written summarizing the themes. Throughout this six-step process, we used discourse analysis to recognize the language used while exploring the context beyond the statement to reveal more covert meanings and subtexts (Farclough, 2010). Discourse analysis is often utilized in qualitative studies with adolescent and young adult participants to compensate for potential limitations of communication using paralinguistic expression (Seamark & Gabriel, 2018).

Table 2
Final List of Codes

Code	Description
Access to services	Statements regarding one's ability to receive services when interested. This can include proximity to services, number of services available, and various other factors that may impede one's ability to receive treatment when interested.
Advertisement	When a participant describes wanting increased outreach or advertisement of services
Affordability	If a participant believes that they are unable to afford services or believe that seeking care would serve as a financial burden
Alienation	Statements regarding the feeling that others may distance themselves from the individual for seeking treatment
Change in functioning	An observable (by self or others) disruption in typical emotional state or daily activities (e.g., sleeping, eating, isolating)
Comfort with services	An explanation about their comfort level in talking to someone about their mental health
COVID-19	Any mention of the COVID-19 pandemic affecting their mental health help-seeking behavior and/or attitudes
Confidentiality	A concern about others potentially discovering that they are seeking services or their reasons for seeking services
Cultural mistrust	The fear, suspiciousness, and distrust experienced by the Black community in relation to predominately White systems (e.g., academia, political activities, social environments, and business interactions) (Terrell & Terrell, 1981)
Emotional competence	"The ability to identify and describe emotions, the ability to understand emotions, and the ability to manage emotions in an effective and non-defensive manner" (Mayer, Caruso, & Salovey, 1999)
Emotional volatility (inductive)	Any reference to extreme fluctuations in mood

Ethnic/Racial matching	Respondent described wanting a clinician of the same race/ethnicity
Family/peer sought services (inductive)	Any mention of a member of their social circle (friends and family) having utilized mental health services in the past
Family sufficient to help	If the participant states that if they had a problem, their family would be able to help them more than a therapist
Knowledge of services	Respondent described being unaware of services available or expressed difficulty with utilizing services available to them
Locus of control	If a participant describes that mental health concerns are out of their control or they are unable to impact their mental health
Medical mistrust	Mistrust of medical entities in general (e.g., hospitals, counselors, dentists, etc.)
Mental health literacy	"Knowledge and beliefs about disorders that assist in the recognition, prevention, or management of mental health concerns" (Jorm, 2012)
Peers sufficient to help	If the participant states that if they had a problem, their peers would be able to help them more than a therapist
Perception of therapist	A description, positive or negative, about one's therapist and how that may affect their help-seeking tendencies
Previously sought services	Any reference of having received help for a mental health concern in the past. This could be from both professional and/or non-professional services
Racial identity	If the participant references their racial identity impacting their ability or willingness to utilize services
Self-awareness	Statements regarding a participant's ability to perceive and understand certain characteristics about themselves
Self-perception	Any reference of one's views about themselves, oftentimes in a judgmental manner
Self-sufficiency	If the participant states that if they had a problem, they would be able to help themselves more than other services (e.g., peers, family, counselor)
Social influence	Decisions being impacted by the suggestions and beliefs of others

Stigma	"The labeling and devaluing of a person based on negative beliefs, attitudes, and perceptions about mental health issues" (Stewart, Jameson, & Curtin, 2015)
Time availability	Respondent describes being too busy or not having the availability in their schedule to go to or seek out therapy sessions
Use of alternative services (e.g., friends, family, teachers, etc.)	A participant describing that they would be more inclined to use non-professional psychological services (e.g., friends, family, church, teacher, etc.)
Usefulness of therapy	One's attitudes toward or perceptions of professional psychological services. Evaluations can stem from negative past experiences by themselves or others, and negative beliefs about seeking professional help (Rickwood, Deane, Wilson, & Ciarrochi, 2005)

Trustworthiness and Credibility

Trustworthiness in qualitative research assesses the methods, interpretation, and confidence in data to ensure the quality of the study (Polit & Beck, 2020). Four constructs were considered in this study to ensure trustworthiness: credibility, transferability, dependability, and confirmability (Guba, 1981). Credibility refers to the extent to which the study measures or tests what is intended (Shenton, 2004). In this study, credibility was accounted for through random sampling, iterative questioning (probes and rephrased questions to elicit detailed responses), and frequent debriefing sessions between myself, the additional graduate researcher, and my advisor (to consider alternative approaches, develop ideas, and to recognize potential biases).

Transferability (often referred to as generalizability) is the extent to which findings from the study can be generalized to other settings and situations. This study does not intend for findings to be generalized. Instead, as Lincoln & Guba (1985, p.316) noted, "It is, in summary, not the naturalist's task to provide an index of transferability, it is his or her responsibility to provide the

database that makes transferability judgments possible on the part of potential appliers.” As such, our goal is to provide rich and thick descriptions of what was gleaned from the participant’s responses and their lived experiences.

Dependability (often referred to as reliability in quantitative research) is addressed with a detailed description of the methods and research questions that enable future researchers to replicate the study. To ensure dependability, we provided a detailed description of the procedures (including extensive notetaking), digitally recorded the interviews, and conducted a rigorous analysis of the data. Furthermore, each interview question was constructed based on available theory. Lastly, confirmability ensures that the findings are a result of the ideas and experiences of the participants, rather than the subjectivity and preferences of the researcher (Shenton, 2004). Confirmability was established through a running journal of all discussions regarding why certain responses were clustered together (codes) or why some may be excluded from a certain category throughout the data analytic process. These decisions were checked by the research advisor. Our goal was to provide full transparency by thoroughly recording the entire decision-making process and coding procedures.

Positionality Statements

Troy Keys

I, the lead researcher of the study, am a 27-year old cisgender heterosexual mixed Black man studying to obtain a doctoral degree in clinical psychology, with a focus on child and adolescent psychology. I have worked as a clinical psychology trainee and behavioral health clinician for the past three years. These experiences have allowed me to witness first-hand the utilization of services for all individuals, including Black college students. I have been greatly interested in the mental health help-seeking behavior of Black individuals and understanding

what they believe can be done to promote service utilization. As a mixed Black man who has experienced therapy and is now practicing therapy with others, I have become more critical of the effectiveness of the promotion of mental health services and the therapeutic techniques utilized in treatment. With these experiences and beliefs being an integral part of my identity, I recognize the importance of establishing methods and guidelines to ensure trustworthiness throughout this proposed study.

