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# Minority Student Perceptions of Mental Health

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## ABSTRACT

The current study explored the use of mental health services by minority students at South Dakota State University (SDSU) using thematic analysis. There are numerous reasons that college students choose not to utilize counseling services even though such services may be needed. For example, students may avoid counseling out of fear of cultural stigma associated with help-seeking (Ægisdottír, et al., 2011). Further, minority students may be more likely to use non-counseling help services such as religious organizations or friends and family in place of formal counseling because they believe that counselors are racially biased, or that there is a lack of therapists who will understand their needs (Goldston et al., 2008; Hayes et al., 2011; Ibaraki and Hall, 2014). Common themes that emerged from the data included Self-reliance, Them-not me, Last resort, Comfort with counselor, and Support in help-seeking. Overall, students reported positive experiences if they had interacted with counseling services, and in general, felt that counseling services are an important option for students. However, students also identified barriers to help-seeking which could be addressed through minor changes on the SDSU campus. **Keywords:** minority students, mental health, qualitative research

## INTRODUCTION

Mental health is currently a prevalent issue for college students across the United States with the problem increasing in recent years (Mistler, et al. 2013). Approximately 40% of students suffer from anxiety, and 36% suffer from depression (American College Health Association, 2016; Mistler et al., 2013). These two issues appear to be the top mental health

issues for students on college campuses, even though these numbers may be low because of lack of reporting.

As students rise to meet the standards set for them by institutions of higher learning, family, peers, and often themselves, they may struggle to meet these expectations causing high stress that may lead to mental health issues. The failure college students experience can be a factor in why depression and anxiety arise, and can result in a vicious cycle of anxiety, self-doubt, and failure which may affect mental health (Mahmoud, et al., 2012; Mistler et al., 2013). When students feel as if they have lost the battle with maintaining grades, a social life, or both, their mental health issues rise again and the cycle continues unless help is sought (Mahmoud et al., 2012). The depression and anxiety associated with this cycle may lead to detrimental actions such as suicidal ideations or contemplations. Suicide is the second-leading cause of death among college students, indicating the significance of mental health needs in this population (American College Health Association, 2016; Mahmoud et al., 2012).

### **Minority Students and Mental Health**

Even though all college students experience some stress and some psychological needs, minority students are more susceptible to stress and psychological needs than non-minority students (Smith, et al., 2014). The same stressors all college students endure seem to elicit more psychological distress for minority students versus majority students; meaning minority students score higher on binge drinking scales, suicidal tendencies, loneliness and depression (Smith et al., 2014). Along with the everyday pressures that all students experience, minority students are also experiencing higher stress dealing with actual or perceived racism and/or discrimination at their colleges (Cokley, et al., 2013).

Minority college students may feel out of place and sometimes discriminated against in a predominantly-white college setting. Questions of belonging to the school and society around them are a large stressor in their lives. Cokley, et al. (2013) found that stress and imposter feelings might lead to psychological distress and mental health issues at a faster rate for minority students. This imposter syndrome, which causes students to feel out of place and unwanted by those around them, is believed to be associated with a higher need for mental health services by minority college students (Cokley et al., 2013).

### **Barriers to Accessing Mental Health Services**

A lot of college students may not recognize they have mental health issues, such as depression and anxiety, because they accredit their symptoms to 'just being a college student' (Kim, et al., 2015). The students feel that their issues are not prevalent enough to seek treatment, or that treatment is not much of a necessity. They often compare it to things like a healthy diet and exercise; these are healthy options, but not critical to daily functioning. College students as a whole have indifferent perceptions of mental health treatment, even if they themselves need it (Eisenberg, et al., 2011). This again may stem from the inability to identify that there is a problem. With the high levels of stress and fatigue in college being so normalized, students find it difficult to tell the difference between real mental health issues and just being a stressed student (Kim et al., 2015). There is a true epidemic arising as students take on more roles and responsibilities and ignore, or are unaware of mental health issues (Eisenberg et al., 2011).

