

The Mental Health Stigma in African and African American Communities

Senior Honors Thesis Project

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By

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Adeola (A): “What comes to your mind when you think about mental health?”

Mary: “Sensitive.”

A: “What did you mean by “sensitive?”

Mary: “Mental health is taboo, not supposed to be talked about. People are not forthcoming in talking about it. It’s stigmatized, overlooked and brushed over.”

A: “What comes to your mind when you think about mental health?”

Melissa: “A buzz word. Doesn't receive the attention, recognition and genuine care it deserves, especially in African American, Latinx, Caribbean, Indian, Asian, etc, communities. Those from older generations are less likely to regard mental health challenges as something worth recognizing and treating.”

-Excerpts from research (Qualtrics survey and interviews)

The mental health of college students in higher education should be a concern for the vast majority. According to a Centers for Disease Control and Prevention survey, 41% of all college-age students reported at least one mental health condition (Gorban, 2021). In recent times, concerns have doubled due to the significant socioeconomic and political changes in the world including, but not limited to, the student debt crisis, annual increases in colleges’ cost of attendance, rates of employment and unemployment, community safety and varying levels of discrimination including racial, gender and religious discrimination. With the emergence of the ongoing novel COVID-19 pandemic, students in higher education are faced with increased mental health challenges (Salimi et al., 2021). Students of all ages and grade levels were forced, for the sake of public safety, into online learning

formats that may not have been suited for their best academic performance. Due to the high work demands and costs associated with college, many students experience mental health challenges such as mood disorders, anxiety, and substance use disorders (Alonso et al., 2019; Auerbach et al., 2016) that constitute a challenge to students' academic success, retention, overall wellbeing (Bruffaerts et al., 2018; Lipson, Lattie, & Eisenberg, 2019), and overall functioning (Goldman-Mellor et al., 2014).

In recent years, college students' mental health has become a growing concern and a subject of much research (Alonso et al., 2019; American College Health Association, 2020; Auerbach et al., 2016; Lipson et al., 2019). In 2018, it was estimated that one in five college students have a diagnosable mental illness, but 40% of these individuals do not seek help (National Alliance on Mental Illness, n.d.). Duffy, Twenge, and Joiner (2019) reported that serious mental health concerns such as suicidal thinking, severe depression, and self-harm behaviors have doubled among college students during this period between 2018 and 2019.

Specifically, my research has found that some African and African American college students at SUNY Brockport may face a variety of barriers, including physical and emotional ones, in their access to mental health resources. Some barriers mentioned by study participants include the lack of social support on SUNY Brockport's predominantly white campus, the overall campus environment, the lack of many staff members and departments of color, the lack of adequate spaces for people of color, lack of Black caucuses, the lack of sense of belongingness and feelings of isolation as a person of color at this institution. These barriers contribute to the mental health stigma amongst college students in African and African American communities.

This phenomenon is consistent with the psychology literature. Kawaii-Bogue, Williams, and MacNear (2017) suggests that some barriers that affect access to effective mental health care for the African American community include the cost of the care, transportation, childcare and lack of social support. These physical and emotional barriers are some of the factors that contribute to the exclusion of African American individuals from gaining access to mental health resources.

There is limited research in the literature on the mental health of specifically African and African American college students in the United States. This gap in research has motivated the creation of this current study.

STIGMA AS A BARRIER IN THE COMMUNITY

The stigma around mental health has been found to be a barrier in access to mental health resources for individuals in African and African American communities in the United States. According to a study conducted in South Africa, individuals in Zulu culture are hesitant to speak about their mental health out of fear of being judged or discriminated against by their families, peers and in the work place (The South African College of Applied Psychology, 2018). Although, this context of mental health is focused in another country, similar beliefs are still held by African Americans and Africans living in the United States. According to a study conducted in the state of New Jersey, interviews of eleven African American women revealed many themes of stereotypical and cultural views associated with mental health and not utilizing mental health resources. Some themes included the idea that seeking mental health treatment was viewed as a weakness and African American women are supposed to be strong (Abdus-Salaam, 2018). This stigma

surrounding mental health creates an obstacle and prevents African and African American individuals from getting the proper treatment, care and support they need for their overall mental health and well being.

A literature review on the mental health stigma in the African American community revealed the perceptions individuals in the community have about the mental health system and seeking psychological help. In one study, results showed that the perceived stigmatization by others (concerns about being stigmatized by those one knows if one seeks professional psychological help) significantly and positively predicted self-stigma (individual's negative views toward oneself for seeking professional psychological help) across REM (Racial and Ethnic Minority college students) groups (Cheng et al., 2013). This illustrates the idea that if a group of individuals associate stigma with mental health and seeking mental health or psychological support, individuals close to or a part of this group of people are more likely to do the same and associate that same stigma with mental health. This seems to be the case in the African and African American community. The connotation of mental health present in this group is what contributes to the stigma held around mental health within the community. This creates a barrier that prevents individuals in this community from understanding mental health and finding mental health support for themselves and others like them.

Additionally, perceived discrimination (lifetime exposure to perceived racial and ethnic discrimination) had a significant positive effect on perceived stigmatization by others across REM groups (Cheng et al., 2013). This information is relevant to my study because it provides evidence of the effect the mental health stigma has on individuals in racially marginalized groups.

In another study, some normative beliefs that were found within the Black community include the notions that mental illness does not affect Black people or doesn't occur in the community, that Black people must be strong and that seeking professional help shows a lack of faith in God (Taylor & Kuo, 2019). This source also discussed the cultural mistrust that has formed over time between Black and White individuals. This cultural mistrust is the result of varying levels of generational overt and covert racism and discrimination. As a result, these acts have formed barriers and created mental distress for marginalized, oppressed groups and communities of individuals.