Rosalie Corona

I am a second-generation Latina born and raised in the Central Valley of California. My parents immigrated from Mexico during their early adolescence (mother) and emerging adulthood years (father). My parents went to night school to obtain their GEDs, which is how they met one another. My parents raised me with the idea of the “American Dream” and they knew that one way to achieve this was through education. Immigrating to the U.S. was not easy for my parents. They encountered discrimination and the resulting challenges to their family dynamics, which impacted their family’s mental health. The combination of my lived experience as their child and the advocacy of Cesar Chavez and Dolores Huerta who were active where I grew up fueled my passion to find a career promoting racial/ethnic and health equity. I have spent 20 years at VCU working in settings to advance racial/ethnic and health equity through my research, teaching, mentoring, or service. I acknowledge that the experience of Black college students is different than the experience that I have faced and those of my family, ancestors, and community. I am confident that I can use my lived experience to inform the coding, data interpretation, and writing while also remaining culturally humble and seeking the guidance of my Black colleagues and students.

Jack Watson

I am a first-generation college student and first-generation American citizen from a rural community in Virginia. I have ties to the Native American and disability communities and serve as an informal caregiver for both of my parents. Due to these identities and experiences, I have chosen research and an approach that highlights the experiences and voices of individuals from marginalized or underserved communities, particularly those from multi-intersectional identities. Through my research, I hope to elucidate health inequities and contribute to increasing the quality of and access to care for medically underserved populations.

Table 3
Participant Pseudonyms

Name	Age	Gender Identity
Sarah	20	Female
Jason	19	Male
Tyler	20	Non-binary
Terrence	19	Male
Alyssa	21	Female
Cameron	20	Male
Katrina	19	Female
Jaylen	20	Male
Heather	18	Female
Bridget	18	Female
Sasha	18	Female
Amber	19	Female
Lauren	18	Female
Austin	18	Male
Kendra	18	Female
Matthew	19	Male
Lindsey	18	Female
Trevor	18	Male
Kevin	18	Male
Sydney	18	Genderfluid
Carolyn	18	Female

Results

Table 3 shows participants name (pseudonym), age, and gender identity.

Research Question 1: What are Black college students' experiences, if any, and attitudes about seeking mental health care?

The Black college students (61.9%) in this sample expressed both positive and negative experiences and attitudes toward seeking mental health care from professionals, friends, family members, and other sources. They noted that the sense of support they received was helpful and that they felt a sense of relief after seeking help. For instance, Katrina shared, *"I really liked it [talking to a teacher about a mental health concern] ...It was a really nice experience because I knew that I had people around me that cared about me."* Alyssa said, *"They were just there to listen and they gave me some good advice. It was just nice to get things off my chest."* Similarly, Trevor noted, *"I did bottle up a lot and it all just kind of came out and it felt like so much weight off my shoulders."* While talking about their mental health with someone else was not easy at first, their overall experience was positive. Matthew noted, *"At first, it's kind of hard to open up even if it's with someone you trust, but it was a good experience."*

Others, such as Matthew, described a negative previous experience toward seeking psychological help, stating, *"Just opening up... is uncomfortable sometimes."* Alyssa shared a similar sentiment about her attitudes toward seeking help for a mental health concern, *"It was really hard. I do not like talking about my feelings at all, so I had to let myself get far past my breaking point before I reached out."*

When analyzing participants' responses through the lens of the three-step model (problem recognition, the decision to seek help, and service selection), the positive and negative experiences and attitudes were primarily connected to the middle phase of the help-seeking

process, one's decision to seek help. Alyssa explained, "*Once I stopped eating and I stopped going to work, then I was like, okay, this is debilitating...I was like 'I should just take my hands off the wheel and get some help.'*" Fewer statements focused on the problem recognition and the service selection phases.

When participant's comments are viewed through the lens of the triple quandary theory (Boykin & Toms, 1985), 4 participants described their gender and racial (Black) identity as factors impacting their experiences seeking mental health care. Cameron explained, "*Maybe gender as well, because Black women and Black males go through possibly similar things but handle it differently and have a different perspective of it.*" Additionally, Alyssa highlighted the intersectionality of her gender and racial identities affecting her attitudes toward seeking mental health care, "*Being a Black woman there is this standard to be self-sufficient, strong, independent. Reaching out for help is not something that not only I wasn't raised to do, but I've never expected that of myself, and society has never expected that of me.*"

Overall, when describing previous experiences and attitudes about seeking mental health care, students provided a wide variety of responses. Comfort with services, having a family member or peer who sought services, use of alternative services, and family being sufficient to help were among the most common themes referenced. These themes in conjunction with the role of gender and racial identity contribute to student's attitudes and experiences seeking mental health care. Further, students reported more positive experiences when confiding in a friend or family member. Many students described feeling more comfortable with individuals with whom they had an existing relationship and that they would continue to confide in this person in the future if necessary.

Research Question 2: What are the primary barriers and facilitators of mental health help-seeking behaviors for Black college students?

Barriers

Students shared that stigma, both from family and friends and the Black community in general, is a factor that deterred or would deter them from seeking help. Katrina explained, *“If I had to be admitted into a psychiatric facility, when I got out there would be so much judgment from everybody else that I would never put myself in that position.”* Another student (Tyler) shared, *“It’s very common for in Black families and Black communities that mental health does not exist. ‘We’re not slaves anymore, so we’re fine.’”* Similarly, Alyssa described *“I’ve been raised to see it [seeking help for mental health] as a weakness.”* While students reported positive experiences and attitudes toward mental health help-seeking, they also acknowledged that perceived stigma from others surrounding mental health help-seeking remains a primary barrier to service utilization.

The second most reported barrier was the cost (affordability) of services. Although participants were enrolled in a university that offers free counseling services to all students, the cost of care remained a primary concern. For instance, Sydney replied, *“I didn’t want to be a burden to my parents when it came to therapy and the money.”* Another participant (Tyler) was asked to list as many factors as possible that would prevent them from receiving psychological services from a mental health professional, and they responded, *“The first big one is finance. Getting professional help is very expensive.”* Given the responses collected, it appears that even though the students attend a university that offers free psychological services, students continued to cite affordability of services as a primary barrier keeping them from seeking professional help, potentially inferring a lack of knowledge of services or advertisement of services to students.

