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Mental Health and Well-Being of College Students of Color

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Mental Health and Well-Being of College Students of Color

Raquel Rice

Western Michigan University

Honors Thesis

Lee Honors College

Acknowledgments

Throughout the completion of my thesis and throughout my college career I have received an immense amount of support and guidance.

First, I would like to express my deepest appreciation to my thesis chair, Dr. Gary Bischof, whose immense knowledge and insight was invaluable in conducting and creating my thesis. Your feedback and continued support throughout this process have allowed me to make profound strides in my academic research abilities.

I would also like to extend my gratitude to my committee chair member Dr. Samuel Beasley. I am extremely thankful to him for offering his expertise in the area and offering guidance and support through the research process.

I also wish to thank Anthony Helms, for his continued support during my time in the Lee Honors College. With his assistance and invaluable advice, I was able to connect with the right people at WMU in order to pursue this research project.

I would also like to take this opportunity to thank Dr. Jessica Van Stratton (Frieder) for her unwavering support and guidance throughout my college career. She has provided me the resources and advice to pursue my goals both during and after college. She has been an invaluable asset to me during my time at WMU.

In addition, I would also like to give a special thanks to both my parents and my brother. They provided me with encouragement, support, and love throughout my college career. This accomplishment would not have been possible without each one of them.

I cannot express enough my gratitude for each and every one these people and their support. Thank you.

Abstract

This paper reviews the mental health and well-being of students of color at a Midwestern public university. The paper presents data from the Healthy Minds Study and combines this information with findings from a focus group of students of color at the university. The focus group was conducted as part of the university's involvement in the Equity in Mental Health Framework Implementation Pilot Project. The Equity in Mental Health Framework was created through a partnership of The Steve Fund and The JED Foundation, and identifies ten strategies and recommendations for universities to implement to support students of color on campus. The quantitative portion of this study presents results from the Healthy Minds Study, including those related to stigma around mental health, incidence of various mental health problems, and the utilization of counseling and medication services. The qualitative portion of this study offers a presentation of the findings from a one-hour focus group with six students at the university, five of the six students identifying as students of color. The focus group transcript was analyzed using the qualitative research method of thematic analysis. Themes identified from the focus group were clustered around four different areas, which include: a) Administration and Campus Culture, b) Experiences with Diversity and Inclusion, c) Utilization and Accessibility of Counseling Services, and d) Practical Student Suggestions. Themes and subthemes are presented in each of these areas, and an overview of the findings is presented in a thematic map. A cross comparison between some of the quantitative and qualitative data is included in the discussion. Limitations of the study and recommendations for enhancing the mental health and well-being of college students of color are also presented.

College Student Mental Health

In 2018, there were more than 17 million students enrolled or attending higher education at colleges and universities in the United States of America (Lipson et al., 2018). According to Lipson et. al. (2018), this portion of students comprises almost half of all young adults in the country, with about half of the student body being students of color (Lipson et al., 2018). Students of Color constitute any student who identifies as Black or African American, Latinx, Asian/Asian American, Native American, Arab/Arab American and/or multiple of the racial identities (Clemson University, 2020). Current research indicates that currently there is a college mental health crisis taking place in the United States. In 2013, the American Psychological Association reported 41.6% of students presented with anxiety, 36.4% of students had depression, and 35.8% of students reported relationship issues (APA, 2013). With an increasing number of college students suffering from mental health challenges, there is a growing need for mental health support (Equity in Mental Health Framework, p. 3).

Individuals entering colleges and universities for the first time are typically young adults, who are encountering many new challenges at that stage in their life (Albright & Hurd, 2018). Some of these new challenges include leaving the comfort and safety of their family, identifying new social networks, and creating support systems outside of their family and friends. This timeframe in life is considered by some to be the time where individuals are most likely to struggle with their mental health. Research done by Patel et al. (2007) states that mental health disorders accounts for half of the disorders or diseases that reduce life years in young people. Psychological distress during this time can indicate a higher probability of mental health issues later on in life (Albright & Hurd, 2018). Mental health issues during this early stage in adulthood are also linked to difficulties in degree completion (Lipson et al., 2018).

A survey completed by the Association of University College Counseling Center Directors indicated over 12% of students used the counseling services available to them on their campuses in the 2015-2016 academic school year (Reetz et al., 2016). The percentage of students utilizing services is continuing to grow, indicating a greater demand for services (Banks, 2018). With an increasing number of students on college campuses, a more diverse student body on campus, and serious implications to young adults who do not receive adequate treatment to mental health services, there is a need to address mental health and treatment services at college and universities around the country.

Mental Health of College Students of Color

In the past, research has repeatedly assessed and identified the need for a greater abundance of mental health services for young adults at college. A researcher from the University of Pittsburgh conducted surveys at college counseling services centers and concluded that 90% of counseling center directors identified an increase in number of students receiving treatment for severe pathologies (The JED Foundation, 2021). There is a growing need and awareness around the need to specify this research to students of color and their mental health while at college. Research done by Snyder and Dillow (2013) showed that 36% of college students were from racial or minority backgrounds in 2010. However, the Association of American Colleges and Universities (2019), reported 45.2% of students attending higher education were students of color, indicating that college campuses are becoming more diverse with expectations for diversity to continue to grow. However, with an increase in diversity among students on college campuses, data suggest students of color report “worse psychological adjustment than Caucasian students” (Gummadam, Pittman, & Ioffe, 2016, p. 1; Smith, Chesin, & Jeglic, 2014). Despite an increase in enrollment of students from underrepresented

backgrounds, the retention and completion rates for those students is lower than their White counterparts (Albright & Hurd, 2018). Statistics show that degree completion for roughly a 6-year bachelor's degree is only 60% for all students, with lower rates for both African American and Latinx students (Lipson et al., 2018). According to the National Center for Education Statistics (2019), the 6-year graduation rate for students seeking a bachelor's degree was only 54% for Latinx students and 40% for Black students.

Research published in 2018, states that “40% of students with a mental health problem received treatment” (Lipson et al., 2018, p. 351). Literature suggests students of color have a greater risk of psychological distress due to factors including racism, classism, discrimination, and more (Davidson et al., 2004). However, for students who received treatment, the type of treatment varied greatly for students of color, with students of color not getting diagnosed, getting prescribed proper medication, and receiving the same amount of therapy as their White counterparts (Lipson et al., 2018). One study done by Davidson et al. (2004) identified that within a 5-year span only 3% of minority students utilized the counseling services. These statistics make apparent the discrepancy in need for mental health services for students of color and a need for adequate and equal services to all students despite racial and ethnic backgrounds.

In addition to the differences in mental health treatment of students of color, utility of services available also varies among students of differing races and ethnicities. Students of color as a whole are “found to be less likely to seek professional psychological services than their White college student counterparts” (Kam et al., 2018, p. 2; Li et al., 2016). Using online surveys taken from graduate and undergraduate students, Kam et al. (2018), reported that 16% of White students utilized psychological services compared to only 5% of Asian/Asian American students, 6% of Black students, and 10% of Latinx students. These authors found that Arab/Arab

American students reported the highest rates of mental health issues. They also noted that Asian/Asian American students had the lowest rates of treatment for mental health issues on campus with roughly 80% of cases among Asian/Asian American students going untreated. The 20% of Asian/Asian American students that did receive treatment on campus had the “highest rates of distress at intake” (Lipson et al., 2018, p. 351). Overall, the highest rates of distress for college students following Asian/Asian American students were Latinx, African American, and lastly White students. Consistent with Smith and colleagues (2014, p. 78), students of color had “greater psychological distress both at intake and at termination than their White peers” (Kearney, Draper, & Baron, 2005). Kearney et al. reported that students of color who did receive treatment often waited to access services until their stress levels were at much higher rates and did not end treatment with the same success as their White counterparts.

Prior research indicates that one reason that there is a lower percentage of students of color that utilize counseling services at universities is because they have a negative perception of campus climate at Predominantly White Institutions (PWIs). First-hand accounts from students on experiences with microaggressions provides insight into the perception of a negative campus climate (Banks, 2020). Other factors that contribute to a negative view of campus climate include the lack of representation of other minority groups, experiences with racism on campus, and a lack of minority counselors who can relate and understand the students’ experience (Banks, 2018). Other stressors that impact students of color are racial discrimination and socioeconomic status (Albright & Hurd, 2018). Racism and racial discrimination on campuses is seen in many different formats, for many students of color, with varying types of discrimination against students depending on their racial/ethnic backgrounds. Examples of discrimination and microaggressions include but are not limited to students of color being seen as academically

inferior, racially offensive activities held on campus, and offensive jokes/comments towards students (Sanchez et al., 2018).

Perceived racial/ethnic background also impacts the types of microaggressions and discrimination a student is subject to. Asian/Asian American students are often perceived as being a “model minority” (Sanchez et al., 2018, p. 215), which may diminish the experiences and discrimination these students experience. Sanchez et al. noted that Latinx students often report experiences where they are stereotyped as being criminal, coming from low-income communities, and stealing jobs. This research has concluded that there is a positive correlation between students who experience these types of racial-ethnic microaggressions on campus and negative mental health outcomes (Sanchez et al., 2018).

Other important information to identify in assessing the mental health and well-being of students of color is identifying perceived stigma among students and positive sources of support for students. A common barrier to mental health services is related to perceived stigma among students and the idea that they are able to handle their mental health on their own. Literature suggests that an individual who is dealing with mental health challenges or who receives a diagnosis may view this as another identity of oppression, which is added on top of their identity as a student of color who may be experiencing other forms of oppression (Williston et al., 2019). Perceived stigma is an individual’s perception of how other people would view them and behave towards them regarding the topic. Another type of stigma, personal stigma, involves how an individual views and behaves towards others themselves (Pedersen & Paves, 2014). This stigma varies among different races/ethnicities, while among each race/ethnicity men are more often to have a higher perceived stigma than their female counterparts (Lipson et al., 2018). The need to identify ways to reduce stigma on campus settings is evident, as stigma is found to predict help

seeking tendencies (Masuda, 2012) and may prevent students of color from accessing critical mental health services.

Identifying areas of support for students of color on college campuses allows universities to understand how to increase their students' overall well-being. Research has shown that students who have high levels of ethnic identity as well as healthy connections within their community are more likely to have better overall well-being. Healthy relationships with peers in their community are associated with the strongest overall indication of well-being. Lower levels of well-being in students of color were tied to a lack of healthy relationships within their community and lower levels of ethnic identity (Schmidt et al., 2014). Universities that create diverse environments where students feel welcome and can express and embrace their ethnic identity while simultaneously creating a strong network of support have greater chances of fostering a positive well-being. We have been discussing college student mental health and mental health of students of color, next we identify and address mental health of college students at Western Michigan University.