If students recognize that there is a problem they may not be willing to create a solution. They often ignore the problem and avoid seeking help (Ægisdottír, et al., 2011). Reasons for avoiding services include negative attitudes toward seeking help, treatment fears, and worries about the associated stigma (Ægisdottír et al., 2011). Other researchers have identified the same reasons, and more, for minority populations. Specifically, minority students also encounter a negative perception of mental health services by family, lack of trust with providers, and lack of understanding of the culture on the part of the counselor as obstacles to seeking counseling (Goldston et al., 2008).

Stigma is a complex factor associated with accessing treatment because stigma can be split into two types: self-stigma and public stigma. Self-stigma reduces self-esteem by putting a label on oneself (Ægisdottír et al., 2011). Public stigma is the reduction of self-esteem due to society or an outside force placing a label on the individual (Ægisdottír et al., 2011). Between public and self-stigma, the main reason adolescents and college students underutilize counseling is perceived public stigma (Cheng, et al., 2013). For minorities, the public stigma from their own ethnic group, as well as outside sources, is a large factor in why they choose not to receive help (Cheng et al., 2013). If no one is supporting their decision to seek mental health services, they are much less likely to do so. For minority students, public stigma may also increase the likelihood of self-stigma. For example, when a minority student believes that they will be stigmatized for seeking support they may choose not to in order to avoid this public stigma which can lead to a form of self-stigma

(Cheng et al., 2013). That is, higher levels of psychological distress were related to more self-stigma and more perceived stigma from others. Thus, thinking about the negative aspects of mental health services may lead students to stigmatize themselves, leading to more need for mental health services, but less actual use of the services (Cheng et al., 2013; Goldston et al., 2008).

Even if the stigma did not exist, another large factor creates a barrier to service for minority students: lack of representative counseling staff. According to Gallagher and Taylor (2014), 87% of counselors on college campuses are white, meaning minority students are highly under-represented by staff. Under-representation in counseling staff can inhibit minority students from counseling due to a fear of discrimination from mental health professionals (Hayes et al., 2011). In one study, ethnic composition of counseling centers versus composition of the student body determined how often minority students utilized counseling services (Hayes et al., 2011). All students were more likely to seek help from counselors when counselor-student backgrounds were similar (Hayes et al., 2011); therefore, maintaining a diverse staff may be essential in reducing barriers to treatment for minority students (Hayes et al., 2011; Ibaraki and Hall, 2014).

Not only are more students beginning counseling, but retention rates of clients and overall treatment utilization also increase when students feel better represented and better served by someone of similar ethnic background as them (Ibaraki and Hall, 2014). When clients feel that their counselor understands them and can speak with them on a deeper level in terms of attitudes, values, beliefs, and even views of mental health, they are much more likely to partake and value services (Ibaraki and Hall, 2014). However, resistance to help-seeking can also vary based on cultural norms between ethnic groups.

**Cultural stigma.** As with many minority cultures, Asian Americans do not participate in counseling frequently because of the stigma associated with mental illness. In comparison to white students, Asian American students use counseling services less often because of self-stigma (Loya, et al., 2010). The little research on this population indicates that Asian American college students have poorer attitudes and higher stigma toward counseling and mental illness compared to other minority groups (Lui, 2015; Loya et al., 2010). These attitudes may stem from Asian cultural norms suggesting that discussing issues with outside sources, such as counselors, is a betrayal of the trust and loyalty to the family unit (Lui, 2015; Loya et al., 2010). Also, discussing things outside the family with a foreigner

that does not understand the culture is even more taboo and very stigmatized by the Asian community (Ibaraki and Hall, 2014; Lui, 2015).