The third most common barrier reported was self-perception. Participants shared that they hold a certain image of themselves and that these self-perceptions influence their willingness to utilize services when necessary. For example, Austin explained, “...*you see all these other people and you see a lot of people on campus and they’re quite happy and you’re kind of moping around... so seeing other people (and comparing yourself) can play into your willingness to seek help.*” Similarly, Alyssa shared, “*I’m very independent... I always battle with myself when it comes to asking for help.*” Some students expressed that while they would recommend seeking mental health care to a friend they may not follow their own advice for themselves because of their self-perception (e.g., “*I’m an independent person*” or “*I’m extremely stubborn and don’t think that I need help.*”). Other barriers include comfort with services, time availability, and cultural mistrust.

When viewed through the lens of the three-step model (Cauce et al., 2002), most responses regarding barriers to mental health help-seeking focused on the decision to seek help phase, rather than the problem recognition and the service selection phase. When asked about factors that would prevent them from seeking professional psychological help, Alyssa explained, “*The internal drive to go, I had to be assertive and take that next step to say, ‘I’m going to get help.’*” Similarly, Katrina described the conundrum of being a college student and the factors impacting their utilization of professional services stating, “*Being in college, because even though there are things that are stressing you out that you are going to talk about, do I have time to talk about these things that are stressing me out, because I have to do the things that are stressing me out.*”

Barriers in relation to identity, as categorized by the triple quandary theory, were more evenly dispersed: ethnic identity, or the minority experience, the Western/American experience,

and the Black experience. Participants cited their identity and experience as a minority or member of an underrepresented group as impacting their willingness to seek psychological services. Tyler shared, *“Being a minority, it’s easy for people to dismiss your culture and dismiss your feelings in general.”* Alyssa reported a similar concern, *“Yes, especially being a minority then that makes it even harder to find other minorities in your health profession (psychology) that have availability.”* Students additionally referred to their identity as a college student as a factor in their willingness to seek help. *“Being a college student... it’s very confusing and we’re constantly struggling with that battle of I’m still trying to enjoy my youth while also preparing myself to become older,”* explained Tyler. Katrina shared, *“...You just let everything that’s going on slip through the cracks because there’s so much going on externally and you can’t focus on what’s going on internally... I can’t worry about if I want to cry myself to sleep because I have an assignment to do at 11:59 and I can’t even go to sleep right now.”* Others referenced their Black cultural upbringing as playing an integral role in their hesitancy to utilize psychological services when necessary. *“For Black people it’s always ‘you don’t need to talk to anybody’ or ‘you need to be talking to your family about that’ or ‘you just need to keep quiet,’”* shared Katrina. Another student (Alyssa) expressed, *“There’s just so much that goes into being a Black person in America that affects not only the way that you feel on a day-to-day basis, but how you were raised.”* Furthermore, participants identified the impact of the minority experience, often referring to therapy as a “White” construct. For instance, Jason said, *“I feel like the way therapy is advertised... I’ve only really heard of my White friends going to therapy.”*

Facilitators

Social influence (e.g., family, peers) was the most frequently cited facilitating factor. The sentiment presented by the participants was that increased positive suggestions and beliefs by

others around them would increase their likeliness and ability to seek help when necessary. When presented with the question, is there anything that made your decision to seek help easier, Jason responded, “*knowing that my other friends are going through the same thing, it made it seem like I wasn’t the only one.*” Others credited their partners and family members for their decision to ultimately seek help. Kevin said, “*Having the support of my girlfriend made it easier for me [to seek help].*” Similarly, Sydney said, “*my niece would look at me and be like ‘what’s wrong with you?’ ... One day she said, ‘don’t hurt* yourself because I need you here.’*” Both family and peer influence were frequently referenced as a primary facilitating factor for those in need of professional psychological services.

Several participants mentioned that access to services was a facilitating factor in their willingness to seek help. Access to university counseling services was mentioned by some participants as is represented by Alyssa sharing, “*The one thing that made it easier was the (college) mental health services... They were able to get me in the next day. It was nice.*” Another student (Bridget) similarly referenced their identity as a college student stating, “*They (university faculty and staff) prioritize that (mental health) more for students... They want us to focus more on our studies but also on mental health.*” In addition, students who had not previously sought help suggested that greater access to professional psychological services would increase their likeliness to seek help when necessary.

Usefulness of therapy was also mentioned as a facilitating factor. Participants described feeling that therapy could be a useful tool for promoting mental health, and therefore they would seek out professional help if needed. For instance, one student (Lindsey) explained, “*I don’t want things to build up that stress me out. Therapy allowed me to be more precise with what I was saying about what bothered me.*” Another student (Trevor) also shared the unique experience of

being a college student: *“I think college students, like me, would benefit from therapy for college stress.”* From participant responses, it appears that participants recognize that professional therapeutic services can be beneficial to them, and those who recognize these benefits would likely utilize services.

Facilitating factors were primarily focused on the decision to seek help phase of the Cauce three-step model rather than the problem recognition phase or the service selection phase (Cauce et al., 2002). When asked if there was anything that made their decision to seek help easier, one student (Matthew) replied, *“a lot of people around me knew what I was going through so they would reach out and made it easier [to seek help].”*

In contrast to barriers, participants discussed their Western/American experience as a facilitator for professional mental health help-seeking in comparison to the Black experience and the minority experience. One participant shared (Jason), *“I feel like being a college student kind of helps you a little bit more because you’re literally living in a whole community with people that are there for you.”* Cameron added that college populations are typically diverse providing mental health providers with an abundance of experience, stating, *“Definitely, there’s a lot of people (in college) from various backgrounds and most professionals have heard a lot of similar stories.”*

Of each of the facilitating factors mentioned, social influence was the most frequently cited. Many participants described how the support of family members or peers helped encourage them to seek professional services when necessary. Others shared that they believe social support and influence would also help persuade them to utilize services in the future. These sentiments coincide with the negative impact that the perceived stigma of others can have

on one's willingness to seek help. It appears that family members and peers heavily influence the help-seeking behaviors of Black college students.