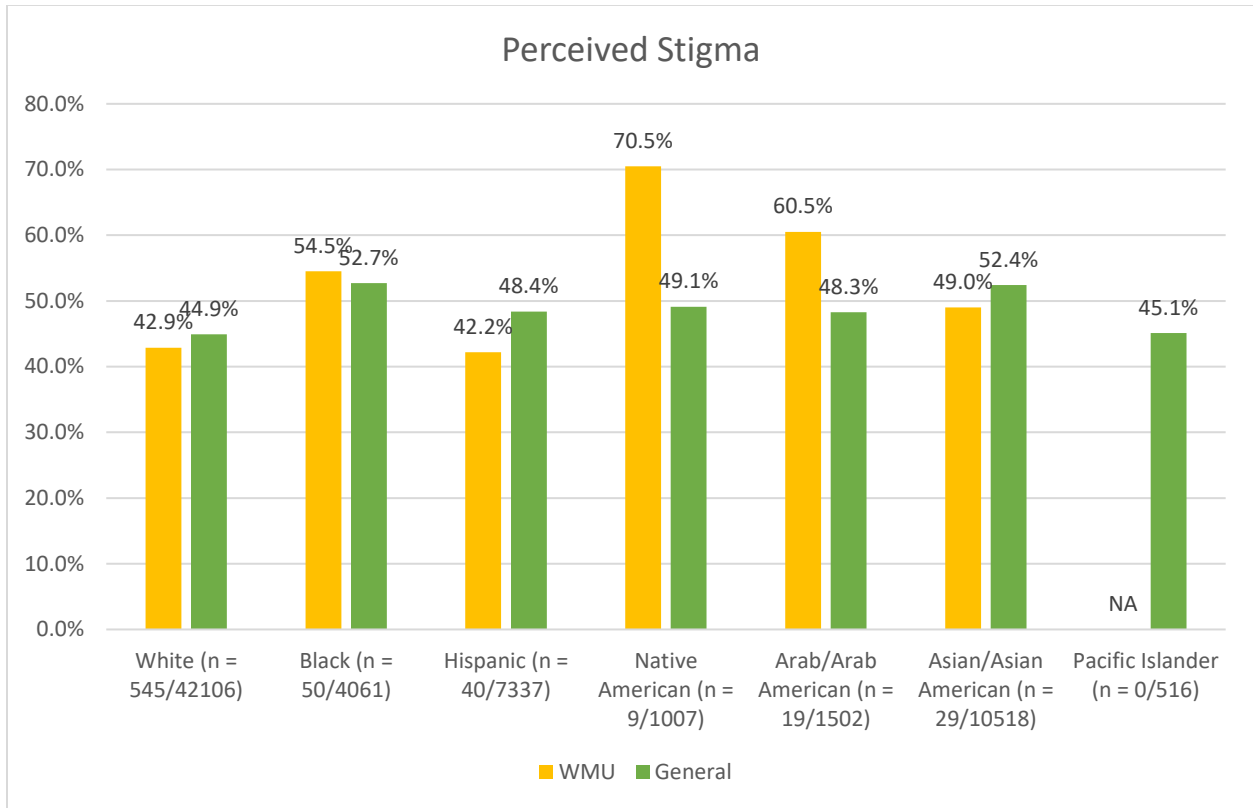
Mental Health of WMU Students

The Healthy Minds Study is a research program that conducts surveys of students at colleges and universities around the country to gather information pertaining to student mental health (Healthy Minds Network, 2021). Western Michigan University (WMU) participated in the Healthy Minds Study in spring 2018 to gather more information regarding students' overall mental health and wellness. The study asked students to identify their varying racial/ethnic backgrounds, which allows researchers to identify variations in results among students of color. The information gathered from the survey allows for an examination of student mental health at WMU in comparison to the general results gathered from universities across the country. In the

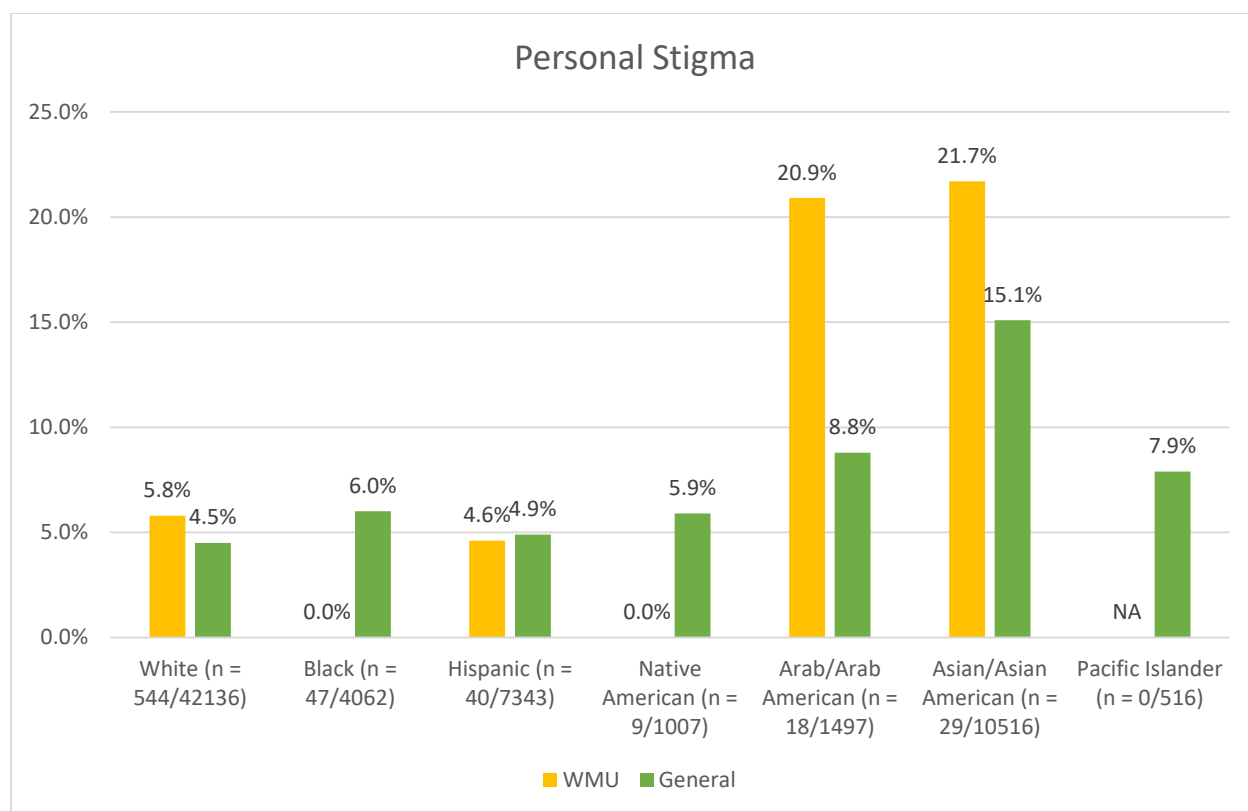
following bar graphs the yellow bars represent the results from WMU students in spring 2018 and the green bars are results from students at all the universities who completed the HMS in the same year of 2018. Each set of bar graphs represents students by their varying races/ethnicities. Under each set of these bar graphs is also the number of students that responded to the questions for each racial/ethnic group. The first number reflects the number of students who completed this portion or responded to the corresponding area from WMU in 2018. The second, larger number is representative of the total number of respondents who completed this section of the survey in the calendar year of 2018. The numbers of students at WMU who responded in the survey vary from section to section, depending on which questions were answered. At WMU there were approximately 535 student respondents who identified as White, 57 who identified as Black, 61 who identified as Hispanic, 9 who identified as Native American, 20 who identified as Arab/Arab American, and 29 who identified as Asian/Asian American.

With the previous research and information on the prevalence of mental health issues present among students of color at colleges and universities, this survey identifies challenges for students of color at Western Michigan University regarding their wellness and mental health. The graphs include results regarding perceived stigma, personal stigma, severe anxiety, anxiety, any depression, major depression, eating disorders, suicide plan, suicide attempt, non-suicidal self-injury, use of counseling, medication usage, and rates of medication plus counseling. These graphs also compare seven different races/ethnicities, including White, Black, Hispanic, Native American, Arab/Arab American, Asian/Asian American, and Pacific Islander. Some of the sample sizes at WMU are very small, with potential statistics that are not representative of the entire race/ethnicity on campus but give initial information regarding mental health at WMU in comparison to the general student body.

Stigma



Graph 1: Healthy Minds Study 2018-2019: Perceived Stigma



Graph 2: Healthy Minds Study 2018-2019: Personal Stigma

Students' mental health habits and coping strategies can be influenced by their perceived and personal stigmas regarding mental health. These two graphs include how participants believe other people will treat them with regards to mental health struggles (perceived stigma) versus how they would help or treat people struggling with mental health issues (personal stigma). Examples of survey questions the Healthy Minds Study used to gather information on Perceived stigma include "How much do you agree with the following statement?: Most people would willingly accept someone who has received mental health treatment as a close friend.; Most people feel that receiving mental health treatment is a sign of personal failure.; and Most people think less of a person who has received mental health treatment." (Healthy Minds Study, 2018-2019, pp. 72). Examples of questions used on the survey for Personal stigma include "How much

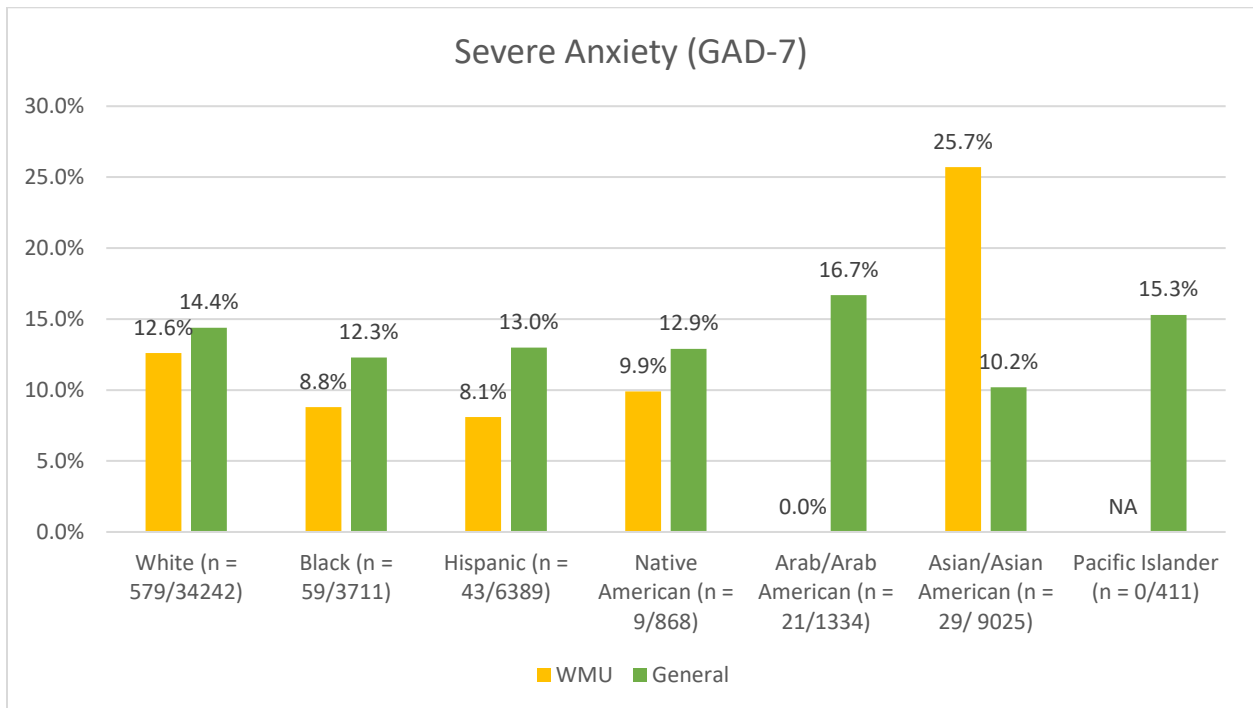
do you agree with the following statement?: I would willingly accept someone who has received mental health treatment as a close friend.; I feel that receiving mental health treatment is a sign of personal failure.; and I would think less of a person who has received mental health treatment” (HMS, 2018-2019, p. 73). All of these questions were answered on a scale from 1 – 6, with 1 indicating “Strongly Agree” to 6 indicating “Strongly Disagree.” Data for both Perceived Stigma and Personal Stigma were collected using 3 questions for each. Higher percentages reported on the perceived stigma graph indicate a greater number of participants report believing that others will negatively perceive them if they have mental health challenges or utilize mental health services. While higher percentages reported on the personal stigma graph indicate a greater number of participants who report having a negative perception of others who utilize or receive mental health retreatment.