Racism has long been correlated with poor mental health outcomes, especially for Black Americans. Black college students, especially those attending predominantly white institutions (PWIs), experience racism both on and off of their school campuses, which affect their mental health and academic success. Both individual-level discrimination and systemic exclusion of Black people from quality housing, education, and jobs have contributed to generational adversity (Quirk, 2020). This phenomenon has been compounded by another recent wave of extrajudicial killings of Black people that inundate the news (Quirk, 2020). The issue of systemic racism and the harm done to Black individuals is and should be of public interest and concern as it affects the mental health of individuals, like students, in African and African American communities.

The traumatic events that transpired during the onset of COVID-19 including the killings of Black men and women like Daniel Prude, George Floyd, Breonna Taylor and Ahmaud Arbery are triggering to the mental health of African and African American individuals. Advocacy and reform on a micro and macro level needs to occur in order to

support individuals affected and provide them with the mental health resources and solidarity they need.

However, many African and African American individuals don't use mental health resources like counseling and therapy because of the negative connotations associated with mental health within their communities.

The varying beliefs about mental health held by African and African American individuals from different cultural backgrounds contribute to the mental health stigma. A Social Constructivist perspective acknowledges the existence of many different views and interpretations of mental health between generations of people based on their cultural backgrounds and their different upbringings.

Being raised in a certain culture in the United States versus being raised in a certain culture abroad presents different views and understanding around certain concepts like mental health. Even language becomes a factor in understanding the different views centered around mental health. There are language differences in the meaning of mental health and different connotations of mental health between the English language and other foreign languages. For example, it is quoted in a 2018 report entitled, *The Shocking State Of Mental Health In South Africa*, that "in Zulu there isn't a word for depression, it's as if depression is not deemed a real illness" (The South African College of Applied Psychology, 2018). Languages of other African communities pose as a barrier in the understanding of mental health compared to the understanding of mental health in the United States using the English language. This also contributes to the current mental health stigma in African and African American communities.

A TAKE ON MENTAL HEALTH AT SUNY BROCKPORT

Method

This current Honors research study investigates what factors contribute to the perceived mental health stigma and non-usage of mental health resources among SUNY Brockport students who self-identified as African, African-American, Afro-Caribbean and/or Afro-Latinx. 31 students ($M_{\text{age}} = 20.23$ years) enrolled in or who have graduated from SUNY Brockport completed a 21 question Qualtrics survey that included questions about their definition of mental health and what it means to them. One's perspective on mental health, their families' and friends' perspective of mental health and their own personal experiences are some examples of what participants were asked about in the survey. Some questions asked in the survey included "What comes to your mind when you think about mental health?" and "Do you discuss the topic of mental health, concerns about your mental health or the mental health of others with your family, friends and peers? If so, how often? The response choices provided for the latter question included Always, Most of the Time, About Half the Time, Sometimes and Never. Participants were also asked to explain the nature of the discussions they had or have with their family, friends and peers.

All participants were asked at the end of the survey if they wanted to participate in an optional follow up interview. Eight participants completed this one follow up interview. For individuals who chose to participate, the interview either occurred over a video-conferencing software or a phone call. Different perspectives of mental health held by these participants and the extent to which they deal with their own mental health and the mental health of others like family, friends and peers were explored. During the interview portion

of the study, six interview questions and the clarification of some of the survey responses were asked. Some interview questions included “Do you speak a language other than English?” and “In your native language, is there a word for “mental health”? If so, what is the translation and when would the word be used?”

I decided to focus my Honors Thesis project on the perspective of mental health of African and African American college students because there is little research on this topic for this specific group in the psychology literature. This study specifically focuses on social factors like relationships between certain individuals and groups, social interactions in various environments and situations and the interplay of individuals’ multiple identities in their social worlds.

WHO CAN I TURN TO FOR MENTAL HEALTH SUPPORT?

Sources revealed the stigmatized perception African American college students have about seeking psychological help. Univariate analyses, from a study conducted at Temple University, revealed that compared to White/European Americans, individuals who identified as Black/African American perceived mental illness more negatively when assessing individuals in their own racial group (Roy, 2019). Additionally, in one study, African American undergraduate males at two predominantly white colleges and two historically black colleges/universities in Texas, were surveyed on their views towards counseling. An interesting finding was that the majority of these individuals disagreed with the statement: “At some future time, I might want to have psychological counseling” on a questionnaire distributed to them (Williams, Alaric, and Madeline Justice, 2010).

Details from contemporary scholarship are relevant to the current study because it indicates a barrier African Americans face when seeking psychological help from mental health professionals. Research by Abdus-Salaam supports the idea that African Americans are more inclined to rely on their informal support systems, like family and friends, for mental health support (Abdus-Salaam, 2018). This is due to the fact that African Americans experience a lack of familiarity and feelings of genuine interest from mental health professionals, specifically from mental health professionals that are not Black or people of color. This highlights the issue of scarce Black mental health professionals in the field and the stigma associated with mental health in the African American community as a result of it. This finding will be discussed further in this study in terms of college campuses. There is a need for students of color to have access to more Black mental health professionals, and/or more mental health professionals of color, on their college campuses for mental health support.

Although relying on family and friends for mental health support may be successful and the best fit for some, not all individuals can rely on their family and friends as reliable support systems. Not all individuals may voluntarily choose or want to rely on family and friends for mental health support. Additionally, for individuals who move away from home for college, their typical support networks may no longer be easily accessed. This therefore presents the need for access to effective and inclusive mental health resources for all. So, what can be done about this? What initiatives and resources can be made available to support African and African American students in their mental health journeys?