A cause of imposter feelings among Asian students is language (Lui, 2015; Wei, et al., 2015). The language barrier may actually create more signs of depression and anxiety in Asian American college students because students feel disconnected from their peers. Asian students have reported more imposter feelings than their counterparts, causing them higher levels of stress (Cokley et al., 2013). In addition, the language barrier is particularly challenging because Asian students do not feel comfortable with seeking help outside their native language (Wei et al., 2015). Again, students are more likely to seek services when the counselor has a similar ethnic background and understands their customs (Hayes et al., 2011; Ibaraki and Hall, 2014).

Similar to Asian Americans, a large barrier for young adult Hispanics in utilizing counseling is significant family disapproval for sharing information outside of the family. Even if they could get family members to agree to the counseling, the language barrier can be a hindrance in multi-generational family counseling, which becomes a problem when family is so integral to the young adult (Dupree, et al/ 2010). Although young adults are often fluent in English, their parents may have difficulty conversing in English. If the counselor is not fluent in Spanish, the family may be frustrated when seeking services and ultimately choose not to access or continue treatment (Dupree et al., 2010; Lui, 2015). Additionally, Hispanic American students are more likely to discuss everything from grades to sexual identity with someone of similar ethnic background. Thus, in college they avoid professional help because of underrepresentation among counseling staff (Ibaraki and Hall, 2014). Indeed, only 2.5% of counselors identify as Hispanics (Gallagher and Taylor, 2014).

Cultural stigma is also present in the use of counseling among Middle Eastern American college students. In general, the largest separation from counseling for the Middle Eastern American population is because of self-stigma (Soheilian and Inman, 2009). This population is less likely to seek counseling in order to present the façade that everything is fine and maintain a reputation for themselves and their families. In the Middle Eastern culture, family reputation, and personal reputation are more important than one's own mental health (Soheilian and Inman, 2009).

African Americans report the lowest rate of counseling use even though they report the highest need (Thompson et al., 2013). African American students experience higher minority-related stress than Asian Americans or Latino Americans (Cokley et al., 2013). Because African Americans typically come from less racially diverse neighborhoods and may experience more racism than individuals of other ethnicities, it may be more difficult for them to adapt to a predominantly white school (Cokley et al., 2013). Even with higher stress, rates of help-seeking are low for reasons such as negative previous experiences, negative stigma toward counseling, and negative interactions with counselors (Thompson et al., 2013). The stigma in African American communities that is associated with counseling services is also a large factor that reduces help-seeking among African American college students (Thompson et al., 2013). Self-concealment or hiding issues for fear of embarrassment has led to a lack of accessing mental health services by African American college students (Masuda, et al., 2012).

**Religion.** Religion plays a large role among many minority cultures and can be related to use of mental health services (Goldston et al., 2008). Over half of African Americans identify with the Christian faith and attend church weekly (Avent, et al., 2015). They receive their support and friendship from the church and often use it as a form of release for any anxiety, depression, or mental health issues they may experience (Avent et al., 2015). The likelihood that African Americans will use religious services as their coping mechanism for mental health issues is extremely high. Avent and colleagues (2015) found that religious leaders meet with congregation members daily to discuss mental health issues. The leaders often help them through their problems in a religious aspect, but they are not against making referrals to outside sources when appropriate. The barriers that religious leaders experience are the same as noted above when trying to refer to outside sources (Avent et al., 2015; Goldston et al., 2008). For African American college students, religion is often a staple that they need in order to relieve stress and have social support. Both men and women report high reliance on the need for religious support (Cokley et al., 2013). In fact, only 4% of the participants used mental health resources that were not religiously based. However, these alternative strategies may be less effective than professional health services.

Just as African Americans may use religion as an alternative for mental health resources, Asian Americans are also more likely to turn to their faith. The majority (73%) of Asian Americans identify with some form of religion (Kim et al., 2015). They often use

religion as a source of social support (Kim et al., 2015). Religion is an important outlet for mental health issues as well as issues of racism, stress, and other negative experiences, and may partially explain why Asian American college students do not seek out mental health services (Kim et al., 2015; Goldston et al., 2008).