Graph 1, depicting perceived stigma, shows that generally students at WMU have similar responses to the national averages. However, Native American and Asian/Asian American students at WMU have significantly higher percentages of perceived stigma compared to national averages. Although there is a difference in both of these groups in comparison to national averages, both sample populations at WMU have a very small number of students that were surveyed.

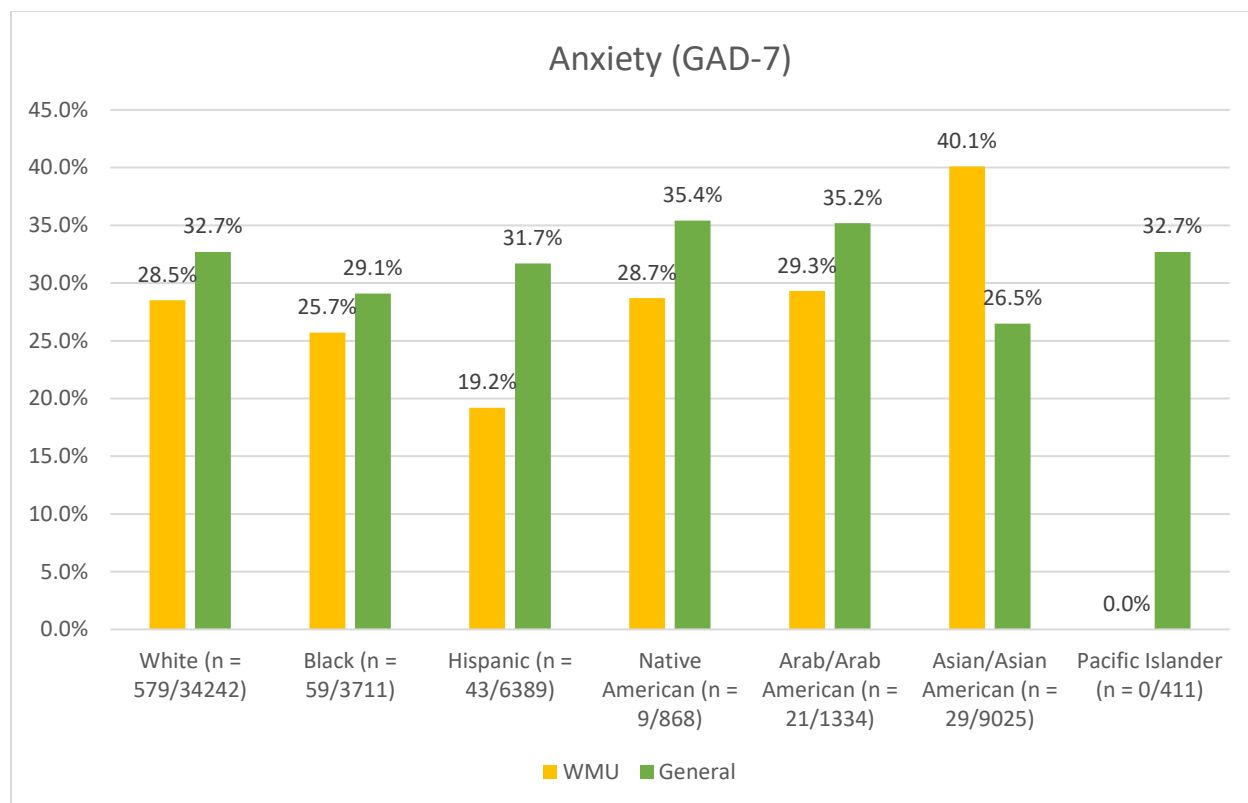
Graph 2 depicts Personal Stigma of students at WMU in comparison to national averages. Higher percentages on the Personal Stigma graph indicate that more participants view receiving mental health treatment as a personal failure or that they would think less of others who were receiving mental health treatment. The results of WMU students vary greatly in comparison to national averages. Black students and Native American students have a significantly lower percentage of personal stigma than that of national averages. Both groups of students surveyed

0% for personal stigma, indicating that they had no participants reporting a negative perception of others receiving mental health treatment. Conversely, Arab/Arab American and Asian/Asian American students have a significantly higher percentage of students at WMU that experience Personal stigma compared with national norms.

Mental Health



Graph 3: Healthy Minds Study 2018-2019: Severe Anxiety

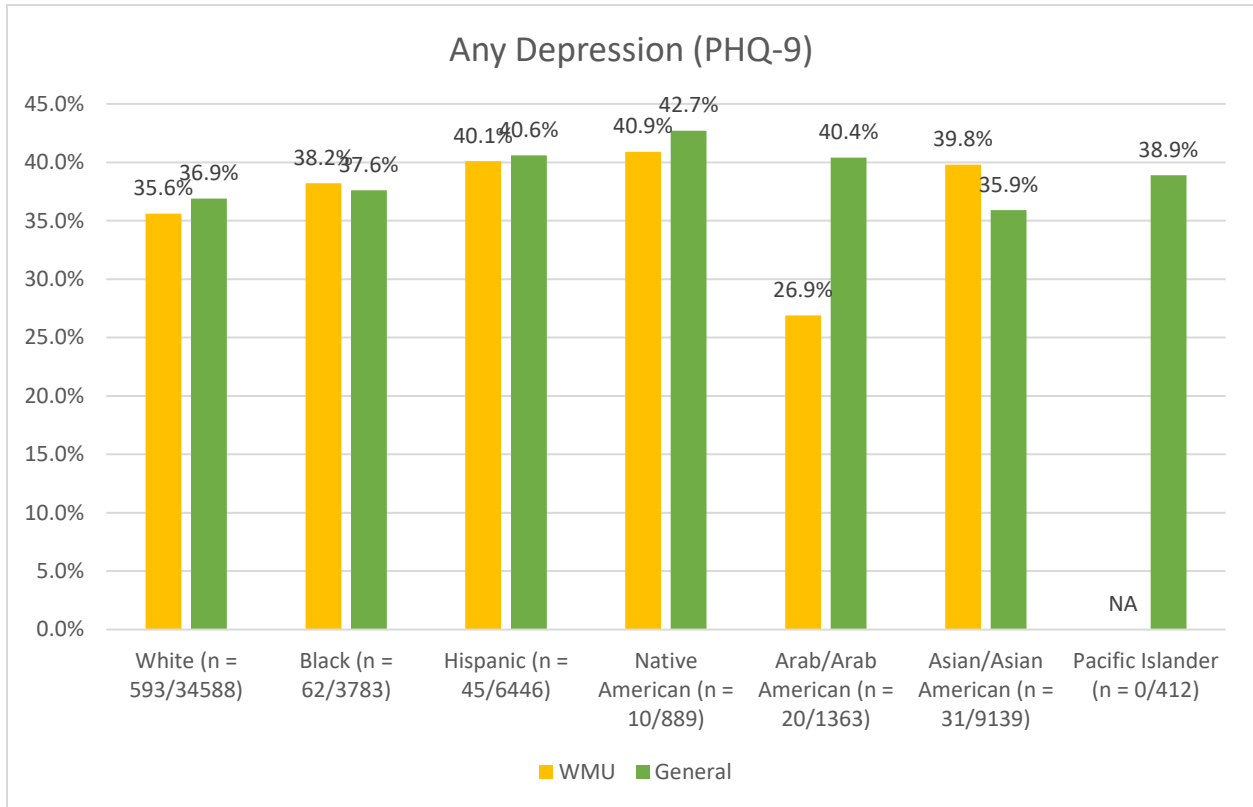


Graph 4: Healthy Minds Study 2018-2019: Anxiety

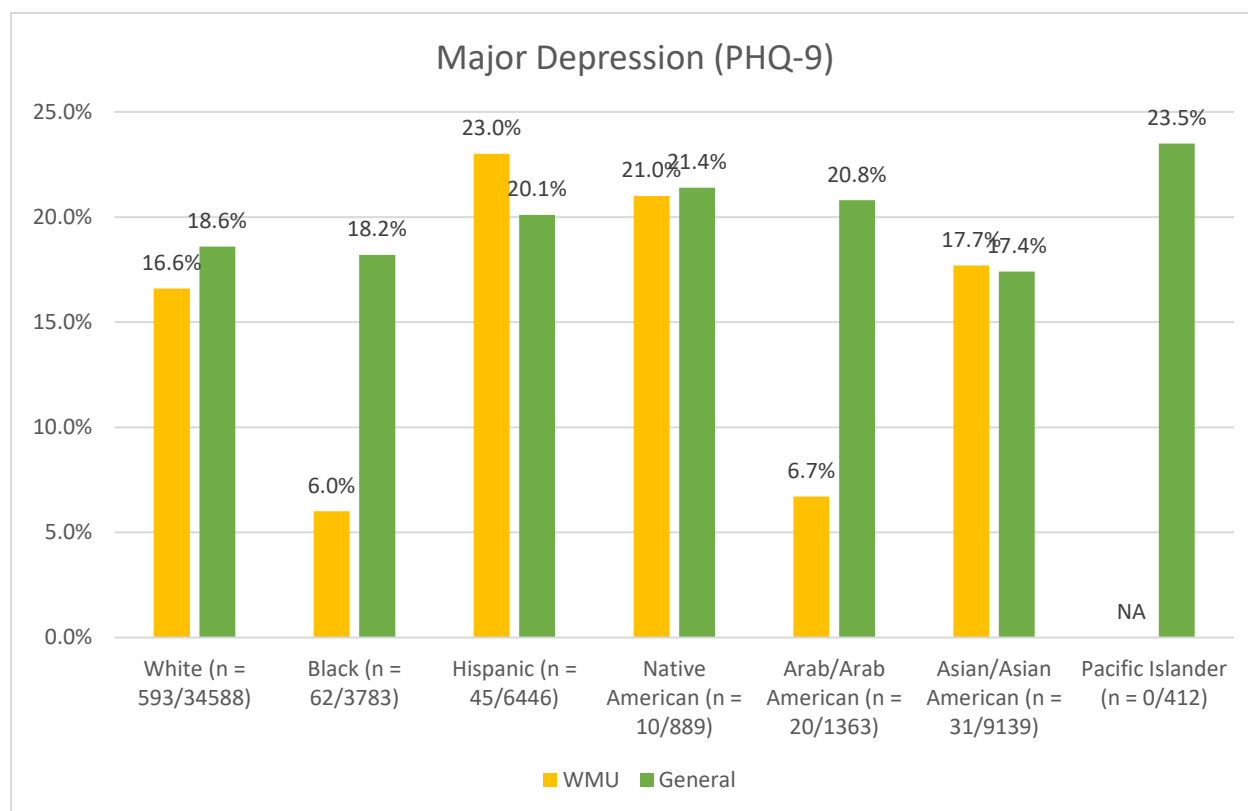
Anxiety on the Healthy Minds Study was gathered using the GAD-7. GAD-7 is a Generalized Anxiety Disorder scale that uses a 7-item Likert scale to measure generalized anxiety (Jordan, Shedd-Mora, & Lowe, 2017). Each survey question is answered on a 1-4 scale, 1 indicating “Not at All” and 4 indicating “Nearly Every Day.” The survey questions identified how often in the last 2 weeks students had been bothered with various problems. Some of the problems on the survey included “Feeling nervous, anxious or on edge,” “Not being able to stop or control worrying,” “Worrying too much about different things,” and “Trouble relaxing” (HMS, 2018-2019, p. 13)