Research Question 3: Who would Black college students prefer to go to for help when they are experiencing a mental health problem?

When asked who they prefer to go to for help (directly addressing the service selection phase of the Cauce three-step model (2002)), family members and peers were common responses and professional services were mentioned the least. When deciding who to go to for help, participants mentioned they consider who they might feel comfortable talking about mental health with and going to someone they have an existing relationship with. For instance, Sasha said, *"It's really just who I'm comfortable with, because my friends and parents, I tell them everything."* Another individual described desiring an existing relationship. *"It was just who I was closest with, and who would know the most about what I was going through."* Other students described seeking help from those who they thought would be the most useful or helpful in a particular situation. *"I kind of just saw it as who could provide me with useful information,"* said Tyler when referencing their family and peers. Finally, participants mentioned trust as a key characteristic in their service selection. *"I would choose to go to people who I know have good intentions for me."* (Matthew)

While most participants reported seeking help from non-professionals, there were key characteristics sought by all from their support provider, professional or non-professional. Black college students reported preferring to seek help from individuals whom they believe to be trustworthy, who they are comfortable with, and those who they believe could be the most beneficial to them. The shared Black experience additionally presented itself on numerous occasions, with 42.9% of students stating that they would prefer to seek professional services

from a Black clinician (ethnic/racial matching). Alyssa explained, *“When it came to picking a psychologist, two main things, I wanted a Black woman, and I wanted a psychologist.”*

Research Question 4: What do Black college students believe can potentially be done to help increase the utilization of psychological services when necessary?

Finally, participants were asked what could be done to increase help-seeking behaviors when necessary. The most common theme that emerged was the recommendation of increased advertisement. Indeed, 15 participants (71.4%) expressed that increased advertisement to Black students would help minimize the barriers keeping many from seeking services, especially as it relates to the stigma surrounding mental health and mental health care. *“If therapy was advertised to the Black community as a normal thing, I feel like that would give us the ability to take down these barriers that we put around ourselves,”* said Jason. Another participant (Alyssa) shared, *“Changing the narrative of what mental health help seeking can be and is in the Black community.”*

Social influence was the second most prevalent theme. A student (Kendra) suggested *“more people talking about their experiences going into therapy”* as a way to decrease barriers surrounding mental health service utilization. Another participant (Matthew) provided a unique response involving utilization of non-professional members of the community, *“mentors, people they can look up to, role models who can guide them... cause sometimes you don’t realize there’s a problem until it’s already a big problem... so not therapists or counselors but members of the community that people can look up to.”* Lastly, participants talked about access to services, primarily services provided by someone sharing their same race and/or ethnicity (cultural matching). *“More black mental health professionals in the area and also for us to have like access to like being able to talk to someone who kind of has a similar experience or has a similar*

background to us, that would help,” described Alyssa. Similarly, Alyssa shared, *“Or people who are experienced in lower socio-economic environments or that are familiar working in Black environments. Anyone who would prevent them from having to explain themselves would be really nice.”* Students also suggested using apps, outreach by those who have the lived experience of seeking professional help, decreasing financial barriers to increase the accessibility of mental health services, and increasing mental health literacy.