RELIANCE ON INFORMAL SUPPORT SYSTEMS FOR MENTAL HEALTH SUPPORT

Many participants of this study explained the extent to which they discuss mental health with their family, friends and peers and what these discussions are like. Participants were asked on a Likert scale, with choice options “Always,” “Most of the Time,” “About Half of the Time,” “Sometimes,” and “Never,” how often they discuss mental health, their mental health concerns or the mental health concerns of others with their families, friends and peers. Participants had varying levels of comfortability and ease, or lack of ease, in speaking about mental health with these groups of people. According to participant responses, mental health discussions ranged from non-existent to brief, general check-ins on one end to deep and complex conversations involving emotions about mental health on the other end. Participants either had “brief”, “surface level” or “deep” and complex discussions about mental health with their families, friends and/or peers. For some, discussions about mental health were non-existent or limited while with others they were frequent and intentional. These discussions had varying levels of themes.

Discussions that were brief and general consisted of check-ins on one’s current state of mind. These conversations were not very deep and lacked details. They were just casual conversations about mental health. According to participants, general questions about how one is doing, if they are okay and if something is bothering them are some things that were discussed and asked during these brief discussions with family, friends and/or peers.

Other discussions involved extending support and grace to one another. These discussions involved opening up to others in the conversation about personal struggles,

uplifting and understanding one another. Other discussions involved talking about emotions, the effect they have on one's life and the importance of emotions and feelings.

The complex and deep discussions involved talking about life stories, family, relatable issues and similar mental health issues experienced by those having the conversation. These discussions also provided individuals with an opportunity to become vulnerable about one's experience and the initiation of facilitating deeper, and not surface level conversations. These discussions show less stigma around the topic of mental health.

In these "deep" interactions, individuals are able to connect and relate to similar mental health issues, which aid in more open and understanding conversations. By having these discussions individuals don't feel as if they are the only ones experiencing mental health issues which aids in the ease of having these conversations about mental health with others.

Another student mentioned that these types of discussions involved talking about how mental health is not discussed enough. Some discussions were even met with frustration or hesitation due to one's family history of mental health issues and the topic of mental health not being taken seriously. Some of these discussions were non-existent, mainly with family, because mental health was just not something that's discussed among individuals. This frustration and hesitation is also present due to the lack of familiarity, comfortability, honesty and vulnerability with peers and family members.

Other mental health discussions involved talking about mental illnesses like depression, anxiety and suicide. Some other discussions occurred, or were initiated, because of an individual on the verge of a breakdown or an increase in anxiety. Lastly, other conversations involved discussing self-care tips.

The frequency of discussions about mental health with family, friends and peers all varied across participant responses. About 6% of participants surveyed indicated, “Always” discussing the topic of mental health, concerns about their mental health or the mental health of others with family, 10% indicated “Most of the Time,” another 10% indicated “About Half of the Time,” about 48% indicated “Sometimes” and about 23% indicated “Never” having these discussions with family. One sophomore student at SUNY Brockport, native-born to the United States, who I refer to as Julia ¹, stated “Some of my family also have mental health issues, mainly depression, so we talk about our experiences and it helps to remember I’m not the only person with the problem.” Another student who enrolled in SUNY Brockport in 2016, born in Kenya, who I will refer to as Peter, indicated that the reason for the brief and not-so-often discussion about mental health with family is due to barriers placed in the understanding of mental health in the African community. Peter stated “With families, it’s usually brief because of the barriers set in place with parents being from Africa and not having enough education to have a conversation. Usually gets associated with laziness in my community.” This response is indicative of the present mental health stigma in the African community, which has been discussed and found in the literature. The lack of education and understanding around the topic of mental health contributes to the infrequent discussions about it with African families.

In addition, one student, born in New York City and enrolled in SUNY Brockport for four and a half years, who I will refer to as Erin, stated “With my family, it’s narrowly

¹ * The names of college students used in this manuscript are pseudonyms for the participants in the study. The real names of these participants were not used or disclosed in this paper.

linked to my brother who suffers from some sort of mental instability due to his years in prison. It's not derogatory but it's met with a lot of frustration. We don't speak about it with him because we know by now he won't listen and the conversation will only turn into an argument." Although this particular student's experience may be indicative of other issues, and can be more than just a stigma around mental health, it does describe hesitance in the discussion surrounding mental health with family members.

The frequency of mental health discussions with friends was a bit more distributed compared to those with families. About 23% of participants indicated "Always" discussing the topic of mental health, concerns about their mental health or the mental health of others with friends, another 23% indicated "Most of the Time," 23% indicated "About Half of the Time," about 26% indicated "Sometimes" and about 6% indicated "Never" having these discussions with friends.

This contrast in the nature of mental health discussions with friends compared to family members is due to individuals having similar mental health experiences with their friends in a way that they can relate to each other. It can also be due to individuals sharing similar roles and positions like as college students or even first generation college students at the same time in a similar environment. The similarities in roles and positions amongst friends aid in the ease of and openness in conversations about mental health compared to those discussions with family members. These same discussions with family may or may not have that same level of familiarity that is present with friends. For example, students may not have family members who have went to college and obtained a four year degree or even attended college in the United States.

Peter described the difference between discussions about mental health with family and friends by stating “With friends, we kinda go through similar mental health issues so we have deeper conversations and sometimes just try and sort it out so that we aren’t completely miserable.” There is a level of understanding friends may have with each other that family members may not be able to have. For example, one freshman student at Brockport, stated “I don’t share too much information with people but, when I do I often go to my friends because they are more understanding of my issues while for my parents it would take a while for them to understand.” Additionally, Erin stated “With my friends, it’s usually linked to school because we are all in college and going through the same pressure of school and trying to make our family proud of us especially being first generation college graduates. Never derogatory, we try to uplift each other.”

