Mental Health Service Usage by Students Attending an Historically Black College/University

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ABSTRACT

The findings reported in this article emphasizes that colleges must utilize campus organizations and student services departments to provide outreach activities for incoming students as they enter college. This exposure may be beneficial in lessening the stigma attached to receiving mental health services on campus. Utilization of these services could result in a symbiotic relationship between the students and the college. Students obtaining the mental health services necessary to lessen their psychological distress, allows them to continue their education to a higher cognitive level. The assistance of these students may ultimately result in an increase in student retention levels and the college graduation rates.

Introduction

The advent of a changing world market and global economy has intensified the pressure experienced by today’s college students. Competition for jobs, admittance into graduate school programs, and membership into prestigious honor societies led Dr. Richard Kadison, chief of mental health services at Harvard University and author of “College of the Overwhelmed” to indicate that nearly 50% of college students are likely to suffer some degree of depression while enrolled in college (Rose Williams, 2006). Of these students, African American college students demonstrate low rates of seeking mental health assistance for their psychological distress. The issues cited most frequently for these low rates of assistance include “mistrust of White therapists, attitudes toward mental health problems, and African American spirituality” (So, Gilbert, & Romero, 2005, pg 806). The present study examined samples of predominantly African American students collected at a Historically Black College/University (HBCU). Through utilization of the College Alcohol, Drug Addiction, and Psychosocial Issues Inventory, the present study examined the trend of students attending a HBCU and their endorsement of mental health seeking attitudes. Results demonstrated that the attitudes toward obtaining mental health assistance have decreased among students classified as freshmen and sophomore, but demonstrated a notable increase amongst juniors and seniors.

Purpose of the Study

The purpose of this study was to examine the relationship between college classifications and help seeking attitudes among African American college students enrolled in HBCUs. The primary objective of the survey was to (1) identify the potential need for mental health services of African American students enrolled at HBCUs and (2) determine the variation in levels of the students willing to seek mental health services. We anticipated a positive relationship between level of education and willingness to seek mental health services, as has been previously found in the general population.
Underutilization of Mental Health Services

Previous studies of the general population’s attitudes and behaviors toward seeking help for mental health problems have documented a general underutilization of mental health services (Kushner & Sher, 1991). Although attitudes toward seeking psychological help have been studied generally, there remains minimal information available regarding the mental health seeking attitudes of African American college students’ seeking assistance for their mental health issues (So, et. al, 2005). A literature review addressing the mental health seeking attitudes of African American college students was sparse and revealed very little information.

The underrepresentation of studies of African Americans in the literature is particularly disturbing, considering the reports that these same African Americans are disproportionately affected by other health problems, including cardiovascular diseases and cancer (DHHS, 1991). The issue regarding mental health on college campuses is not nearly novel. At the first meeting of the American Student (now College) Health Association in 1920, Frankwood Williams urged that colleges develop mental health programmes for the following reasons:

1. To conserve the student body, so that intellectually capable students may not be forced unnecessarily to give up a college career.
2. To forestall failure in the form of nervous and mental disease, immediate or remote.
3. To minimize partial failure through mediocrity, inadequacy, inefficiency, and unhappiness.
4. To make it possible for each individual to use more fully the intellectual capacity he possesses, through widening the sphere of conscious control and thereby widening the sphere of social control. (Williams, 1921).

Various searches revealed a significant paucity of information regarding African American college students, as compared to their white, same-aged counterparts (Gloria, Hird, & Navarro, 2001). Much remains unknown as to the reason why African American college students remain reluctant to seek mental health assistance from mental health professionals, regardless of the availability of these services. Neither socioeconomic level nor educational background appears to predict the usage of mental health services by African Americans. African Americans in general are less likely than Whites to receive mental health services (Robins & Reigier, 1991; Swartz, Wagner, Swanson, Burns, George, & Padgett, 1998). African Americans are more likely to seek assistance to mitigate their mental health woes via treatment in primary care setting (Pingitore, Snowden, Sansome, & Klinkman, 2001), emergency facilities (Hu, Snowden, Jerrell, & Nguyen, 1991), or only under coercion or to meet legal obligations (Takeuchi & Cheung, 1998).
According to So et al. (2005) culture has been indicted as a potentially plausible rationale accounting for the minimal usage of mental health services by African Americans. Through socialization, patterns of identity are established through one’s culture, which sets the subjective standards for determining the levels of tolerance for, and reporting of physical, emotional, and social disturbances (Kleinman, 1980). The reporting of these disturbances may be negatively frowned upon within the African American community, consistent with the literature of underreporting that is prevalent within this culture. Studies examining the health behaviors of minority populations, specifically African American college students, are relatively rare.