Figure 2

Thematic Map

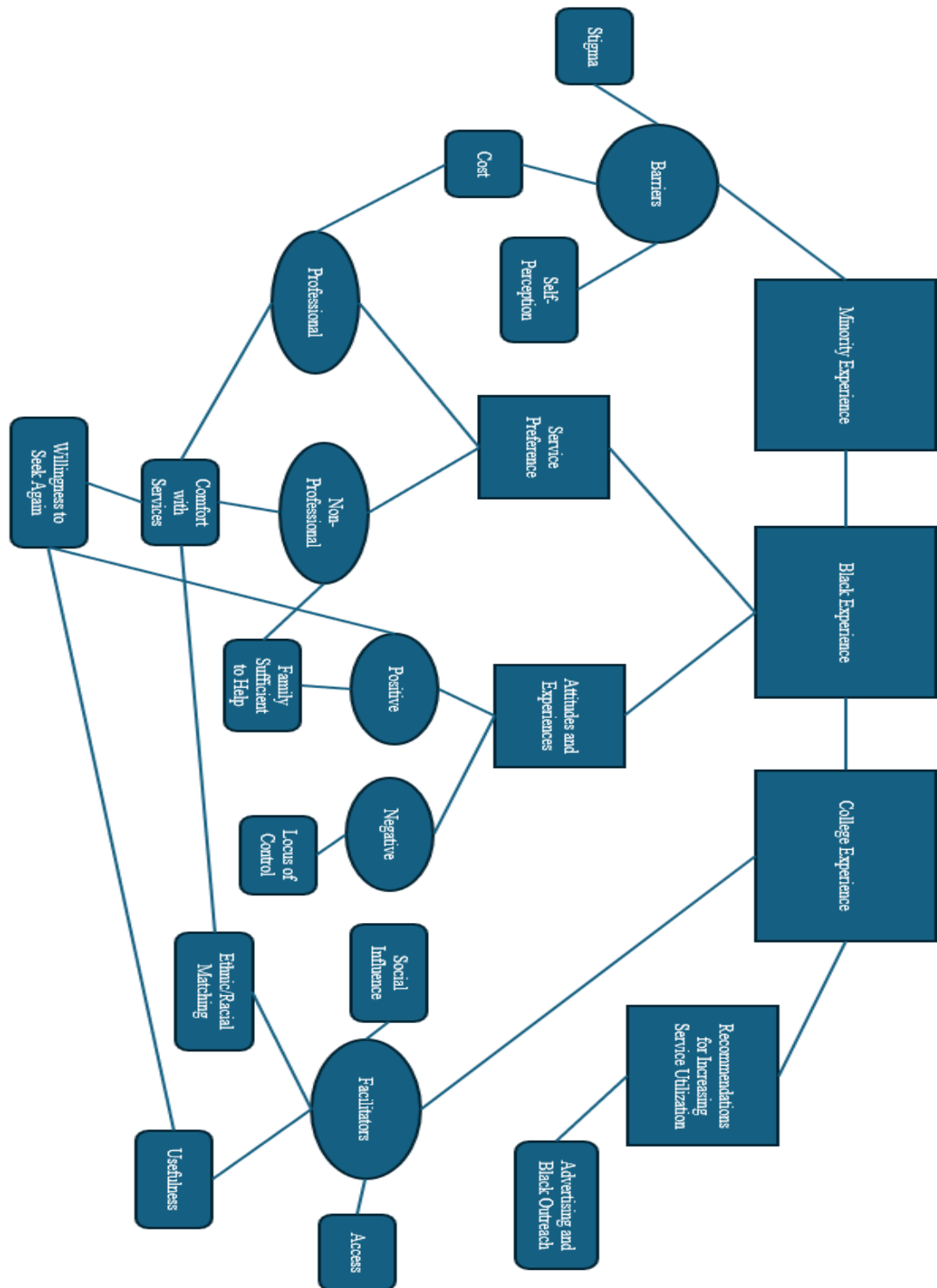


Figure 2 serves as a visual representation of the most salient connections that revealed themselves throughout the data. From the top down, it was evident that each participant's identity in relation to the triple quandary impacted their mental health help-seeking attitudes and behaviors. As previously discussed, each of these identities coexist and affect one another. Therefore, each of the three identities of the triple quandary (large squares) are connected, as represented by the solid lines between them. Although each identity employs a role in one's help-seeking attitudes and behaviors, some were more commonly cited than others in relation to each theme. For instance, barriers were most frequently associated with the Black experience. Moving down the figure, each individual research question is represented in the smaller squares, with the exception of barriers and facilitators which emerged as their own independent themes. Each theme can be identified by their oval shape, followed by the codes (rounded rectangles). As previously stated, while each facet of participants' identities were present throughout their responses, this figure specifically portrays the most common connections yielded from the data. For example, the Black experience was the most frequently referenced identity in participant responses regarding service preference and attitudes and experiences. Furthermore, other unique connections emerged throughout the analysis process, such as comfort with services being labeled a key facilitating factor to seeking professional mental health services as well as being a primary reason individuals prefer non-professional services (e.g., speaking to a family member that they are close with). Similarly, one's willingness to seek help again was connected to their comfort with services, whether they found that service to be useful, and if they had an overall positive experience previously seeking help. These are only a few of the many connections which presented themselves throughout the analytic process.

Discussion

The mental health of college students, especially those from minoritized backgrounds such as Black and Latinx students, is a national priority yet not all college students seek psychological services. To better understand why they may not seek mental health services, 21 Black college students were interviewed. We were particularly interested in understanding their experiences with and attitudes about mental health care, the barriers and supports to mental health help-seeking, who they would go to for help, and what can be done to increase mental health help-seeking among Black college students. While some of the findings in this study are consistent with prior literature (e.g., finances being a barrier to seeking support) there are some unique findings such as attitudes and experiences being primarily focused on the decision to seek help phase and one's identity as a college student being a facilitating factor to seeking psychological services.

Mental Health Help-Seeking Experiences and Attitudes

One of the primary themes that emerged in this study is that Black college students reported more positive attitudes and experiences toward mental health help-seeking than negative ones. Much of the research regarding help-seeking attitudes suggests that Black college students, regardless of the demographic classification of their institution (PWI, HWCU, HBCU, or MSI), tend to hold negative attitudes toward seeking help for mental health concerns (Crumb et al., 2021; Kam et al., 2019; Taylor & Kuo, 2018). However, this trend was not upheld within our sample. This may suggest a shift in the perceptions of mental health in general by young people in America. It may also be the increased visibility of mental health concerns since the pandemic and the need to seek help.

Some students sought help from professional counselors whereas others turned to their family and friends. Students shared that seeking help from others can be beneficial and that comfort with services, having a family member or peer who sought services, and family being sufficient help contribute to their positive experiences and attitudes. Prior literature has demonstrated that the positive experiences of family members in seeking professional services contribute to other family members' help-seeking and positive attitudes (Planey et al., 2019). The negative experiences mentioned by the students are also consistent with prior literature (Seamark & Gabriel, 2018). Students expressed varying levels of perceived usefulness of therapy, seemingly contributing to their attitudes toward seeking psychological help. It is possible that the students we interviewed held positive attitudes because they or someone they know had sought services and had a positive outcome. Indeed, only 14.3% of students reported never having sought help.

Participant ethnic and cultural background additionally seemed to be an integral factor in their attitudes toward mental health help seeking. For instance, many of the students who reported either their country of origin, or their parents' country of origin being somewhere other than the United States often reported a higher threshold of mental health concern needing to be met (e.g., suicidal ideation) prior to utilizing professional services. This may be due in part by the cultural differences in perceptions of mental health concerns and help-seeking. Cultural differences in attitudes toward mental health help-seeking were seemingly highly impactful, often preceding one's decision to seek help. Particularly, ethno-cultural differences of mental health literacy, knowledge of services, and stigma among students across the African diaspora should continue to be explored.

When interpreting students' responses within the lens of the three-step model of help seeking (Cauce et al., 2002), students' help-seeking experiences and attitudes were primarily focused on the decision to seek help phase. Fewer comments were focused on problem recognition or service selection phase. It is possible that this occurred because the questions asked were more linked to decision-making and less to problem recognition or service selection. Another possibility is that when thinking about their experiences, making a decision is more salient for college students than thinking about identifying the problem or choosing which service provider to utilize. While many students reported an understanding of what constitutes a mental health concern (problem recognition), they often described reasons why they would elect not to seek treatment. Some even acknowledged that they have or were currently experiencing a concern but were electing not to seek help. These findings are not surprising given prior work demonstrating that Black college students may not seek mental health care when needed (Kam et al., 2019; Lipson et al., 2022).

We also considered participants' experiences through the lens of the triple quandary theory (Boykin & Toms, 1985). Students mentioned their gender and racial identity when talking about their experiences and attitudes. Specifically, some participants shared that Black men and women may have different ways of coping, which is consistent with prior literature (Coleman-Kirumba et al., 2023; Shannon et al., 2022; Williams & Justice, 2010). Indeed, prior research has demonstrated that Black men in particular report more negative attitudes toward seeking help for mental health concerns (Arday, 2018; Coleman-Kirumba et al., 2023; Powell et al., 2016). Further, students talked about socialization messages in the Black community of being "strong" and the stigma surrounding mental health in the Black community. There is a robust body of literature describing the perception that Black women are naturally strong, resilient, and self-

sufficient (Donovan & West, 2015). However, this stereotype may impact Black women's abilities to ask for help when necessary and their experiences when they do seek services. Students' experiences and attitudes related to race and gender identity were linked with their discussions of barriers to mental health help-seeking.