One Brockport Alumni, who I will refer to as Shanelle, described how a mental health conversation they had with their parents would have gone differently if they had the same conversation with their friends. Shanelle stated “It also would have gone positively with friends because they’re highly educated on the topic of mental health than my parents. My friends experience dorm life and the college life. They are well equipped on how to open and close dialogue and offer solutions on how to get better.” The similarities friends are able to experience helps to aid in their conversations surrounding mental health because they understand what one another is going through, especially in terms of academics and school obligations, compared to the conversations one has with family members in which they may not be able to relate to each other in the same ways.

However, there are some instances in which the discussion of mental health isn’t taken too seriously amongst friends because of feelings of embarrassment and other

reasons and factors. This is an indication that relying on friends for mental health support may be a hit or miss for certain individuals. One sophomore student at Brockport stated “The discussion I might have with my friends are never fully serious due to everyone playing it off like it’s embarrassing or too personal to talk about.” Additionally, mental health discussions may only occur under urgent cases and not occur as openly or frequently, as desired, for individuals in their friendships. Shanelle, stated “Short; the conversations that I have with my friends only ever come up if I feel as if my anxiety is causing annoyance or questions that need to be addressed as a group.” This is evidence of a not so deep connection with friends about mental health, unless an urgent cause or reason presents the opportunity to speak on it. Many friendships and relationships are this way. If the relationship in a friendship permits for the comfortability of mental health to be discussed, then these discussions will occur. If not, then they won’t.

The frequency of mental health discussions with peers was a bit more concentrated in the “Sometimes” and “About Half the Time” categories. About 6% of participants indicated “Always” discussing the topic of mental health, concerns about their mental health or the mental health of others with peers, about 10% indicated “Most of the Time,” 19% indicated “About Half of the Time,” 45% indicated “Sometimes” and 16% indicated “Never” having these discussions with peers. Generally, these discussions about mental health with peers do occur but occur in a surface level format. These discussions may not be as deep as they may be with friends but may be a bit more open than the ones with family members. One senior student at Brockport, Melissa, stated “Peers... More surface level conversations of how we are doing and feeling a pressure to compose and keep it together because we don't know eachother that well, lack of comfortability, vulnerability

and honesty.” This presents evidence that there is some level of ability and desire to have conversations about mental health with peers but that there may be a lack of comfortability, vulnerability and familiarity present amongst peer groups. This may be because individuals don’t really know their peers as much as they know their friends. There may be some level of rapport built amongst friends that may not have been created amongst peers. Again, there is the ability to have these conversations with peers but not deeply connected ones that more likely will occur with friends.

PERSPECTIVE ON RECEIVING MENTAL HEALTH COUNSELING

The majority of participants in the study, about 97%, agreed that they would recommend counseling to their family, friends and peers. Although at least 20% of participants admitted that counseling is an intimate resource, can be intimidating at first and may not be for everyone, they mentioned the benefit that talking through issues, gaining advice from a confidential individual and engaging in the process of healing through counseling, brings.

Many mentioned the benefit of getting professional help to feel heard and not judged, which may or may not be the case in getting mental health support from family, friends or peers. One junior student at SUNY Brockport, native born to the United States, who I will refer to as Riley, stated “Yes, it’s great to get professional help! There are some things that do not come easy when talking to friends and family.” One freshman, not previously mentioned, stated “yes to my family, because there’s a lot of problems that we push under the radar.” When followed up with this response, this student stated “I would recommend counseling to my family, like to my father, all the time but nobody wants to

talk about it.” Although these participants would recommend counseling to their family, friends and peers they mentioned how they may be faced with some sort of resistance and barrier from family members when it comes to actually getting them to take advantage of counseling or even talk about it. These barriers may stem from differences in generations, religious/spiritual beliefs and stigma associated with mental health.

Other participants responses were as followed:

- Shanelle stated “If the situation permits, yes. With my family, I feel as if they would dismiss the idea of talking to a "stranger" about their stressful situations and life issues therefore I would never suggest the idea. With my friends and peers, I would be more likely to recommend counseling because I surround myself with open-minded and like-minded individuals therefore I feel as if counseling would not feel like a big joke to everyone.”
- One senior student at Brockport, born in Nigeria and raised with a Nigerian background, who I will refer to as Jessica, stated “Yes and no. I have recommended counseling to family but being from a Nigerian background, they are not big on mental health and do not see it as an issue. They associate counseling or therapy as “being crazy” which is not the case. I still try to bring awareness to it to the best of my ability.”
- One third year student at Brockport, born in Jamaica, stated “I would recommend it to my friends or my siblings because it’s better to seek help. However, with older family members, like my parents and aunts and uncles, I will not because they do not believe in it. They would make a comment

“God is all I need and who I need to talk to” or “God will heal and take whatever that is wrong with me away.”

Students have been met with barriers in educating and informing their informal support systems about mental health resources like counseling because of many factors. They, as individuals and students, are aware of the support counseling can provide but being able to translate that knowledge to their families presents a challenge. This challenge can even get in the way of having discussions, generally about mental health, with family, friends and peers, which these students have discussed.

SOCIAL ENVIRONMENT = CAUSE OF MENTAL DISTRESS?

According to some participants of the study, the lack of staff of color in various departments on SUNY Brockport’s campus has affected the mental health of college students of color. At least 20% of participants specifically expressed, in the Qualtrics survey and/or follow up interviews, that the lack of representation on SUNY Brockport’s campus and not being given enough social support has affected their mental health and academic success. One senior student at Brockport, not previously named, stated that “the environment” and “lack of staff of color” at SUNY Brockport are some things that affected their mental health as a student at the institution. They also posed the questions “when things get bad, who can I go to for help?” how does my campus specifically help students of color?” as something they asked themselves when they thought about mental health.

Riley, responded to the question “has being a student at Brockport affected your mental health? In what ways,” with the answer “Yes, constantly stressed.” When asked to

elaborate on this response during the follow up interview, Riley stated “I’m a biology major and there’s not a lot of people in that department who look like me. So, at times I feel like they possibly, they don’t understand where I’m coming from like as a college student, as an African American, as an African student. I feel like they don’t necessarily understand me and I feel like I’m treated a little differently than my white peers or classmates in the class. So, it can be a little stressful at times and lonely.”