Overall, students surveyed at WMU had lower percentages of severe anxiety in comparison to the national results. However, Asian/Asian American students at WMU experiencing severe anxiety were more than double the national average. These statistics are

similar to the results of the survey regarding general anxiety at WMU. All groups of students at WMU, besides Asian/Asian American, had lower reported general anxiety in comparison to the national percentages. Asian/Asian American students' general anxiety is 1.5 times higher than the national averages. These statistics begin to pose questions for WMU on why this particular group of students is experiencing severe anxiety and general anxiety at much higher rates.



Graph 5: Healthy Minds Study 2018-2019: Any Depression

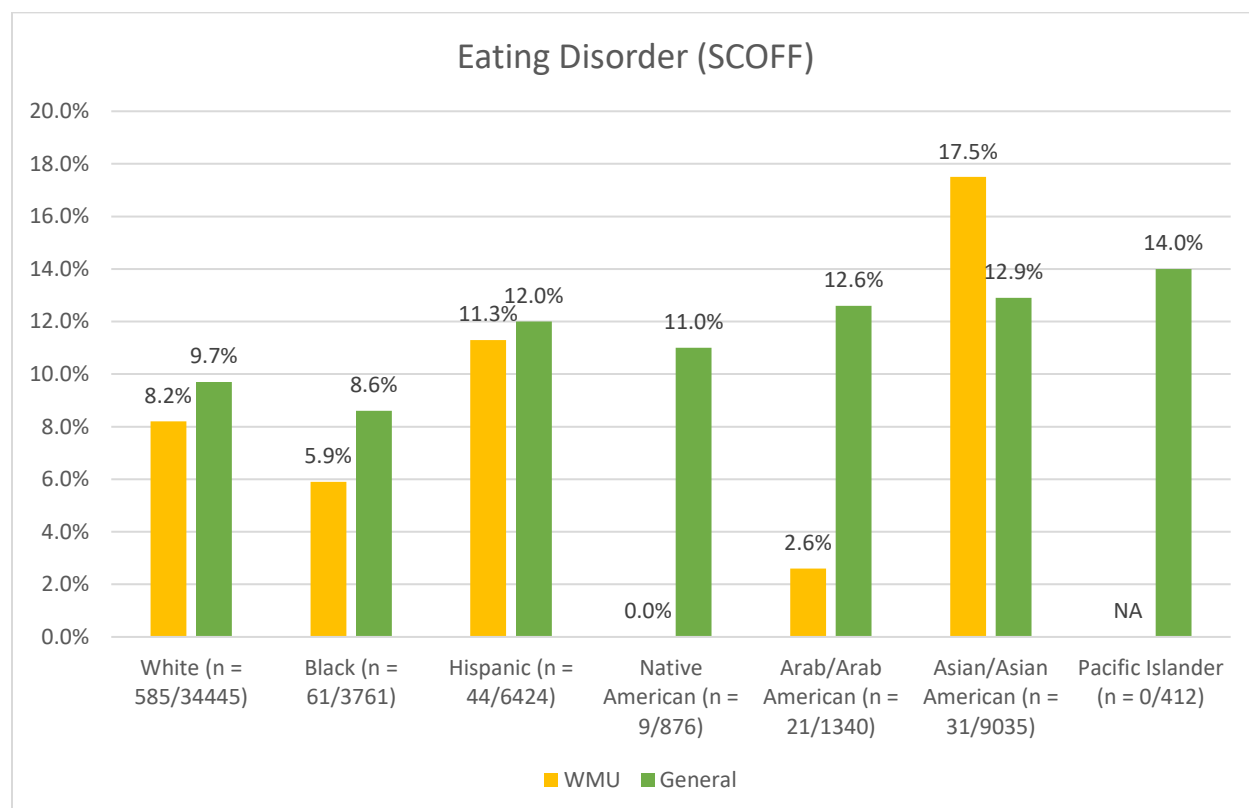


Graph 6: Healthy Minds Study 2018-2019: Major Depression

Depression on the Healthy Minds Survey was gathered using the PHQ-9. The PHQ-9 is a Patient Health Questionnaire with 9 criteria areas, intended to be used to measure depression (Kroenke et al., 2001). Some examples of survey questions on the PHQ-9 used were “Over the last 2 weeks, how often have you been bothered by any of the following problems?” and some of the problems on the survey included “Little interest or pleasure in doing things”, “Feeling down, depressed or hopeless”, “Trouble falling or staying asleep, or sleeping too much”, “Feeling tired or having little energy” (HMS, 2018-2019, p.12).

WMU students have relatively similar rates of any form of depression in comparison to the national statistics from the Healthy Minds Study. However, Arab/Arab American students at WMU have a significantly lower percentage of students reporting any depression. Asian/Asian American students at WMU have slightly more students reporting having any form of depression

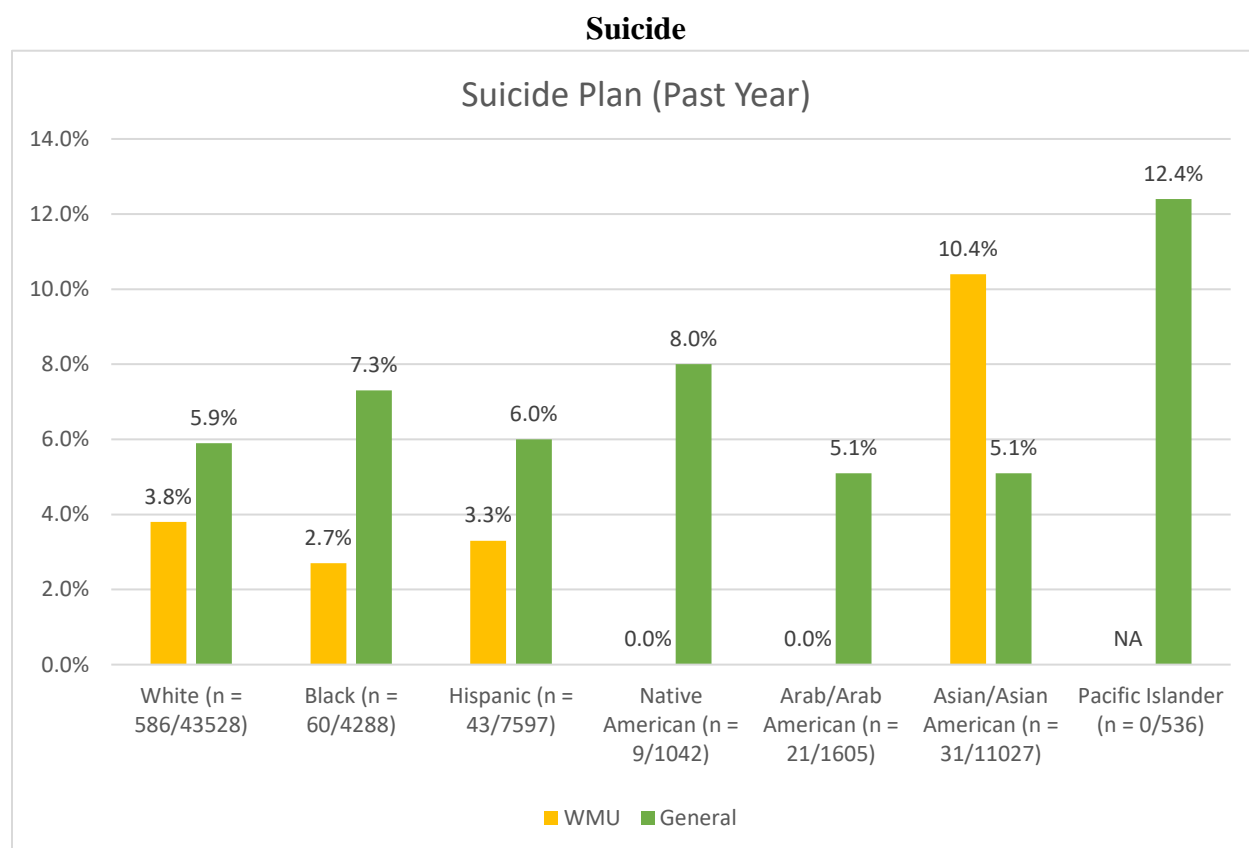
in comparison to national average, with 4% more students at WMU. Statistics from the survey do however show that both Black and Arab/Arab American students at WMU reported a much lower percentage of students with Major Depression. For both groups of students, the percentage is approximately 3 times lower than that of the national averages.