The stigma associated with mental illness increases the reluctance of African Americans to seek mental health services. African Americans tend to be less accepting of persons suffering from mental illness, and are more likely to be rejecting of these people and consider them inferior (Silva De Crane & Spielberger, 1981). African Americans are more likely than Whites to seek assistance for psychological distresses from members of the community, spiritual leaders, and family members (e.g. Miller & Weisz, 1996). The willingness of African Americans to accept the advice of spiritual counsel is longstanding tradition. Spiritual and religious theories of behavior and emotions have been found to be prominent of among African American families with relatively strong racial identification (Cheung & Snowden, 1990). Expectedly, prayer and spirituality are used by members of many ethnic minority cultures as means to cope with their psychological problems opposed to counseling or psychotherapy (So, et. al., 2005).

Goode (1985) investigated the general wellbeing, specifically the health behaviors, of students in predominantly Black colleges and universities in Virginia. Although Goode noted that the students appeared to be healthy, she called for additional baseline data to identify the health behaviors of students in predominantly Black institutions of higher education.

Previous research has assessed the impact of education and age on predicting attitudes toward help-seeking behavior (So, et. al., 2005). Research addressing level of education generally indicates that a higher level of education predicts more positive attitudes toward seeking help (Surgenor, 1985). So, et al (2005) expressed concerns regarding the clarity of education being the primary reason for the positive attitudes of African Americans towards seeking help for psychological problems. The point expressed being that increased duration in school may account for the increase in seeking help, which in turn could lead to more positive attitudes towards mental health services.

Research revealed several other studies suggesting that different coping strategies, such as help-seeking attitudes for psychological problems are related to age and maturity (Aldwin, 1991, 1194; Aldwin, Sutton, Chiara, & Spiro, 1996; Kilewer, Lepore, Broquet, & Zuba, 1990). The limited studies that have sought to address this point are inconsistent in their findings. Yeh (2002) indicated no predicted effect of age on Taiwanese college students’ attitudes toward seeking professional psychological help.

This study sought to examine the relationship between college classifications and help seeking attitudes among African American college students enrolled in HBCUs. The primary objective of the survey was to (1) identify the potential need for mental health services of African American students enrolled at HBCUs and (2) determine the variation in levels of the
students willing to seek mental health services. We anticipated a positive relationship between level of education and willingness to seek mental health services, as has been previously found in the general population.

Methods

Participants and procedure

The samples included students at a predominantly African American historically Black university in an urban setting. Participants were two hundred and nine students enrolled in psychology courses, but were not necessarily psychology majors. About 67.5% of the respondents were female and 32.5% were male, and this was the approximate ratio of women to men enrolled in the university. The age range of the respondents was 16 to 59 years, 66.5% of the respondents in the 18 to 21-year range. Most of the participants were first-year students (40%) or sophomores (28%); the remainder of participants was divided between juniors and seniors. The classes surveyed were required for all undergraduates, regardless of their major field of study. These classes were generally taken by first and second year students with a limited number of junior and senior students present. This sample was a representative sample of first and second-year students by sampling these intact groups.

Participants were given the College Alcohol, Drug Addiction, and Psychosocial Issues Inventory. Students were instructed that the survey sought information for improving clinical and psychological services available for students. The self-administered measures took approximately twenty minutes to complete. Participants were told that their participation was voluntary and anonymous, and that they could withdraw at any time without prejudice. Students were advised to place completed surveys in a manila envelope located on a table near the classroom exit.

Results

Frequency distributions and cross tabulations were computed to evaluate the number and gender of students willing to seek mental health assistance on campus. Pearson product-moment correlations were computed to assess the relation between the two components being investigated regarding (1) previous participation in counseling or psychotherapy and (2) current need for counseling or psychotherapy, college classification, and gender. In the intercorrelational analysis of the counseling factors (see Table 7). It was found that although there may be a need for counseling services on campus, males were significantly less likely to utilize these services. As college classifications increase, students were more likely to utilize mental health support services. Finally, although students may have previously been involved in counseling or psychotherapy, upon entering college, these students were less likely to continue seeking mental health services.

More relevant to the purpose of the study was the significant finding of a positive relation between Current counseling/psychotherapy and college classification ($r = .195$, $p = .005$). The greater the education of the student the greater the likelihood that the student will seek mental health services.
### TABLE 1
Previous Counseling/Psychology services among African American students (N = 209)

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Freshmen</td>
<td>9.5</td>
<td>90.5</td>
</tr>
<tr>
<td>Sophomore</td>
<td>10.2</td>
<td>89.8</td>
</tr>
<tr>
<td>Junior</td>
<td>22.6</td>
<td>77.4</td>
</tr>
<tr>
<td>Seniors</td>
<td>24.0</td>
<td>76.0</td>
</tr>
</tbody>
</table>

### TABLE 2
Currently receiving Counseling/Psychological services among African American students (N = 209)

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Freshmen</td>
<td>1.2</td>
<td>98.8</td>
</tr>
<tr>
<td>Sophomore</td>
<td>0.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Junior</td>
<td>3.2</td>
<td>96.8</td>
</tr>
<tr>
<td>Seniors</td>
<td>12.0</td>
<td>88.0</td>
</tr>
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</table>