A senior Brockport student, who was born in Kenya and lived there for eleven years, but who identifies with Somalia, is who I will be referring to as Mary. Mary responded to the question, “has being a student at Brockport affected your mental health? In what ways?,” with an answer about being hesitant in interacting with individuals at SUNY Brockport because of the unknown intentions of others. Mary stated “Yes, I am always just cautious of who I interact with.” When Mary was asked to elaborate on this response during the follow up interview, they replied “In Brockport, there are no open-minded people. They are cliquey. You don’t know who you will talk to and if they’re judging you or not. It’s scary to not know this. I have to watch who I talk to. With the recent events on campus like the firing of Dr. Archie, [the former Chief Diversity Officer for SUNY Brockport], and the campus climate, you just don’t know. You have to guard yourself. Everyone doesn’t have good intentions.” When Mary was asked whether they experienced anything at Brockport that has affected their mental health/emotional, psychological, and social well-being positively or negatively during the interview they responded with “I haven’t been directly affected negatively. I am indirectly affected because I am easy to spot as a hijabi (a woman or girl who wears an Islamic head-covering) because of the labels from other people, when other things happen to people that look like

me. My freshmen year, a person was fighting or got jumped because the word “nigger” was written on the wall. During a silent march we had on campus with, Men of Color (one of the student-run organizations/clubs on SUNY Brockport’s campus) for the fifty people that died in New Zealand, people were saying stuff towards the walkers/protestors from their dorms. The environment becomes toxic in Brockport.”

Julia responded to this same question describing an incident that occurred at their work place at SUNY Brockport. Julia stated “Last year when I was working in Brockway (one of the two dining halls on SUNY Brockport’s campus), there was an older 75-year old white lady who said racist things. I didn’t want to be around her. It didn’t make me sad, I just didn’t interact with her. She once told the whole Brockway staff that she couldn’t be bothered to remember all of the Black people’s names, when there were only three of us (Black people). She thinks we all look the same. She would either call a random person’s name or doesn’t call us at all. She would point at us which was rude.” This incident describes a form of a microaggression.

One senior student at Brockport, not previously mentioned, answered this same question with a description of their experience as a person of color holding a leadership position on campus. This senior stated “Yes. Being a student of color at Brockport while being an RA (Resident Assistant) has deeply impacted my mental health. I am more stressed and overworked than my white coworkers which has produced academic depression.” This student described the differential treatment they perceived and received in the workplace and on campus as a student of color compared to their white peers. This issue has had a significant effect on their mental health and academic success at Brockport and is one out of many campus issues that need to be addressed by SUNY Brockport.

Shanelle responded to this same question and described their feelings of estrangement and pressure to prove themselves as a student, specifically a Black woman at SUNY Brockport. This pressure and lack of belongingness has influenced their academic anxiety. Shanelle stated “Yes. The racism that is present on the SUNY Brockport’s campus has made me feel as if I do not belong at this school. Additionally, I feel as if I always need to prove myself on campus because I am an African-American woman, and there are people watching my every move, if that makes sense. Aside from the racism, SUNY Brockport faculty and administration (I feel) places tough expectations on the students and punishes them academically when those expectations are not met, resulting in my anxiety shooting through the roof at certain points in the semester.”

Erin described the lack of support they received from white faculty members at SUNY Brockport. They credit their Black mentors and faculty members for the help and support they have provided them in order to complete their college journey and achieve academic success. Erin stated “Lack of support from white faculty does not help. I’ve been misled by my old white advisor that caused me to be here (at SUNY Brockport) an extra year that put a lot of mental stress on me my last year here. I believe if it wasn’t for a change of advisors and majors and meeting the right people I probably would have dropped out. My Black professor and mentors are the reason I’m able to finish. They brought me back to myself because those classes they teach, along with mentorship and authenticity, put a lot of things into perspective.” This is an example of the power of representation. The ability to connect with individuals that come from similar backgrounds as oneself and/or who can understand others with a meaningful level of authenticity and genuineness can

provide individuals with the support they need to succeed and feel equipped to accomplish their goals.

One senior student, who I will refer to as Joseph, responded to this same question, of how being a student at Brockport affected their mental health, with a detailed description of the lack of social support and inherent loneliness some students of color face. Joseph stated “It kind of made my most inner conflicts more vulnerable.” When asked to elaborate on this response during the follow up interview, Joseph responded with the experiences they faced being a Black man going to a college in a similar environment as the one they were raised in. Joseph stated “I grew up in a similar area to Brockport. Brockport’s main street is bigger than my main street back at home. My high school graduation rate was 98%, similar to Brockport High School’s graduation rate of 96%. Experience in my old town or high school consisted of microaggressions, academics, Blackness in society, thoughts, vagueness, man of color and sexuality. Hearing the same things over and over again in one’s environment affects life. One is more likely to listen. The past four years, I have been living the same years I lived for the first sixteen years of my life. It sucked all over again. I’m being more honest with myself and intentional with hearing myself. Shit sucks but it makes you stronger. There are opportunities to be exposed to have these conversations. Being a human in my skin and hometown and being at Brockport are similar.”