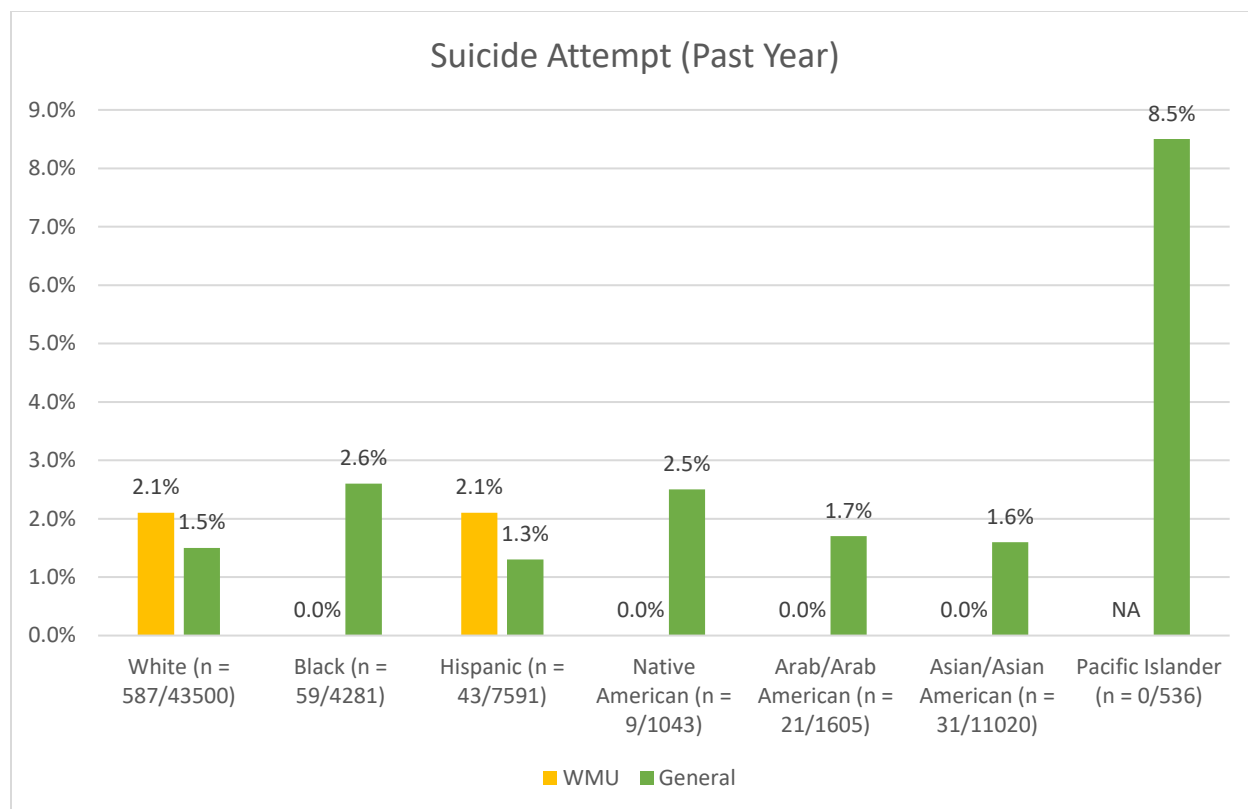
Graph 7: Healthy Minds Study 2018-2019: Eating Disorder

Eating Disorders on the Healthy Minds Survey was gathered using the SCOFF. SCOFF is a questionnaire used to screen and detect eating disorders. Each letter in the acronym is associated with a different question and category related to eating disorders, such as eating until one feels (S)ick, losing (C)ontrol with eating habits, losing (O)ne stone or more than 14 pounds, believing you are (F)at, and (F)ood dominating your life (Morgan, Reid, Lacey, 2000). Some examples of survey questions include “Do you ever make yourself sick because you feel

uncomfortably full?”, “Do you worry that you have lost control over how much you eat?”, and “Have you recently lost more than 15 pounds in a 3-month period?” (HMS, 2018-2019, pp. 13-14). WMU had many racial/ethnic groups of students who had significantly different percentages of students with an eating disorder. The eating disorder section in the survey included questions pertaining to weight concerns, eating disorder symptoms, bingeing and purging, eating habits, and perception of peers (HMS, 2018-2019). Black students at WMU had a slightly lower percentage than national statistics. Native American students at WMU had a significantly lower percentage, with 0% reporting an eating disorder. Arab/Arab American students at WMU also had a percentage 5 times lower than national counterparts. Asian/Asian American students at WMU however reported a higher percentage of students with an eating disorder than the national statistics.



Graph 8: Healthy Minds Study 2018-2019: Suicide Plan (past year)



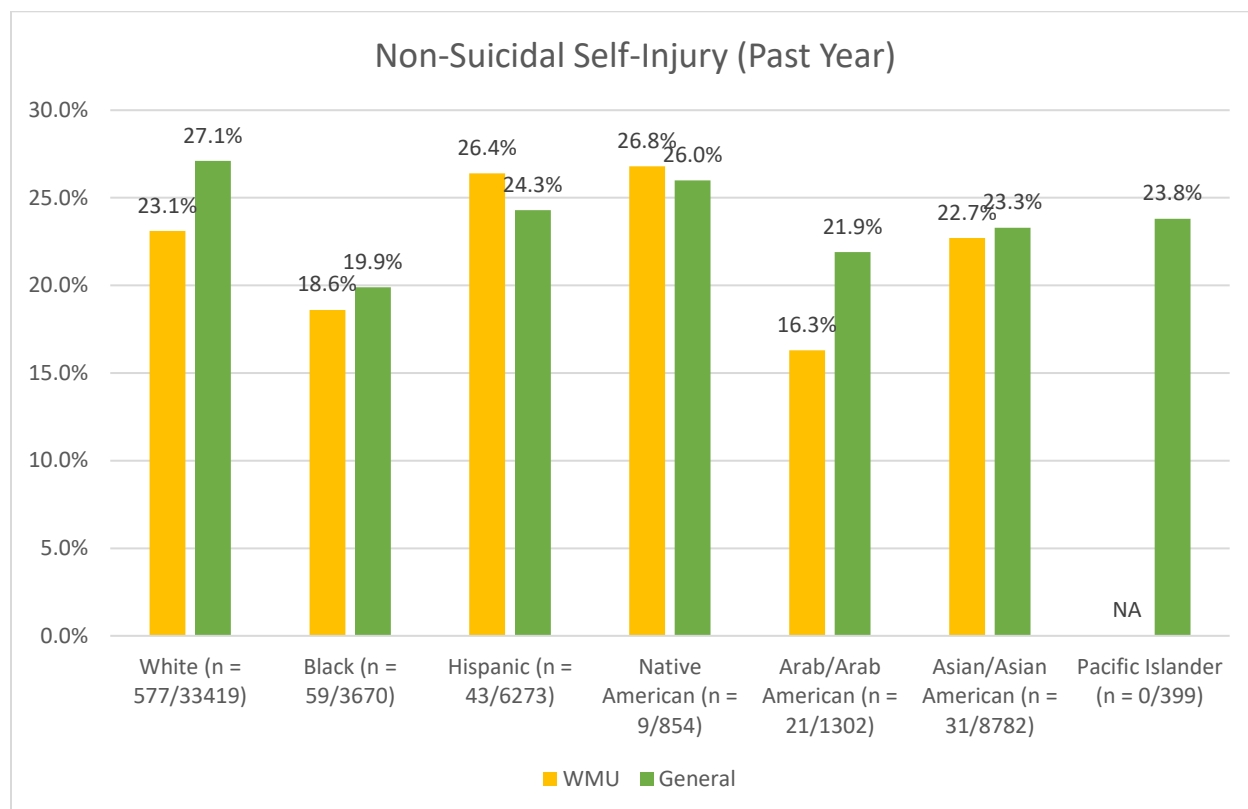
Graph 9: Healthy Minds Study 2018-2019: Suicide Attempt (Past Year)

Information on suicide plans and attempts was gathered on the Healthy Minds Study using three questions regarding suicide in the past year. Examples of the questions include “In the past year, did you ever seriously think about attempting suicide?”, “In the past year, did you make a plan for attempting suicide?”, and “In the past year, did you attempt suicide?” (HMS, 2018-2019, p. 15).

All racial/ethnic groups of students at WMU besides Asian/Asian American students reported significantly lower percentages of students who had a suicide plan within the past year compared with national results. Asian/Asian American students at WMU who reported having a suicide plan were more than double the percentage of the national statistics. These statistics vary in regards to students who attempted suicide within the past year, with both White and Hispanic

students at WMU reporting higher percentages than the national results. Both groups of students reported 2.1% of students who had attempted suicide, in comparison to 1.5% for White students and 1.3% for Hispanic students. While Asian/Asian American WMU students reported the highest rate of suicidal ideation, none reported actually making an attempt to end one's life.

Self-Harm/Non-Suicidal Self-Injury

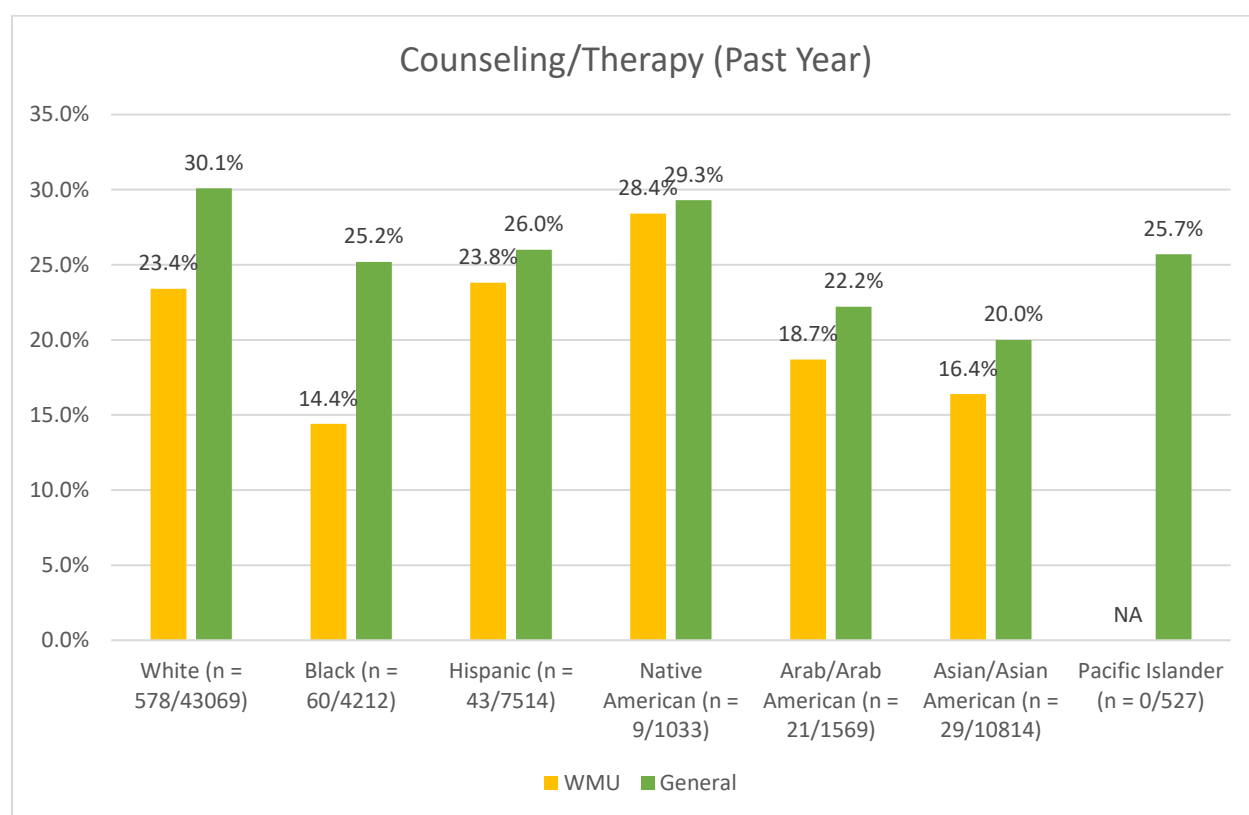


Graph 10: Healthy Minds Study 2018-2019: Non-Suicidal Self-Injury (Past Year)