### TABLE 3
Received Psychological Diagnosis African American students (N = 209)

<table>
<thead>
<tr>
<th></th>
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<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Freshmen</td>
<td>0.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Sophomore</td>
<td>3.4</td>
<td>96.6</td>
</tr>
<tr>
<td>Junior</td>
<td>3.2</td>
<td>96.8</td>
</tr>
<tr>
<td>Seniors</td>
<td>16.0</td>
<td>84.0</td>
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</table>
TABLE 4
Previous Counseling Services Comparison by gender

<table>
<thead>
<tr>
<th></th>
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<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Females</td>
<td>18.4</td>
<td>81.6</td>
</tr>
<tr>
<td>Males</td>
<td>7.4</td>
<td>92.6</td>
</tr>
</tbody>
</table>

TABLE 5
Currently Receiving Counseling Services by gender

<table>
<thead>
<tr>
<th></th>
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<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Females</td>
<td>4.3</td>
<td>95.7</td>
</tr>
<tr>
<td>Males</td>
<td>0.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

TABLE 6
Received Psychological Diagnosis by gender

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Females</td>
<td>4.3</td>
<td>95.7</td>
</tr>
<tr>
<td>Males</td>
<td>4.4</td>
<td>95.6</td>
</tr>
</tbody>
</table>
**Table 7**

**Intercorrelations among Previous Counseling/Current Counseling, Gender and classification**

Legend for Chart:

B- 1.
C- 2.
D- 3.
E- 4.
F- 5.

<table>
<thead>
<tr>
<th></th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Classification</td>
<td>--</td>
<td>-.091</td>
<td>.211(**)</td>
<td>.195(**)</td>
<td>.259(**)</td>
<td></td>
</tr>
<tr>
<td>2. Gender</td>
<td>-.091</td>
<td>--</td>
<td>-.146(*)</td>
<td>-.119(*)</td>
<td>.004</td>
<td></td>
</tr>
<tr>
<td>3. Couns./Psy Svc.</td>
<td>.211(**)</td>
<td>-.146(*)</td>
<td>---</td>
<td>.412(**)</td>
<td>.376(**)</td>
<td></td>
</tr>
<tr>
<td>5. Diagnosis</td>
<td>.259(**)</td>
<td>.004</td>
<td>.376(**)</td>
<td>.105</td>
<td>---</td>
<td></td>
</tr>
</tbody>
</table>

** Correlation is significant at the 0.01 level (1-tailed).
* Correlation is significant at the 0.05 level (1-tailed).

**Discussion**

This study contributes to the dearth of information available regarding the mental health seeking attitudes of students attending HBCUs. The significant correlation between current and previous counseling services ($r = .412$, $p = .000$) appears to be indicative of the potential need for mental health services on HBCUs, but does little to explain the reported minimal usage of the available services. This study demonstrated that African American college students are willing to seek mental health services as they accumulate college hours.

Consistent with findings by So, et. al. (2005) years in college tend to predict a more positive attitude toward seeking mental health services. These results are consistent with the
findings on other populations. Previous researchers (Kligfeld & Hoffman, 1979; Surgenor, 1985) offered the hypothesis that over the years, college students acquired more knowledge about mental health services on campus and consequently develop more positive attitudes toward counseling and psychological services designed to assist students. So, et. al. (2005) note that continued participation on the college campus may expose students to the counseling center through workshops, productions, and outreach efforts, minimizing the stigma attached to the counseling center. The increased exposure may mitigate the barrier that appears to exist between African Americans in general and African American college students in particular and positive attitudes toward seeking mental health services for psychological distress.

Concluding Remarks

There are limitations that should be expressed regarding interpretation of this data and planning future research in this fertile area. First, the results are based upon one self-report measure. Due to the usage of a self-report measure, attitudes toward services may have been misrepresented or underreported by respondents. Future studies may attempt to identify and utilize an objective measure to assess the attitudes of students. Second, the results cannot be generalized to all African American college students due to the attendance of many African Americans at non HBCUs.

Despite the limitations suggested, the findings of this research have contributed to the overall understanding of African American college students’ attitudes toward seeking mental health services. The results indicate that more effort should be placed into modifying the attitudes of underclass students toward seeking the mental health services that are readily accessible to them on the college campus. Although grade point average was not addressed in this study, one important note to consider is the potential correlation between need for mental health services and the decreasing graduation and retention rates of students at HBCUs.

The findings indicate that colleges utilize campus organizations and student services departments to provide outreach activities for incoming students as they enter college. This exposure may be beneficial in lessening the stigma attached to receiving mental health services on campus. Utilization of these services could result in a symbiotic relationship between the students and the college. Students obtaining the mental health services necessary to lessen their psychological distress, allows them to continue their education to a higher cognitive level. The assistance of these students may ultimately result in an increase in student retention levels and the college graduation rates.

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