When Joseph was asked “Referring to question eleven on the survey, Have you experienced anything at Brockport that has affected your mental health, emotional, psychological, and social well-being positively or negatively?” they replied with a response related to the theme of the lack of social support present at SUNY Brockport. Joseph stated “There’s an inherent loneliness for students of color at Brockport. I was met with doing a

lot digging for resources, support and opportunities because I was actively searching. For example, I wanted to pursue a Fulbright Fellowship or NYC Fellowship and I had to figure it out on my own. I believe everyone knows me on campus and this has played a part in opportunities I have had, but other people haven't had these opportunities. I didn't have a guiding person during my freshmen year. I wasn't met with answers I needed for my questions. I was not met with the consistency I needed. At Brockport, I wasn't met with the support I needed when I wanted to do things like research projects, etc..... The faculty and staff at Brockport need to recognize and feel guilty about the role they play. They need to recognize me for the man that I am. I went through being an RA (Resident Assistant), an athlete, student and there was pain, frustrations and anger. It would be nice to be met with support. The Dr. Archie situation was a big deal and a traumatic experience. That shit was crazy and not normal.” This is yet another mention of the removal of the former Chief Diversity Officer, Dr. Cephas Archie (Green, 2020), and the effect this has had on students of color and their mental health. Students of color are already met with a limited number of Black mentors and faculty members to connect and network with and feel supported by on SUNY Brockport's campus. When these individuals are no longer accessible, as was the case with Dr. Archie and other Black mentors, students of color lose a necessary line of support they need to succeed academically and feel mentally supported while in school.

LACK OF ACCESS TO ADEQUATE BIPOC SPACES ON CAMPUS

Additionally, participants of the study indicated that there is a lack of adequate Black caucuses and spaces for people of color to connect on campus. With SUNY Brockport's campus being a PWI and public college in suburban Brockport, New York,

Black, Indigenous, People of Color (BIPOC) are in need of joining or creating spaces on campus that are meant for them to feel included and represented. According to the SUNY Brockport website, updated as of May 26th, 2021 the total enrollment at the institution is 7,924 (6,673 undergraduate students, 1,251 graduate students). Out of these numbers, 11.7% of students identify as Black or African American, 7.8% identify as Hispanic or Latino and 2.9% identify with two or more races (“Facts & Figures,” 2021). Certain spaces these students create and participate in include a number of cultural and service council clubs and Black organizations on campus. Some of these clubs and organizations include, but are not limited to, the African Student Union (ASU), Asian Culture Club, Association of Latinx American Students (ALAS), Brockport Muslim Student Association (BMSA), Caribbean Student Association (CSA), International Student Organization, Organization for Students of African Descent (OSAD), The Hip Hop Dance Club (THHDC), Women of Color Empowerment (WOCE), Men of Color (MOC) and The Movement.

Many of these clubs are led by students under the supervision of Brockport faculty and staff advisors. The presence of these student-run organizations on campus serve as an opportunity for student leadership and are a great asset and benefit to the Brockport community. However, there are the issues of consistency, retention and connections with mentors or advisors of these organizations that affect the prosperity and longevity of these organizations.

As of April 15th, 2021, the grand opening of the Joey Jackson Intercultural Center to SUNY Brockport’s campus marked the addition of a new space on campus for students of color and underrepresented students to gain access to leadership and educational opportunities. Although, this new space and change can potentially provide benefit to

BIPOC students, it has yet to produce any evidence of usefulness or benefit to students due to its early start and the restrictions set for in-person activities because of the COVID-19 pandemic. There has been a need and demand for more spaces on campus equipped with many Black mentors and faculty members for students of color, which is evidenced by data from this current research study. Hopefully, the Intercultural Center can serve as a meaningful and beneficial space for BIPOC students to feel mentally and academically supported and represented.

As of currently, students feel as if there aren't enough Black spaces for students on SUNY Brockport's campus. Erin responded to the question of "has being a student at Brockport affected your mental health? In what ways?" with "OMG. Being around majority White people with lack of Black caucus support should be called something for Black people. All of the racial things that you can think of that Black people have to deal with, I had to deal with on top of learning my major that lacks diversity for SOO many reasons that could probably be a book, I constantly think they'll look down on me for not knowing these things they probably grew up knowing being raised by their wealthy parents... It's a lot to take with you at the end of the day." This student indicates the need for a safe space on campus for students of color to feel comfortable sharing their experiences at a predominantly white institution. This lack of a safe space takes a toll on students of color because, as mentioned earlier, there is a form of pressure and academic anxiety that students of color face attending an institution where they are the minority. Creating multiple diverse and inclusive spaces on campus, specifically targeted to represent and support students of color, can serve not only as an academic resource but also as mental and emotional resources for students of color to thrive. Hopefully, the continuity of BIPOC

organizations and clubs on campus can serve as a start to the creation of many more caucuses and support spaces for students of color.

Data responses from this study have revealed that being a person of color on SUNY Brockport's predominantly white campus creates a sense of isolation and lack of belongingness for many students of color. Many students feel that there is a lack of adequate resources and social support in Brockport for students of colors. In addition, there is an immense pressure to prove themselves as students of color. This takes a toll on one's academic success, mental health and overall well being while being enrolled in school. Peter responded to the question of "has being a student at Brockport affected your mental health? In what ways?" with "Yes! It's hard being a person of color in the Village and sometimes not having the proper counseling services made things worse. Sort of feel alone." This is indicative of the inadequate resources made available for students of color. Students feel as if they are not provided with the resources and services they need while pursuing their studies in Brockport. This issue leads to feelings of isolation and loneliness. If adequate resources can be provided to students of color on SUNY Brockport's campus, it may alleviate the stressors caused by the areas in which the Brockport Village may be lacking and not supporting individuals of color enough in.