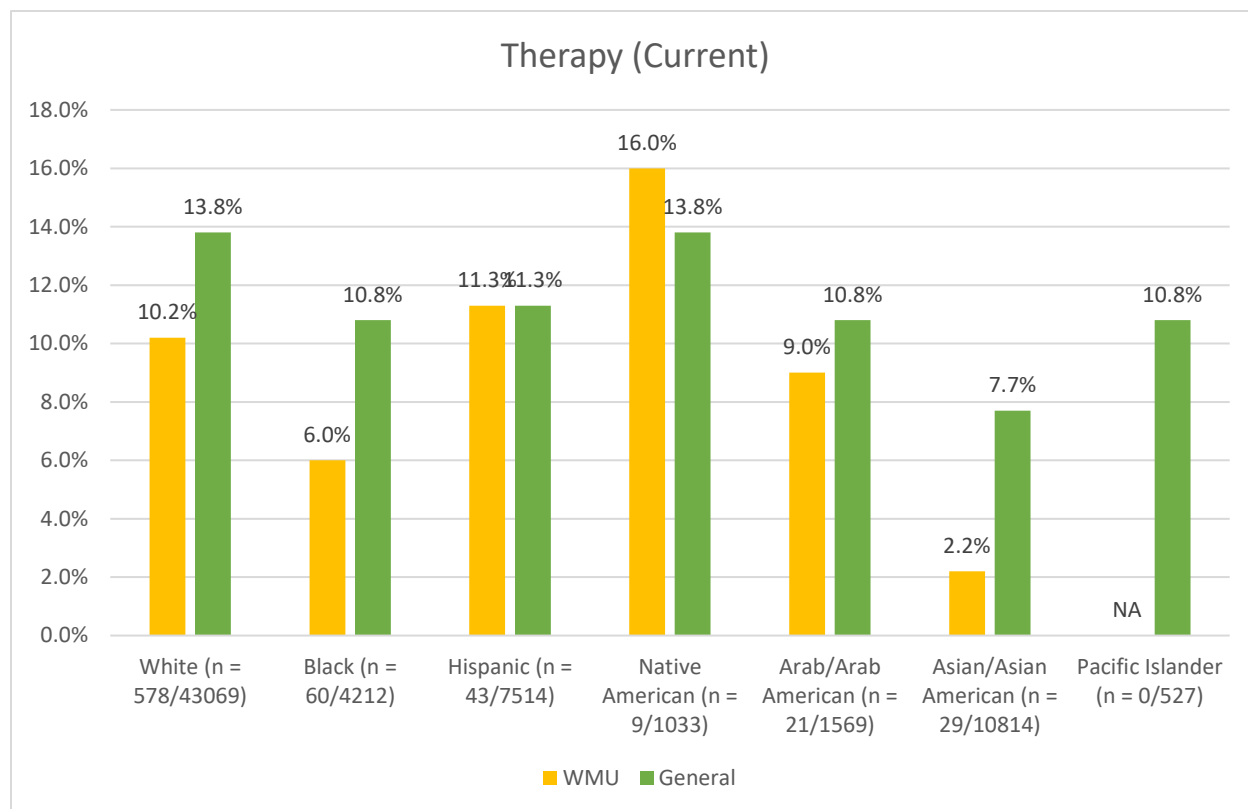
For self-harm or non-suicidal self-injury, which could include cutting, burning or other behaviors that result in bodily injury, without intent to complete suicide, WMU students were generally within a few percentage points compared with national norms. WMU Hispanic and Native American students reported slightly higher percentages of Non-Suicidal Self-Injury.

Data on non-suicidal self-injury was gathered using questions that identified if a participant had engaged in any forms of self-injurious behavior within the past year. Questions on the survey in this area included have I “Cut myself”, “Burned myself”, “Punched or banged myself”, “Scratched myself”, “Carved words or symbols into skin” and “Punched or banged an object to hurt myself” (HMS, 2018-2019, pp. 14-15). Students identified which self-injurious behavior they engaged in and also identified on a 1-6 scale how often they engaged in that activity. One on the scale indicated “Once or Twice” and 6 indicated “Nearly Every day or Every day” (HMS, 2018-2019, p. 15).

Counseling/Therapy Use



Graph 11: Healthy Minds Study 2018-2019: Counseling/Therapy (Past Year)



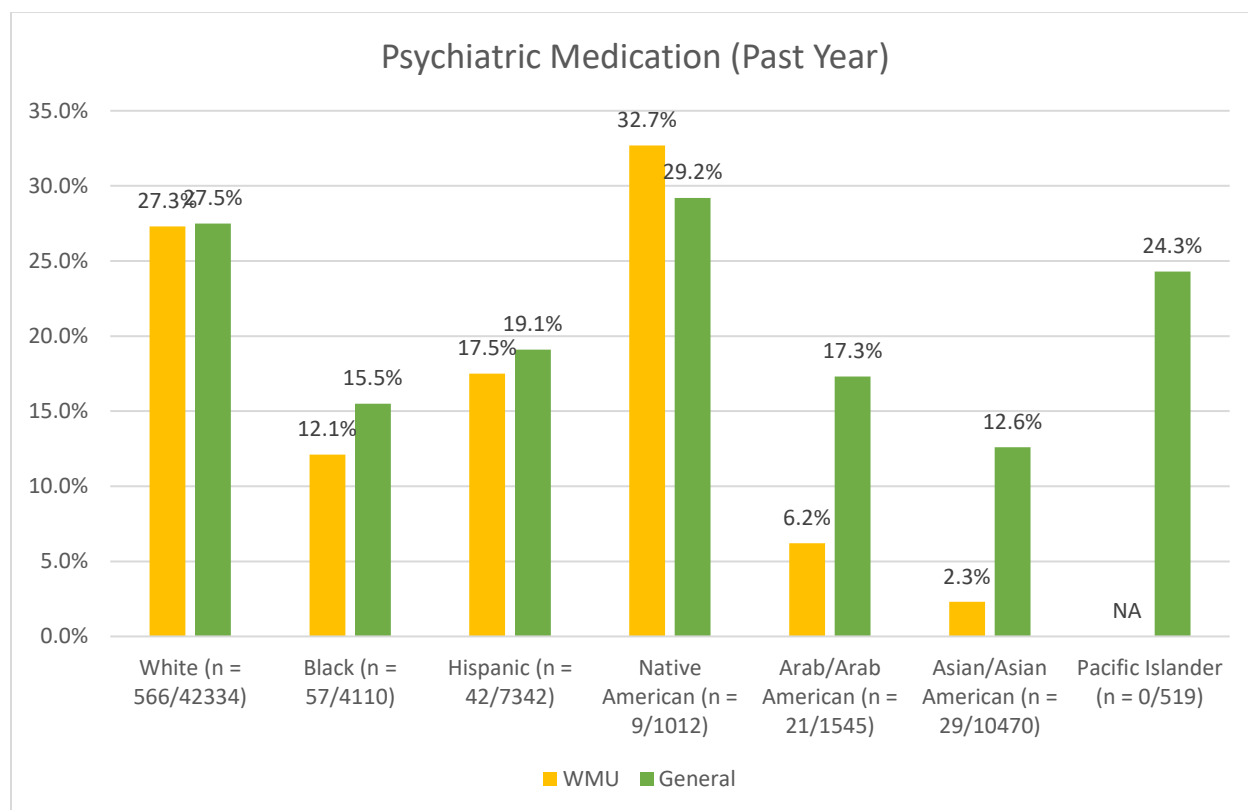
Graph 12: Healthy Minds Study 2018-2019: Therapy (Current)

Examples of questions used on the Healthy Minds Survey to gather data on the use of counseling/therapy include: “Have you ever received counseling or therapy for mental health concerns?”, “How many total visits or sessions for counseling or therapy having you had in the past 12 months?”, “Are you currently receiving counseling or therapy?”, and “From which of the following places did you receive counseling or therapy?” (HMS, 2018-2019, pp. 25-26).

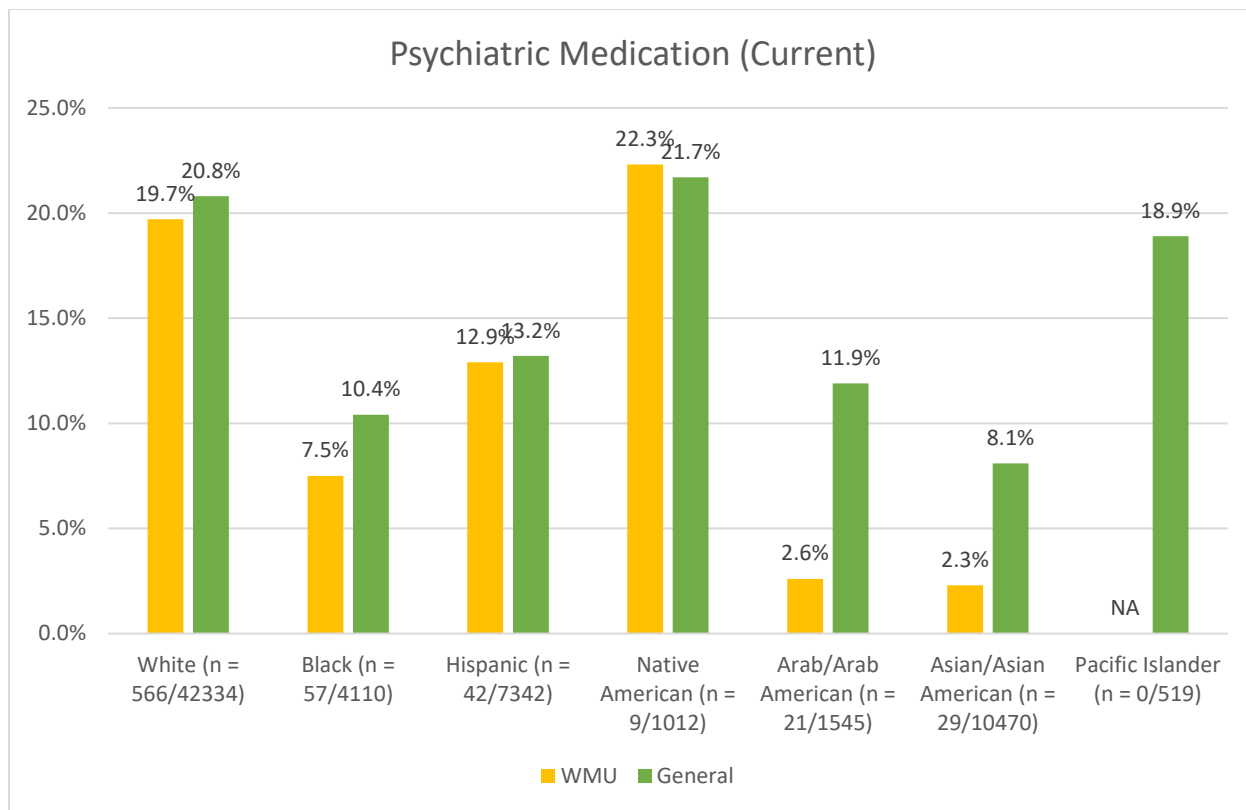
Data gathered from WMU indicates overall lower percentages of students from every racial/ethnic group who have utilized counseling or therapy in the past year. The percentages for Black students was the lowest at 14.4% of students sampled, about 9% lower than national norms. These data are troubling, as WMU students are availing themselves of counseling or therapy less than students at other colleges and universities across the U.S.

Results from WMU students who were currently in therapy at time of the survey indicate a significantly lower percentage of Black and Asian/Asian American students compared with national results. Black students were nearly 5% less likely to be in therapy currently, while WMU Asian/Asian American students were a third less likely to be in counseling or therapy compared with their national counterparts.