Barriers and Facilitators for Mental Health Help-Seeking

Students most frequently mentioned stigma, affordability, and self-perception as the primary barriers to mental health help-seeking behaviors for Black college students. These findings generally align with previous research into treatment barriers (Cheng et al., 2017; Crumb et al., 2021; Mesidor & Sly, 2014; Seamark & Gabriel, 2018). While students mentioned affordability as a barrier, they did have access to free mental health services through the University Counseling Services Center. This may suggest a lack of knowledge of the school services by the students or a potential lack of targeted outreach to Black students by the university. Indeed, students described targeted outreach as a strategy to promote mental health help-seeking in the Black community (described in more detail below). It is also possible that when discussing affordability students were referring to experiences before they had access to free services or when they no longer are college students. Given the increase in mental health problems among Black college students (Kam et al., 2019; Lipson et al., 2022) and current political and social stressors faced by Black Americans, affordability, accessibility, and stigma remain important barriers to decrease.

Similar to participant attitudes and beliefs, the decision to seek help phase of the help-seeking process was overwhelmingly associated with barriers, suggesting that Black college students are primarily deterred from utilization of services when presented with the responsibility of actually seeking help (rather than recognizing the "problem" or selecting the service provider).

These findings align with those of Cauce and colleagues (2002). The role of one's racial identity is also consistent with previous help-seeking literature (Wallace & Constantine, 2005). Our sample most commonly referenced the minority experience as a barrier, often citing the perceived stigma from others. Participants also shared the beliefs of therapy being a "White" construct, and not of the same importance or usefulness for individuals from underrepresented groups. This cultural discrepancy appeared to be especially impactful to Black students' willingness to seek help. When asked what could be done to help decrease barriers to professional psychological service use, most statements and nearly half of the sample suggested increased advertisement to the Black community. Another frequently cited recommendation was increased social influence in hopes of decreasing the stigma surrounding mental health service use. Participants described hopes of increased mental health literacy for students, also through advertisement and outreach, while simultaneously suggesting having members of the Black community who had previously sought services provide anecdotes to students in hopes of further normalizing the help-seeking experience.

Participants reported social influence, access to services, usefulness of therapy, and ethnic/racial matching as their primary facilitating factors, which is consistent with prior work in this area (Pierce et al., 2021; Watson et al., 2023). Many students recommended further ease of access or simplifying the service selection phase of the process. Additionally, participants expressed a desire for more professional service providers from a similar background (race and/or ethnicity). Our sample described a greater sense of comfort with service providers of the same cultural background, and a belief that someone from a similar racial or ethnic background would better understand their situation and therefore be better equipped to help. Prior work has demonstrated that culturally-relevant services, including racial/ethnic matching, improve the

client-therapist alliance (Cabral & Smith, 2011), which in turn is related to improved outcomes (Kim & Kang, 2018).

A unique theme in relation to facilitating factors presented itself in the data. Participants cited the Westernized/American cultural element positively associating with facilitating factors to mental health help-seeking. Many students described the feeling of community and resources provided to college students as being important in their decision and ability to seek help. These findings may be partially representative of the improvements made by colleges and universities to further emphasize the importance of mental health. However, students continue to call for increased outreach and access to decrease the barriers to service utilization and ensure the help-seeking process is made as seamless as possible. Further, researchers can use this dataset to continue exploring potential correlations between demographic characteristics (e.g., gender, sexual identity, ethnicity, etc.) and barriers to mental health help-seeking to better inform efforts to increase professional service utilization.

Mental Health Service Preferences

The Black college students in this study shared that they often turn to their family and friends with their mental health concerns, which is consistent with prior research (Barksdale & Molock, 2009). It is possible that the students preferred talking to family and friends because they are closer to them than a professional counselor and believe that they can help and understand them the best. In addition, the ease of access to members of their immediate social circle also heavily influenced service selection preference. Extant literature suggests Black college students typically find the steps needed to seek professional services to be cumbersome and uncomfortable (Kam, Mendoza, & Masuda, 2018). Our sample supported this notion, often citing barriers such as time availability and cost of services as barriers to utilization of

professional services. Comparably, although most students in our study preferred non-professional services, a number of fundamental characteristics to service selection presented themselves. Participants reported a preference for service providers that they deem to be trustworthy, whom they are comfortable confiding in, and those who they believe could be most beneficial to them. Further, the longing for the shared Black experience with their provider was referenced by almost half of the students. Goode-Cross and Grim (2016) explored this phenomenon of the “unspoken level of comfort” between same-race clients and clinicians, suggesting a sense of familiarity allowing both clients and clinicians to be more comfortable, often fostering a more personal therapeutic relationship. Historically, this sentiment has been especially salient in Black culture in the U.S. potentially due to an acute awareness of systemic racism (Ilagan & Heatherington, 2022). Furthermore, Black clients may experience heightened levels of concern that a non-Black therapist could lack sensitivity and cultural competency, leaving them less equipped to treat their concerns (Chang & Yoon, 2011; Ilagan & Heatherington, 2022; Thompson, Akbar, & Bazile, 2002). Our findings similarly suggest that Black college students prioritize comfort and trustworthiness from whomever they approach for psychological help, often preferring same-race clinicians. Given these responses, clinicians should aim to prioritize rapport building with Black college student clients to ensure comfort and trust to the best of their ability.

Recommendations for Increasing Mental Health Service Utilization

Lastly, as previously stated, participants recommended increased advertisement and outreach to the Black community to help increase the utilization of psychological services when necessary. Students provided unique examples, such as, sending texts to students each semester to check-in on their mental health, advertising to groups around campus similar to sporting

events, and even having members of the community share their experiences with mental health help-seeking. These findings are consistent with the existing literature (Kam et al., 2019; Leath & Jones, 2021; Shannon et al., 2022). Many participants reported stigma and social influence greatly impacting their willingness to seek help when necessary. While these findings are consistent with previous research, the data provides unique personal perspectives regarding what Black college students believe can be done to further increase the utilization of professional psychological services.