Support for this view can be seen in the 10% of participants who indicated the helpfulness of departments on campus like the Equal Opportunity Program (EOP) and cultural council organizations for providing resources to minority students. Students have found some Black mentors, professors and mental health professionals on SUNY Brockport's campus helpful for students of color. Melissa responded to the question of "has being a student at Brockport affected your mental health? In what ways?" with "Being

a minority student in a PWI has been a challenge at times but being a part of EOP has been a wonderful resource for students like myself. Tutoring, counseling, and beloved faculty members have helped me tremendously.” Additionally, Melissa expressed the benefit they gained from finding the right match in a mental health counselor at Brockport’s Hazen Counseling Center. The senior stated “My first experience with counseling was not as effective as my experience now. Being connected with a counselor of color who was younger in age allowed me to have a more genuine and transformative experience. Her name is Yunoka Fair ² and not only is she wonderful, she provides me with a non-judgmental, supportive, safe space with sincere feedback, reassurance and new perspectives.” This is evidence of the effectiveness and benefit students of color receive by being supported by staff and mentors of color. Seeing as though a graduate student intern, like Yunoka Fair, who temporarily holds the position of a mental health counselor for the duration of their internship experience, has made an impact at the counseling center on campus for students of color, this presents the need for more mental health counselors of color, and those closer in age to college students, to be hired as full time staff to support BIPOC students in their mental health journeys. More mental health professionals of color need to be available more often, and for longer periods of time over the years students are enrolled at Brockport, in order to support students on color on campus.

BICULTURAL IDENTITIES/ OCCUPYING TWO SOCIAL WORLDS

Additionally, participants of this study were able to expand on the social worlds they occupy in regards to their life and culture as a college student and the culture they

² Yunoka Fair. SUNY Brockport. (2021, May 26).
https://brockport.edu/life/counseling_center/directory/yfair.html.

were raised in or identify with. Some participants were able to explain the connotations of mental health in their respective communities like, for example, coming from Nigerian, Togolese, Somalian and Kenyan backgrounds. Mary, coming from a Somalian and Kenyan background, was asked during the follow up interview, “in your native language, is there a word for “mental health”? If so, what is the translation and when would the word be used?” Mary responded with “there is a word for “brain” and then “health” in Somali. The phrase/word translates in English to “the health of the brain” or “brain health.” It translates to having to do with the brain. Most of the times, it’s like saying a person is crazy. The context is not empowering or that mental health is important. Anyone who has experienced traumatic events or PTSD, the person is crazy. There is a negative connotation.”

Riley, coming from a Nigerian and Togolese background, responded to this same question during the follow up interview with “In Ewe (a language spoken in Togo), there’s not a translation but, depression is a word. So, for depression we say “thaa-may-boo-boo”³. That means someone who’s thinking a lot, which can like also transcribe as like maybe a mental health issue.” When asked “is there any other connotations or instances in which that word would be used or the word for depression would be used in a certain context?” Riley replied “Depression....um pretty straightforward same as it would be in English. We do have words for mental illnesses like depression. Since Togo was colonized by the French, French is an official language, so any French words could relate to your question. I can’t think of anything at the moment. But, there is a word to describe a particular person that roams the streets. When I went to Togo, I did see someone who seemed like they had

³ This is how the author heard the word pronounced. The interviewee did not know the spelling of the word at the time the interview occurred.

a mental illness but since there's not many resources on that topic the person was just kind of stuck there. In my culture, they would say the person is possessed and someone cast a spell on him or something instead of actually taking the time to take them to the mental health center. Like, there are mental resources and it's not really educated on." These two participants speaking on the topic of mental health in their respective African communities revealed factors that contribute to the mental health stigma in the community. The idea of mental health in some African communities is not as uplifting or educated on as it is in the United States. It's associated with an issue wrong with an individual or the depreciation of one's health or their value.

Some participants were also able to speak on the African American social world they occupy and what that meant for them around the topic of mental health. Individuals were able to expand on how mental health is thought of and talked about by their family and community members. Shanelle discussed the conversations she had with her parents about learning that her grandmother experienced some of the anxiety and worry she has. She stated "I was told my grandma would start to cry or try to fix something and would worry and be upset when she couldn't. I asked my dad about his mom and how she got through this. At one point in time, in my grandma's life, she didn't label her worry as anxiety because it didn't cause her any physical pain." This idea of mental health not always connected to physical pain is indicative of the stigma attached to mental health. Mental health is sometimes not understood as much, or taken seriously, as physical health because there may be some intangible factors or not so clear ideas associated with it like in the case of Shanelle's grandmother.

Julia described the nature of the mental health discussions she has with her family. Julia stated “I talked to one of my cousins about advice on what I was feeling. I don’t get sad, I just get weird. My cousin tried to give advice to me but wasn’t helping. She told me to take a walk with people and I said where and with what people? I also talked to my aunt. I don’t really like being around people and my aunt is the same way. We don’t talk about ways to fix issues. My grandma doesn’t think mental health is real.” When asked how she felt during these discussions, Julia replied “I don’t really talk much. They weren’t deep conversations. I felt normal and fine. I used to try to talk about it with my grandma but, it’s not really worth it anymore.” When asked “would this discussion have gone differently if you had spoken to a different family member? A different friend?”, Julia replied “Yes. With my grandma she’s better but doesn’t get it because I’m not sad. She says to do exercise and it’ll be okay. My brother wants to fix it but can’t.” This response is also indicative of the stigma associated with mental health. Julia’s grandmother not understanding the many depths and forms mental health can take and that mental health doesn’t always have to do with sadness shows the differing views and understanding of mental health across generations.

CONCLUSION

Students who participated in this research project were able to expand on the many social factors in their lives like their close relationships, social identities, knowledge and experiences with mental health through survey responses and interviews. They were able to expand on the barriers they face in their mental health and the interplay of their identities as college students through their African and African American life experience. These

social factors provided additional insight on the mental health stigma present in African and African American communities.

It should be acknowledged that we, as a society, do have a bias towards biomedicine. Much more awareness around the topic of mental health, use of clinical and spiritual mental health resources and services are becoming more prevalent with time and through intensive research and intentional educational initiatives. Additionally, education and knowledge on mental health issues are still being explored by the general public. This mental health bias isn't an individual or specific community's issue. However, there are barriers and major factors that affect the conversations held about mental health and access to effective mental health resources among certain groups of people. This study has provided details on those factors and barriers specifically held by SUNY Brockport students in African and African American communities.