Medication Usage



Graph 13: Healthy Minds Study 2018-2019: Psychiatric Medication (Past Year)



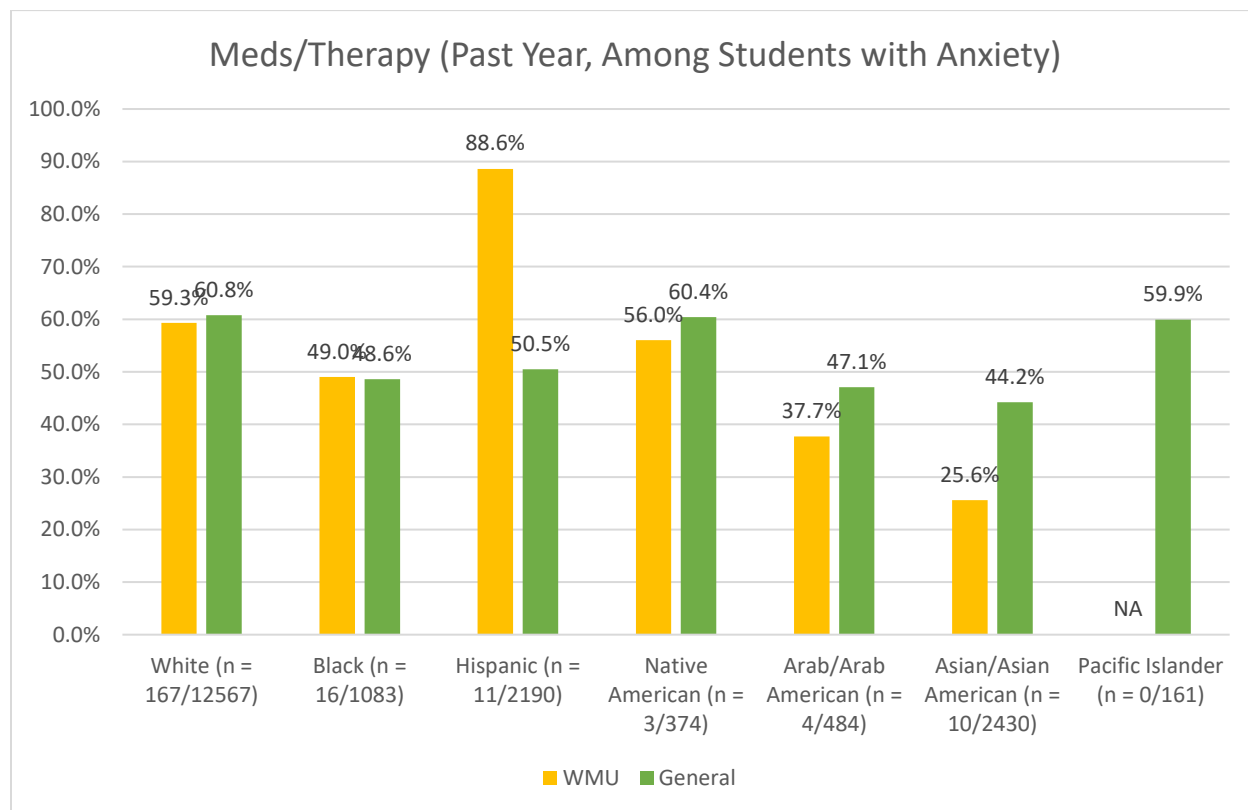
Graph 14: Healthy Minds Study 2018-2019: Psychiatric Medication (Current)

Use of medication on the Healthy Minds Study was gathered using questions regarding medication use. Some examples of survey questions used were “In the past 12 months have you taken any of the following types of prescription medications?”, “For what purpose(s) have you taken the medication(s) you just indicated?”, “Who wrote your most recent prescription for the medication(s) you noted in the last question?” and “Of the medication(s) you just noted, which are you currently taking?” (HMS, 2018-2019, pp. 32-34).

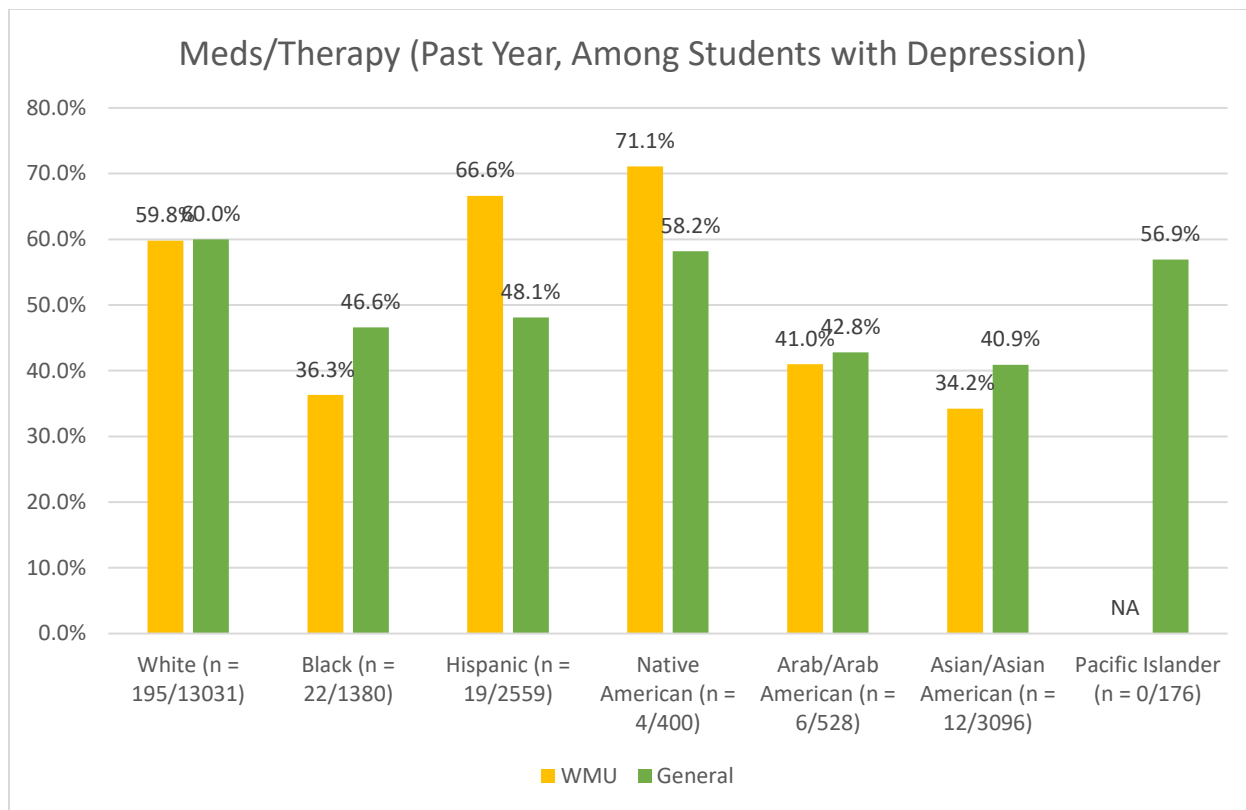
Generally, WMU students reported having taken psychiatric medications less in the past year or currently than their national peers. This was especially true for both Arab/Arab American and Asian/Asian American students, who had significantly lower percentages for both medication in the past year and currently at the time of the survey. The one exception was Native American WMU students who were slightly more likely to have taken psychiatric medications in

the past year or currently, though those results should be viewed as cautious, as only nine Native American WMU students completed the survey.

Combination of Medication and Counseling/Therapy in the Past Year



Graph 16: Healthy Minds Study 2018-2019: Meds/Therapy (Past Year, Among Students with Anxiety)



Graph 17: Healthy Minds Study 2018-2019: Meds/Therapy (Past Year, Among Students with Depression)

Overall, WMU students were treated with medications and counseling/therapy for both anxiety and depression at similar or lower rates as students nationally. An exception was anxiety for Hispanic WMU students, who accessed both medication and therapy within the past year at significantly higher rates than that of the general college student population. When it comes to depression and the use of counseling and medication, the results for WMU students are more mixed. Both Hispanic and Native American students had significantly higher percentages of students who had accessed both medication and therapy for depression. Arab/Arab American, Asian/Asian American, and Black students had notably lower rates of the use of both medication and therapy in comparison to national results. White students at WMU and nationally utilized medication and counseling or therapy at virtually the same rates.

Overall, these data show the various discrepancies in different areas related to mental health issues and utilization of services for WMU students of different races/ethnicities. These data show differences in students' perception and stigma around mental health, mental health diagnoses of students, and whether students are utilizing services available to them. In analyzing the different areas and components of a student's mental health, stigma, and utilization of services WMU can begin to identify groups of students with high need.

One area of focus that this data highlights is the support offered for Asian/Asian American students at WMU. The data from the survey indicates Asian/Asian American students at WMU have very high percentage of students with anxiety and severe anxiety. Results also indicate a slightly higher percentage of Asian/Asian American students at WMU with depression compared to national norms. This group of students had higher rates for both anxiety and depression, yet reported utilizing medications and therapy for both depression and anxiety at considerably lower rates than their counterparts. This data begins to draw questions to the accessibility of support for these students, stigma holding these students back from utilizing support, and potential microaggressions and bias these students might experience on campus that would lower utilization rates.

Hispanic students at WMU are another group of students who stand out within the data gathered from the Healthy Minds Study. Their results indicate relatively similar rates of students with anxiety and depression in comparison to the general results. However, Hispanic students at WMU had significantly higher rates of students who reported using medication and therapy for both anxiety and depression within the past year. These data suggest that Hispanic students at WMU are utilizing the services available to them to assist with mental health challenges. With this data, it begins to raise questions for WMU about why these students are accessing services

more often and how to replicate this success with other students. Is there a group or person who is offering support or encouraging students to utilize services? Both personal and perceived stigma for Hispanic students at WMU is relatively similar to the general results. If WMU can identify the types of support the students are receiving and why they are utilizing services more frequently, it could assist them in providing more support for students of other races/ethnicities.

Data gathered from the Black students surveyed at WMU indicate another area of need on campus. This group of students report a higher percentage of perceived stigma regarding mental health and mental health services compared to national results. Black students at WMU had a slightly higher percentage with any form of depression than national results. These students also indicated that they were accessing therapy currently and within the past year at significantly lower rates. Utilization of medication for mental health was slightly lower than national results. The combination of both medication and therapy services for depression also indicated a lower percentage of Black students at WMU accessing both. These results suggest that Black students at WMU are accessing services and treatment for depression at lower rates. Perceived stigma regarding mental health treatment could be a potential barrier to accessing these services. If WMU can identify ways to help eliminate the stigma around mental health and ways to provide services for students to utilize it could help support these students.