**Use of family and friends.** Young adult Hispanics are more likely to seek advice from family, friends, or a doctor instead of a mental health professional (Dupree, et al., 2010). Similarly, due to most counselors at colleges being white (Gallagher et al., 2014; Ibaraki and Hall, 2014), African American college students tend to reach out to family, friends, or religious leaders rather than mental health professionals (Ibaraki and Hall, 2014). African Americans were also more likely to speak about issues such as drug use and mental health with someone they could identify with; someone of the same ethnic background (Ibaraki and Hall, 2014). This bond with those closest to them makes it even harder to encourage the use of mental health services among African Americans (Thompson et al., 2013). Hearsay that a friend or family member had a negative experience may also influence the person to shy away from his or her own counseling experience.

Although limited research addresses mental health among Middle Eastern Americans, one study explored Turkish college students' views of mental health resources (Bilican, 2013). The study found that stigma was not a large factor for these Turkish college students, but the use of family and friends as support rather than other outlets was the main way of coping with issues, if they were dealt with at all. Turkish college students also tended to ignore issues that portrayed them as weak. If they did identify problems, they were only shared with those closest to them. There was also a lack of knowledge of resources for help that constrained students from receiving help (Bilican, 2013).

### **Current Study**

The purpose of this research was to identify use of mental health services by minority students at South Dakota State University (SDSU). As outlined above, there are numerous reasons that college students choose not to utilize counseling services even though they may be needed. For example, students may avoid counseling out of fear of cultural stigma associated with help-seeking (Ægisdóttir et al., 2011). Further, minority students may be more likely to use non-counseling help services such as religious organizations or friends and family in place of formal counseling because they believe that

counselors are racially biased, or that there is a lack of therapists who will understand their needs (Goldston et al., 2008; Hayes et al., 2011; Ibaraki and Hall, 2014).

Therefore, the counseling experiences of SDSU minority students were explored in order to understand barriers to treatment and inform counseling and student affairs professionals on the SDSU campus. Specifically, SDSU college students who self-identified as a member of an ethnic minority group responded to a series of open-ended questions in an online format about their perspectives and experiences with counseling services. Because research has shown that minority students are less likely to use counseling services for various reasons, SDSU minority students may have unique needs not specifically addressed with the current mental health services on campus. As the qualitative questions were exploratory in nature, no hypotheses are provided.

## METHODS

### Participants and Procedure

Students were eligible to participate if they were a current undergraduate student at SDSU and self-identified as an ethnic minority. Students were recruited through email, classroom presentations, and solicitation at meetings of student organizations that specifically target minority students. Students were invited to participate via an online link, and the survey required 15-20 minutes of the students' time to complete. Upon completion of the survey, they were given the option to enter their name into a drawing for one of four \$50 gift cards. All procedures were approved by the university's Institutional Review Board.

### Measures

**Demographic questionnaire.** Basic demographic information was collected from participants. Demographic information of interest included age, sex, ethnic background, and year in school.

**Qualitative questions.** Students were asked to respond to four open-ended questions addressing their previous experience with counseling services. Questions included:

- 1) Please describe your view of counseling services, in general.

- 2) What factors would influence your decision about whether or not to seek counseling?
- 3) If you have used counseling services, what influenced your decision?
- 4) If you have not used counseling services, what influenced your decision?

### Data Analysis Plan

The responses were reviewed by two independent coders using procedures for thematic analysis outlined by Braun and Clarke (2006). In order to increase reliability, initial coding was conducted independently by the two coders. Themes were defined as common topics or concerns reported by multiple respondents. Following initial coding, the two coders met to compare themes and discussed any discrepancies until an agreement was reached (Boyatzis, 1998). Original themes were then combined to create a preliminary set of themes.