In summary, perceived stigma and public perception toward psychological service use continue to impact Black college students' attitudes and behaviors. Thus, members of the Black community and health professionals must continue taking measures to reduce the stigma surrounding mental health service utilization. For instance, universities can increase mental health literacy through targeted outreach and advertisement, especially those targeted at the Black student community. Mental health providers and other professionals who work on college campuses can incorporate members of the Black community in their outreach. Visibility of Black individuals discussing mental health is essential in normalizing the experience and reducing the negative stigma. Furthermore, providers who do treat Black college students should aim to prioritize establishing a comfortable and trustworthy environment for their clients, two of the primary characteristics most commonly associated with a positive help-seeking experience. Increasing these measures may positively impact Black college students' perceptions of psychological services and further promote help-seeking when necessary.

To further decrease barriers, increasing students' awareness to mental health services is important. University Counseling Centers can update their website and outreach programs to allow students to register for services as easily as possible. Some participants recommended

allowing students to schedule an appointment simply through an app on their cell phone. Another suggestion made by a participant was text outreach to check-in with students, also allowing them to quickly and seamlessly schedule an appointment via text message if they are inclined to do so.

Additionally, findings from the study suggest that stigma and social influence also significantly impact Black college students' help-seeking behaviors. Therefore, mental health providers should not only prioritize general advertisement of services available, but also providing more context about services and their potential benefits. Mental health professionals and universities may consider recruiting mentors and other influential figures for advertisement of services in hopes of altering the perception that "only crazy individuals go to therapy." While many colleges and universities continue to refine their outreach and access to services for their students, innovations similar to those suggested above are still necessary to improve ease of access for all students. Beyond this dataset, both clinicians and researchers should continue prioritizing the voice of members of the target population to guide improvements to the mental health help-seeking process for Black college students.

Limitations

There were limitations found in the present study. The sample consisted of a small representation of the Black community at one HWCU. While the participants' demographic characteristics were heterogeneous (e.g., age, class level, ethnicity, gender, sexual identity) this is only a minute sample of students, and not indicative of all Black college students. Recruiting a small group of participants provided researchers with the ability to take an in-depth look into the unique personal perspective of each student sampled. Nevertheless, these findings are not expressed with the intention of being generalized to all Black college students and should be done so with caution.

Additionally, help-seeking research is especially nuanced, and while attitudes related to help-seeking were explored, we elected not to follow-up with participants regarding their actual help-seeking behaviors. Azjen's theory of planned behavior (Azjen, 1991; Azjen, 2011) explains that one's attitudes and beliefs toward a behavior is often representative of their behaviors. This decision was agreed upon by members of the research team and members of the thesis review committee in hopes of allowing the participants to speak freely and not be concerned about confidentiality. While future research may benefit from a study addressing help-seeking attitudes and future help-seeking behaviors, we did not elect to do so for the present study.

Conclusion

Contrary to most studies exploring attitudes and experiences toward mental health help-seeking for Black college students, participants reported more positive attitudes and experiences toward seeking mental health care than negative. The majority of participants cited stigma as the most salient barrier to help-seeking while also recognizing their racial identity and minority experience being significant influences in their willingness to utilize professional psychological services. Students interviewed also reported social influence as being the most prominent facilitating factor, and most frequently credited their identity as a college student (the Westernized/American cultural experience) as a key component to their willingness to seek professional mental health services. Both barriers and facilitators most commonly occurred during the decision to seek help phase of the Cauce three-step model (2002). More Black college students preferred seeking services from non-professional providers, often reporting an inclination to seek help from friends or family members. Participants explained that their selection of services is often guided by their level of comfort and trust with their service provider (both professional and non-professional). Many students added that they would prefer to seek

help from an individual from the same cultural background as them, due to an expectation that this person would be able to better understand their experiences and, therefore, better assist them. Finally, participants recommended increased advertisement and outreach specifically targeting the Black community to help increase social influence and decrease stigma surrounding the utilization of professional psychological services. Overall, these findings provide unique insight for clinicians and researchers about the help-seeking behaviors of Black college students, and their recommendations for more effective methods of promoting and providing mental health services.

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Appendix A

Draft of Semi-Structured Interview Questions

1. When you hear about mental health what does that mean to you?
 - a. How would you describe a mental health concern?
2. In your opinion, what does the society in which you live believe about someone receiving formal psychological help for interpersonal or emotional concerns?
 - a. What does your family think about receiving help for mental health concerns? Or what has your family told you about getting help for mental health concerns?
 - b. What do your friends think?
3. Have you ever talked to anyone about your mental health at any time? This could be a family member, friends, church members, teachers, coaches, community members, or any other non-medical professionals.
 - a. If yes, who did you go to for help?
 - i. How did you decide who to ask for help?
 - ii. What was that experience like for you?
 - iii. Would you talk to this person again? Why or why not?
 - b. If no, what keeps you from talking to someone about your mental health?
4. At what point would you believe it is necessary to seek help for a mental health concern from a mental health professional (e.g., psychologist, counselor, etc.)?
 - a. Could you list as many factors as possible that have or would prevent you from receiving psychological services from mental health professionals?
 - b. What do you believe professional mental health service providers can do to better support Black college students using services?
5. Has anyone in your family ever experienced a mental health concern?
 - a. If yes, then ask who, when, what they did for help, and whether what they did was helpful.
 - b. What did your family think or say about the person and their mental health concern?
6. Have you ever experienced a mental health concern?
 - a. What did you seek help for?
 - b. Why or what led to the decision to seek help?
 - i. Is there anything that made the decision to seek help easier?
 - ii. Is there anything that made that decision more difficult or would have stopped you from seeking help?
 - iii. Have any of your identities played a role in your decision? If yes, then how?
 - c. Who did you seek help from?

- i. Was it from a professional or a non-professional?
 - ii. How did you decide who to seek help from?
 - d. How would you describe your help seeking experience?
 - i. What did you like about it?
 - ii. What didn't you like about it?
 - iii. Is there anything you would do differently?
 - iv. Is there anything that you wish the person you sought help from would have done differently?
 - e. Would you do it again? Or would you recommend this to a friend?