Overall, based on participants' responses, there is a lack of social support and feelings of loneliness for African and African American students on SUNY Brockport's campus. This shows how being a student of color at a predominantly white institution invokes many forms of mental distress. These experiences, beliefs and thoughts from SUNY Brockport students are useful for action to be taken by the college and its departments and organizations to ensure optimal student support and representation on campus.

Understanding this topic is important to SUNY Brockport and the general public because it provides qualitative evidence of the lack of social support and vulnerability individuals in African and African American communities face. There is a need for specific kinds of resources and support for students in this community to improve their mental

health. Some of this support can be provided from the institution they are enrolled in school at.

Recommendations for SUNY Brockport

Along with an overall consensus about how being a student of color at SUNY Brockport affected or affects one's mental health, participants brought up many recommendations the institution can take and suggested resources to provide in order to socially support African and African American students at SUNY Brockport. One main recommendation is to provide more Black spaces and spaces for other students of color to feel heard, represented, supported and understood on campus. These spaces need to include more mentors of color. These spaces can be created by hiring more faculty and staff of color in many departments.

Student Riley, stated "Brockport needs to add more people of color in many departments because you continuously seek students of color to come to your school but you're not providing them with people who look like them. I constantly hear about Brockport going to New York City and recruiting students to come up here to go to school. But, when they come up here, I'm not from the city so I can't really speak for the city but I can speak on what I have heard people say about Brockport coming down there and recruiting these students and then they come up here and, it's a hard transition for them. Brockport needs to hire more people."

In addition, more platforms for students of color to speak their minds and feel supported need to be provided on campus more often. Student, Joesph, expressed the benefit of participating in this research study and being interviewed. He found participation beneficial because he was able to vocalize his thoughts. Joseph expressed enjoying the

interview conversation and wanting to provide more opportunities for others like him to vocalize their thoughts, feel connected and respected. He stated “In this interview, you’re able to summarize what I’m saying but be able to bring the conversation. You are able to do this in a matter of seconds. We are able to respect each other’s time. This is a hard skill that’s not easy but we’re doing it. You’re able to create a space for me. People don’t have a space to feel connected or respected. Things in my head aren’t vocalized. I want to create a space for conversations with families, friends and peers. It made me feel good to have a nice conversation. So, thank you.” He even ended the interview with saying that “a support system goes a long.” If SUNY Brockport really provides its students of color with the platform and safe spaces they need to feel represented and heard, they will feel supported. With this support, they can feel much more capable to accomplish their goals as students knowing they have a stable support system, or systems, at their college campus.

Fortunately, students indicated that programs and events held on SUNY Brockport’s campus have provided students of color with some form of mental health support. These events range from programs held in the residence halls, through club organizations and through the Hazen Counseling Center. SUNY Brockport’s efforts to provide mental health resources and education have produced helpful results. Student testimonials about if and how being a student at SUNY Brockport changed their view of mental health include the following:

- “Yes, having those conversations about mental health through programs & events on campus”

- “Yes, there are multiple resources on campus that aid with mental health from little events that RAs (Resident Assistants) hold to getting help at the counseling center”
- “Yes, being here I have learned so much about mental health that I didn’t know before like how to deal with people who are mentally ill or how to keep up with my mental health personally. The cultural council once hosted an event in the ballroom about mental health where each club provided ways to take care of yourself and handle stress in school.”

Riley expressed the positive in knowing about the mental health resources made available on SUNY Brockport’s campus. She stated “I guess a positive experience at Brockport would probably be the mental health resources, like Hazen, like knowing that there are resources for me if I did ever want to seek it. A positive is like at least knowing that if I do need help that there’s people there.” However, there still is the worry of not being understood when she states “but my fear is that I won’t be accepted because they’re different or they won’t necessarily understand my problems because I’m different from them.”

The logical thing to do would be to increase the access to mental health resources and programs on SUNY Brockport’s campus. However, that is not the only solution to the problem of the lack of social and mental health support provided to students of color. More efforts need to be made and the voices of students of color need to be heard. This study’s results provide some of the many voices of students of color at SUNY Brockport that need to be heard for action and beneficial change to occur.

Future Research

It is worth looking more into the social worlds individuals occupy in terms of their cultural backgrounds and social identities. Exploring these social worlds provides background on the social factors of relationships and interactions between individuals and groups. These social factors have been shown to affect individuals' behaviors and thinking processes. The knowledge of these social factors can enhance the research on this current topic of mental health and the stigma associated with it which can then provide solutions and initiatives for improvement. Exploring the interplay of the roles and positions individuals hold in their various social environments can also provide this kind of helpful background information. People need their stories told and voices heard. In order for that to happen effectively individuals' various identities need to be explored and discussed.

I hope to expand on this research and delve deeper into the social identities of individuals in African and African American communities. An extension of this current study will include more in depth questions about mental health and factors other than social ones like economic and political factors that may affect the idea and discussion of mental health in the community.

In addition, one change to be made in future research for this study would be to create a checkbox option for participants to specifically indicate how they identify as African, African American, Afro-Caribbean and/or Afro-Latinx. Participants will be able to check which option or options they identify with. They will also indicate in a textbox their ethnicity to provide more details on their cultural background and the different social worlds they occupy. This will provide a more quantitative context of the different experiences held by those with differing social identities from the same or similar

communities. Having participants just indicate either a “Yes” or “No” to identifying as African, African American, Afro-Caribbean and/or Afro-Latinx can be a bit inexplicit in specifying the unique experiences held by those with different identities in the same community. It is also worth mentioning that most participants in this study were born in the United States but some were not, like the students who were quoted as being born in another country.

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