Next, both coders independently returned to the data and reviewed the codes within each theme to ensure they accurately reflected the data. The coders met again to discuss any modifications deemed necessary based on the second round of independent review. Finally, both coders returned to the data for a final review to ensure saturation.

## RESULTS

### Participant Characteristics

A total of 180 SDSU students completed the online survey. Following the initial screening of the data, 127 participants were removed from the sample because they did not identify as an ethnic minority, leaving a final sample of 53 participants. The average participant was female, 20.26 years old, and African American. Interestingly, the majority of participants were upperclassman. As many participants completed the online survey while physically on campus, a younger sample was expected (Table 1).

Table 1: *Demographic Characteristics (N=53)*

The demographic characteristics show that African American women took the survey most often.

Variable	M (SD)	%	Range
Female		66.1	

Age	20.26 (1.93)		18-26
18		15.1	
19		26.4	
20		20.8	
21		18.9	
22+		18.9	
Ethnicity			
African American		37.7	
African		22.6	
Asian		13.2	
Native American		9.4	
Hispanic		9.4	
Middle Eastern		7.6	

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### Themes

Following analysis, five broad themes emerged: Self-reliance, Them-not me, Last resort, Comfort with counselor, and Support in help-seeking. Individual themes are discussed below. For a summary of themes and example statements, see Table 2.

**Self-reliance.** Participants identified that they feel they should be able to help themselves through any issues they experienced; counseling was not needed for them because they could get through it themselves. For example, one participant stated, “For me, I like to work things out by myself and I don’t feel comfortable talking to someone I don’t know,” and another said, “I should make my own decisions first and work things out myself.” Students may feel that if they can manage to work through problems on their own, there is no need to include anyone else in the solution. Some students identified that as long as they feel things are under control, they are fine. Participants made comments such as, “...whether or not I felt like my emotions were too much for me to handle on my own,” or, “...whether I am capable of helping myself or not.” Another student said, “If I felt that I couldn’t control myself [I might seek counseling].” These statements allude to minority students feeling very self-reliant in relation to their mental health. They may prefer to solve issues concerning mental health problems independently.

**Them-not me.** Most participants identified counseling as a helpful, needed service in the life of a college student. However, in contradiction to their identification of the need and usefulness of counseling for others, they rarely believed they would benefit personally. For example participants reported, “While I don’t feel that I need them [counseling services], I think that they are a very useful service for many students,” and,

“Effective, but not for me.” Most identified that their problems were not severe enough to require counseling services, and although they did not judge others who needed assistance, that scenario just did not apply to them personally. Overall, student responses indicated a positive perspective of counseling services with only two students providing overly negative descriptions of counseling services on campus.

**Last resort.** The last resort theme relates to the circumstances in which a participant would consider seeking counseling. Many students answered that they would have to exhaust all other options before utilizing counseling services. A lot of students relied on family and friends as a support system instead of counseling. For example, many of them stated other sources of support as a barrier to their help seeking: “...whether or not I felt I could get adequate advice and help from my friends and family,” and, “I would rather talk to a friend.” Only when those support systems could no longer offer adequate support would they consider attending counseling: “It became important when I was really down and no one really could help me or understand what I was feeling.” Family and friends are a large support system in the lives of minority college students, and participants strongly preferred exhausting all options of support in their social and family circle before they were willing to think about seeking out more help if needed.

Also, student comments indicated that severity of symptoms influenced when they felt comfortable reaching out. Deeper issues such as suicide attempts and daily struggles with anxiety and/or depression were identified as reasons for seeking assistance. The severity of symptoms appeared to be the push that minority students needed to take that large step toward receiving counseling services. Comments such as, “...suicidal thoughts,” and, “I was very stressed to the point it was affecting my day-to-day life,” were identified as reasons that finally lead students to seek counseling.