- 7. Are there things about you that you think play a role in your willingness to ask for help from others when you have a mental health concern?
 - a. Do you think being a college student plays a role? Why or why not?
 - b. Do you think that your race plays a role? Why or why not?
 - c. Do you think that being a minority plays a role? Why or why not?

- 8. The things that can stop you from seeking help are called barriers. What, if anything, do you believe can be done to help decrease barriers to mental health help-seeking for Black college students?

- 9. What would help Black college students seek help for a mental health concern?

Appendix B

Semi-Structured Interview Questions: Organized by Research Question

Themes:

- 1. Cauce's Three Step Mental Health Help-Seeking Model**
 - a. Problem Recognition**
 - b. Decision to Seek Help**
 - c. Service Selection**
- 2. Boykin & Tom's Triple Quandary Theory**
 - a. U.S. American Experience (College Experience)**
 - b. Black Cultural Experience**
 - c. Minority Experience**

Research Question 1: What are Black college students' experiences, if any, and attitudes about seeking mental health care?

3. Have you ever talked to anyone about your mental health at any time? This could be a family member, friends, church members, teachers, coaches, community members, or any other non-medical professionals
- 3a. What was that experience like for you?
5. Has anyone in your family ever experienced a mental health concern?
6. Have you ever sought help for a mental health concern?
- 6a. What did you seek help for? (1a)
- 6b. Why or what led to the decision to seek help? (1b)
- 6biii. Have any of your identities played a role in your decision? If yes, then how? (2a, 2b, 2c)
- 6d. How would you describe your help seeking experience?
- 6di. What did you like about it?
- 6dii. What didn't you like about it?
- 6e. Would you do this again? Would you recommend this to a friend? (1b)

Research Question 2: What are the primary barriers and facilitators of mental health help-seeking behaviors for Black college students?

- 3b. If no, what keeps you from talking to someone about your mental health? (1a, 1b, 1c)
- 4a. Could you list as many factors as possible that have or would prevent you from receiving psychological services from mental health professionals? (1a, 1b, 1c)
- 6bi. Is there anything that made the decision to seek help easier? (1b)
- 6bii. Is there anything that made that decision more difficult or would have stopped you from seeking help? (1b)
7. Are there things about you that you think play a role in your willingness to ask for help from others when you have a mental health concern? (1a, 1b, 1c & TQT)
- 7a. Do you think being a college student plays a role? Why or why not? (1a, 1b, 1c, 2a)
- 7b. Do you think that your race plays a role? Why or why not? (1a, 1b, 1c, 2b)

7c. Do you think that being a minority plays a role? Why or why not? (1a, 1b, 1c, 2c)

Research Question 3: Who would Black college students prefer to go to for help when they are experiencing a mental health problem?

3a. If yes, who did you go to for help? (1c)

3ai. How did you decide who to ask for help? (1c)

3aiii. Would you talk to this person again, why or why not? (1c)

6c. Who did you seek help from? (1c)

6ci. Was it from a professional or a non-professional? (1c)

6cii. How did you decide who to seek help from? (1c)

Research Question 4: What do Black college students believe can potentially be done to help increase the utilization of psychological services when necessary?

4b. What do you believe professional mental health service providers can do to better support Black college students using services?

6diii. Is there anything you would do differently?

6div. Is there anything that you wish the person you sought help from would have done differently?

8. The things that can stop you from seeking help are called barriers. What, if anything, do you believe can be done to help decrease barriers to mental health help-seeking for Black college students?

9. Given these barriers, what would help Black college students seek help for a mental health concern?

Appendix C

Mental Health Help-Seeking Behaviors and Service Utilization of Black College Students

Demographic Survey

Please answer each question as truthfully as possible to the best of your ability.

Race:

(What is your racial identity? Please select all that apply.)

- A. Aboriginal
- B. African American or Black
- C. Asian
- D. European American or White
- E. Native American
- F. Native Hawaiian or Pacific Islander
- G. Māori
- H. Other (please specify): _____

Ethnicity:

(What is your ethnic background?)

- A. Hispanic or Latino
- B. Not Hispanic or Latino
- C. Other (please specify): _____
- D. Prefer not to say

What is your country of origin?

What is your father's country of origin?

What is your mother's country of origin?

Gender Identity:

(What is your gender identity?)

- A. Female
- B. Male

- C. Transgender
- D. Non-binary
- E. Other (please specify): _____
- F. Prefer not to say

Sexual Identity/Sexual Orientation:

Age:

Education:

(What is your current classification as a student?)

- A. Freshman
- B. Sophomore
- C. Junior
- D. Senior
- E. Fifth-Year Senior
- F. Graduate Student
- G. Other (please specify): _____
- H. Prefer not to say

GPA:

- A. 0.0 – 1.0
- B. 1.0 – 2.0
- C. 2.0 – 3.0
- D. 3.0 – 4.0
- E. Prefer not to say

Family's Socio-Economic Status:

(What socioeconomic class would you classify your family in?)

- A. Poor or low-income
- B. Working class
- C. Middle class
- D. Rich or upper-class

Personal history of mental health concerns:

(Have you ever received treatment for a mental health concern? If yes, from whom? Please explain below.)

Family history of mental health concerns:

(To your knowledge, does anyone in your family have a history of mental health concerns? If yes, please explain below.)

Vita

Troy J. Keys is a clinical psychology doctoral student at Virginia Commonwealth University (VCU) based in Richmond, Virginia. He received his BA with a major in psychology from the University of Oklahoma (2019). Troy has a variety of professional experiences in both clinical and research settings, he previously worked in Dr. Michael Mumford's research lab for leadership at the University of Oklahoma, as well as Dr. Ellen Langer's research lab for mindfulness at Harvard University. In his time at VCU he has worked in various clinical settings as a clinical psychologist, such as the Hayes E. Willis family clinic, the Children's Hospital of Richmond, and the Center for Psychological Services and Development. Troy currently works as the Graduate Assistant Clinical Sport Psychologist for VCU Athletics and hopes to continue his clinical work as well as researching mental health help-seeking behaviors in Black emerging adults.