**Comfort with counselor.** Many minority students identified the lack of minority counselors as a large obstacle to seeking counseling services. They identified that it is hard to share private and personal experiences with someone who cannot relate to their personal experiences such as racism: “As a student of color it is often times difficult to share experiences when you are talking to someone who is white; especially experiences regarding racism.” Students felt that the underrepresentation of the minority population means the counselors will not understand them, be able to connect, or help them. They also reported a fear that counselors will not consider their experiences important because the

counselor does not have first-hand experience: “Depends on who it is. If the person can relate to me or not; if they can really help.”

**Support in help-seeking.** Students identified that if important people in their lives supported them seeking counseling, or better yet encouraged it, they would be more likely to attend counseling. One student commented, “I had fallen into a deep depression and my mom thought it was the best option for me,” and others reported that “family support” and “teachers” influenced their participation in counseling.

The African American and African participants identified that many people in their culture do not believe in seeking help from counselors or other strangers. They therefore are very hesitant to seek the help due to this stigma from within their own culture. Yet a positive experience, or support from friends and family, really helped to encourage students to attend counseling: “A friend suggest I got to counseling because it helped them during a similar situation.”

Table 2: *Theme frequency and description*

Themes that emerged included self-reliance, them-not me, last resort, comfort with counselor and support in help-seeking.

Theme	Examples
<b>Self-Reliance</b>	<i>For me, I like to work things out by myself and I don't feel comfortable talking to someone I don't know</i>
<b>Them-not me</b>	<i>While I don't feel that I need them [counseling services], I think that they are a very useful service for many students</i>
<b>Last Resort</b>	<i>Whether or not I felt I could get adequate advice and help from my friends and family</i>
<b>Comfort with Counselor</b>	<i>If there was someone I felt comfortable with sharing my stories with [I would consider counseling]. As a student of color it is often times difficult to share experiences when you are talking to someone who is white; especially experiences regarding racism</i>

**Support in help-seeking**

*I had fallen into a deep depression and my mom thought it was the best option for me*

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## DISCUSSION

The current study explored the use of mental health services by minority students at SDSU using thematic analysis. Common themes that emerged from the data included Self-reliance, Them-not me, Last resort, Comfort with counselor, and Support in help-seeking. Overall, students reported positive experiences if they had interacted with counseling services, and in general, felt that counseling services are an important option for students. However, students also identified barriers to help-seeking which could be addressed through minor changes on campus.

Self-reliance was an interesting theme that emerged from the data. According to Goldston et al. (2008), many minority cultures are collectivist cultures, which emphasize building and maintaining relationships over independence. The emphasis on working out issues of anxiety and depression alone was a surprising finding. Although participants did emphasize the use of family and friends as a resource, they were just as likely to report the desire to work through issues completely independently. Also, cultural stigma may play a role. It is possible that if one's family and culture do not approve of reaching out for professional assistance, students may feel pressured to instead rely solely on themselves (Loya, et al., 2010).

The theme Them-not me indicated that even though students did not want to seek out counseling for themselves, they did not have a negative view toward others doing so. The highly stigmatized view of counseling as a whole (Goldston et al., 2008) was not present in this small group of campus-based participants. They appeared to have an overall positive view of counseling as indicated by the ratio of positive to negative comments provided. However, this finding may also indicate a lack of awareness of their own mental health, as well as the wide array of services offered by counseling services including group counseling, stress management seminars, and other preventative services which could stop the progression of symptoms before they reach a critical level.

Relatedly, students did tend to discuss counseling services as an option only needed in the dire circumstances. Similar to previous research that identified minority

students using other outlets to address mental health issues prior to counseling, students in this study tended to view counseling as their last option (Goldston et al., 2008; Hayes et al., 2011; Ibaraki and Hall, 2014). However, the findings suggest that students are at least open to the option at some point. Stress, anxiety, and depression were the main triggers that would lead someone to feel that things are out of control and they needed to go seek help. This aligned with previous research which indicated that the issues common among college students today may be too much for the student to handle on their own or with family and friends, leading more students to turn to professional help (Kim et al., 2015).

Comfort with the mental health professional also coincided with previous research. The minority students at SDSU identified that it may be hard to relate to, or be understood by, someone of a completely different culture and/or ethnicity. Previous research identified this as a large barrier for minority students (Goldston et al., 2008; Hayes et al., 2011; Ibaraki and Hall, 2014). Given that SDSU is a predominantly white campus, minority students may feel especially limited in their ability to find friends or peers with similar backgrounds whom they feel comfortable disclosing their feelings of stress and anxiety. Thus, an ethnically diverse counseling staff may be one way to provide minority students with a supportive resource.

Only three participants mentioned religion or being unaware of services when discussing counseling services. Therefore, awareness of mental health resources does not appear to be an issue at SDSU. Instead, student comments indicated a desire to manage stress and anxiety on their own or with the support of significant others until issues were severe. Their reluctance to seek counseling early may be related to cultural stigma surrounding mental health (Goldston et al., 2008; Loya, et al., 2010).

### **Implications**

Given the experiences of minority students on the SDSU campus, some approaches for reducing barriers to accessing services are proposed. First, efforts to normalize counseling may reduce public stigma (Ægisdóttir et al., 2011). Rather than informational brochures and flyers, word of mouth advertising and testimonies from minority students who have had positive experiences may make counseling and counselors feel more inviting (Ægisdóttir et al., 2011). Participants in the current study were influenced by the experiences of others, especially family and friends, thus encouraging individuals who have used services to reach out to others may aid in reducing stigma.

Additionally, promotion of the variety of services offered by mental health professionals may reduce stigma. Because students often viewed counseling as their last option, they may not realize the benefit of health fairs or other workshops focused on wellness that are provided on campus or in the community. Encouraging participation in these more preventative services may gradually begin to reduce the stigma associated with mental health resources for minority students. Supporting today's young people in embracing counseling and minimizing the social stigma is one step to creating a new generation of young adults with a better grasp on their mental health (Ægisdóttir et al. 2011).

More representation of ethnic diversity in counseling centers on college campuses may also increase the likelihood that minority students use the services (Goldston et al., 2008; Hayes et al., 2011; Ibaraki and Hall, 2014). As stated above, students often feel more connected and able to trust counselors of the same ethnic background as themselves (Goldston et al., 2008; Hayes et al., 2011; Ibaraki and Hall, 2014). Also, the similar cultural connection with counselors will likely lead to higher levels of ethnic affirmation and confidence among minority students. Higher levels of ethnic affirmation are correlated with less anxiety and depressive episodes among all minority groups (Brittian et. al, 2013). Feeling comfortable during counseling is essential for effective mental health treatment. Therefore, identifying the most significant barriers to treatment among minority students and developing appropriate approaches to mitigate the barriers is essential to ensuring the mental health of a growing population of college students.

### **Strengths and Limitations**

The current study contributes to the literature on minority student perceptions of mental health at SDSU. However, generalization of the findings is cautioned due to a small sample size as well as the use of a convenience sample. Additionally, some students completed the online survey in a crowded student union on campus, which may have inhibited their ability to provide extensive responses to the open-ended questions. Finally, the majority of the sample identified as female limiting the application of findings to the male perspective.

### **Conclusions**

Although the sample size was limited and findings are preliminary, this exploratory study suggests that while students are aware of available counseling services on campus, there are still personal (eg., self-reliance, recognition of personal need) and environmental

(eg., diversity among counseling staff) barriers to utilizing these services. Education and word of mouth promotion about the benefits of early intervention may assist in overcoming personal barriers. Increasing more diversity among service providers may mitigate environmental barriers. Knowing that minority students are aware, and have a generally positive view of services, campus professionals may consider focusing efforts on building rapport to increase student comfort and confidence in counseling services.

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