Another area of interest that the Healthy Minds Study highlighted were some of the results of Native American students at WMU. These data suggest that Native American students have a very high percentage of students with perceived stigma. Their percentage was significantly higher than the national results for Native Americans as well as any other group of students at WMU who completed the study. However, despite this higher percentage of perceived stigma, Native American students at WMU reported utilizing medication (in the past

and currently), therapy(currently), and a combination of medication and therapy (for depression) at higher rates than the national averages. These data begin to raise questions for WMU about how and why these students are accessing services at higher rates despite more perceived stigma. Further investigation and information could begin to identify ways to reduce the stigma around mental health services and treatment as well as promote utilization of services to students. The results gathered from Native American students at WMU should however be used cautiously due to the small sample size of students that completed the survey. Further research and data need to be collected in order to draw any significant conclusions. Overall, the data collected in the Healthy Minds Study offers valuable insight into students' well-being and mental health. Further research and efforts should be taken in the future to help identify strategies to promote well-being and positive mental health. Next, the qualitative part of the study and its findings are presented.

Qualitative Data

In 2018-2020 WMU was one of the pilot project schools that participated in the Equity in Mental Health Framework Implementation Project (EMHF). The EMHF was created through a partnership with the Steve Fund and Jed Foundation. The Jed Foundation (JED) is “a nonprofit that exists to protect emotional health and prevent suicide for teens and young adults” (EMHF, 2018). The Steve Fund is a “nonprofit created to address the mental health needs of young people of color” (EMHF, 2018). The partnership was created to help identify ways to address mental health and wellness of students of color at universities (EMHF, 2018).

The EMHF identifies 10 strategies and recommendations for universities to implement to support students of color on campus. The 10 strategies were created after the Steve Fund and JED gathered data from national student surveys, reviews of literature studies, and national campus surveys (EHMF, 2018). Recommendation 2 of the EMHF is to “Engage Students to

Provide Guidance and Feedback on Matters of Student Mental Health and Emotional Well-Being” (EHMF, 2018, p. 10). One of the implementation strategies that this recommendation identifies is conducting both “surveys and focus groups with students of color” (EHMF, 2018, p. 10). As part of this pilot project at WMU and in alignment with recommendation 2, Dr. Jan Collins Eaglin from the Steve Fund conducted a focus group with students of color on campus at WMU near the end of the 2-year pilot project in October 2020. The focus group was conducted to gather input from students regarding mental health and well-being on campus for students of color.

Qualitative Research Methods

Participants

Dr. Jan Collins Eaglin from the Steve Fund conducted a one hour long virtual focus group to gather open-ended responses from WMU students on mental health and wellness on campus. The virtual focus group was held through the Zoom platform. There were 6 participants in the focus group; 5 of the 6 participants were students of color. All 6 participants were women who currently attended WMU. Participants consisted of both graduate and undergraduate students. Email invitations were sent to various student organizations on campus to recruit participants.

Procedure

In the virtual focus group, Dr. Jan Collins-Eaglin asked the participants nine open-ended questions. The participants were then able to unmute themselves and answer whenever they wanted to contribute. The nine questions Dr. Jan Collins-Eaglin asked the participants consisted of:

1. We're going to start and just tell me what your thoughts are. How does your campus make mental health a priority?

2. So how does your campus make mental health a priority for students of color?
3. Can you talk a little bit about some student initiatives that any of you know of?
4. So how has the senior leadership – like the president, the provost, the deans - at your school demonstrated their commitment to student mental health?
5. How do you think the campus climate impacts your mental health?
6. What is one thing you think your campus needs to do better to support student mental health just in general?
7. Any other thoughts about what Western could do better to support mental health?
8. Is there anything you'd like to tell us that you haven't had a chance to say, as we begin to close this out, about Western mental health and students of color?
9. Anything else that you would like to share about Western's approach or what they're doing to address mental health for students of color?

The virtual focus group was transcribed by The Steve Fund staff and deidentified so researchers could conduct a thematic analysis. Two researchers independently reviewed the transcription and then proceeded forward following steps for a thematic analysis of the qualitative data. One researcher was completing their Bachelor's degree in Behavioral Sciences at WMU. The other researcher has a Ph.D. and is a faculty member in the department of Counselor Education and Counseling Psychology, who has expertise in qualitative research methods. As stated in Braun and Clarke (2006), generally the steps for conducting a thematic analysis consist of familiarization with data, generate codes for initial ideas and themes, search for themes, review of themes, define and name themes, and once consensus is reached, producing the report.

First steps in conducting thematic analysis for the focus group at WMU consisted of both researchers independently reading through the transcription multiple times and creating a preliminary list of ideas that emerged. The next step was to read through the transcription again, familiarize ourselves with the data, and search for themes. We then each created a document outlining the themes we found with quotes and examples from the text that highlighted the themes identified. The two researchers then conducted a meeting to review each list of ideas and themes, identifying overlap and talking through examples pulled from the transcription. The next step was for the researchers to reread through both lists of themes, reread the transcription, and put together a list of themes and subthemes from the conclusions of the previous meeting. Each researcher produced a list independently and then held a meeting to conduct consensus between the two. They then defined and named the themes that were emerging within the data to produce a more consolidated list of themes and subthemes. The next step in the process was to review the list and the transcription to ensure accurate definitions of them and then begin outlining the final report.

Findings

Emerging from the data were four general categories of themes. These themes included WMU Administration and Campus Culture, Experiences with Diversity and Inclusion, Counseling Services, and Practical Student Suggestions.

WMU Administration and Campus Culture

The first major category emerging from the qualitative data is Administration and Campus Culture at WMU. In this area four themes emerged from the data. The four themes in this area included Less Talk, More Action, Advocacy Fatigue, Promotion, and University and Student Initiatives.

Less Talk, More Action

In the focus group a theme that repeatedly emerged was the need for less talk, and more action at WMU. This theme captures the participants' desire for WMU to take proactive steps in creating an inclusive campus that promotes students' mental health. Many of the participants in the study highlight the idea that WMU makes claims regarding mental health and making students of color a priority, but does not follow through with those claims. As one participant stated, "Western has a tendency to say a lot of what they're trying to do, but then they never follow through with it." Similarly, another participant shared, "The whole diversity and inclusion, I think that has lost its meaning specifically for Western. I think they say they are diverse and inclusive, but in reality, again, no action has been taking place." This idea that WMU makes many claims and promotes themselves one way, yet participants are not seeing adequate follow-through. The subthemes that emerged with this theme are Administration Overall, University President, and Need for Organizational Change.

Administration Overall. One major subtheme emerging within Less Talk, More Action, is the participants' experiences with the administration at WMU. One example from the focus group was a participant's experience with bringing issues to administration. The participant stated,

WMU promotes diversity. But if you look at where the funding is being allocated, if you look at how many faculty members are not White, if you look at students' evaluation, their experiences with racism and their mental health, it doesn't align.

Another participant also included a similar opinion around how issues are handled on campus. This participant claimed that "I feel [different issues] aren't getting properly addressed either between the higher ups just sending it to whatever committees that they can and the

committees can only do so much,” with this lack of attention and follow through with issues, the participant claimed that often the “issues get ignored completely.”

University President.

Another major sub theme emerging from the qualitative data focused on university president at WMU. This theme highlights the participants’ desire for the president to take active steps to improve WMU. One participant stated they “just feel like there should be more work in the higher power, [the] President... to have like a more diverse campus and being able to help out students of color and everything with mental health and stuff.” Another participant who also highlighted this theme stated:

I know [the] President sends out...emails regarding diversity and inclusion, but at the same time there's nothing still being done by him. You could send out as many emails as you want, but if no action is taking place. Then why keep sending out emails saying that we're diverse and we don't feel like we're diverse.

These examples from participants call attention to the reoccurring theme regarding the university President and the desire for him to use his leadership role at the university to initiate more actions to help students of color.

Need for Organizational Change.

A need and desire for organizational change at WMU was a reoccurring theme within Less Talk, More Action. In identifying ways that WMU can take more action and talk less, many participants expressed a need for a larger organizational and cultural change at WMU. One quote highlighting this states: “I believe that in order for it to change and grow and appeal to more students, especially diverse students, it ultimately does have to change its organizational structure to permit changes [such] as including Juneteenth in the calendar” as a university

holiday. Another participant's ideas align with this theme stating "culture change across campus would be very helpful in seeing the changes that Western wants to make." One participant who also made claims around changing the culture at campus did acknowledge that "Changing a culture within an institution, especially one as big as Western, does take time." Participants highlighted the need for organizational change, yet recognized the difficulties surrounding making such change at an institution.

Advocacy Fatigue

Another theme that emerged in the data was the advocacy fatigue that the students were experiencing on campus. This theme highlighted the barriers students were repeatedly facing when attempting to advocate for mental health for students of color on campus. The subthemes that emerged within this theme were Frustration, Run-around, and Students Take the Lead.

Frustration.

Frustration was a common theme, highlighting the participants' feelings regarding the lack of change that they were seeing on campus. One example of this is from a graduate student who was a part of an organization that was trying to work with the administration to emphasize the need for diverse representation in the curriculum. After describing this experience, the student claimed:

As a student, I'm already tired. I mean I think what's frustrating is that I have to put more effort in order for them to make me feel like I belong at the campus. That has to do a lot with my mental health. But nothing is happening. I mean at least not immediate.

Another example of this frustration one participant reported was around trying to work with the administration to acknowledge Juneteenth on the academic calendar at WMU. The response from administration required more time and reviewal to process, and they said, "So a

whole year, we need to wait a whole year just to acknowledge Juneteenth.” These participants highlighted the work and effort they are putting into advocacy efforts, yet they are left with feeling frustrated. One participant, expressing this frustration claimed, “At the end, it just makes me feel hopeless, like, okay, well, I'm here for the next four years but am I really going to see any change while I'm here?”

Run-around.

Drawing from the effort and experiences of the participants in the focus group, another common idea was the issues they faced with getting the run-around. Run-around had to do with the inability to identify a clear answer to issues or a clear place to take concerns. One participant who experienced this firsthand stated that “we brought our concerns [to administration] and what we were told was, okay, well, we made all these committees. There are the committees, go bring your issues to them.” Another participant’s similar experience with run around led her to state, “The administration is telling me to seek support from faculty, and faculty is telling me to seek support from the administration. So, who do I go to?” These examples shed light on the experiences participants are having when attempting to identify and bring awareness to concerns and issues.

Students Take the Lead.

Many of the students spoke about experiences when they took it upon themselves as students to advocate for change, leading to the theme Students Take the Lead. Some of the participants shared how they have worked to make change or have seen others students do so:

Student organizations are taking it upon themselves to call this mental health awareness specifically for people of color within their own organization. Because they don't see

Western hosting a mental health huge event for all the people of color, instead the students are taking the initiative.

The participants noted they were not seeing inclusion and change, so they are taking it upon themselves and within student organizations to address the issues that affected them.

Promotion of Student Events and Mental Health Awareness

Another major theme that emerged within Administration and Culture at WMU is the promotion of student events and mental health awareness. Many of the recurring ideas shared by participants are around what kind of events WMU is holding for students, how often WMU talks about or promotes mental health, and what types of resources are available for students. The subthemes within this theme are Events and Mental Health Awareness.

Events.

Promotion of events was something participants highlighted around the type of events WMU holds and the lack of events they were seeing in regard to diverse student and mental health promotion. One participant included an example in reference to the Office of Student Engagement at WMU, the participant said the following:

If you look at all of the activities that that office puts out, it's basically geared toward one type of student and it's not minority students. At least the way I look at it, it's kind of like why would I ever participate in something that has nothing to do with my interests.

Again, as a Hispanic female, whether or not I would be American, it still doesn't align with any of my interests.

This example from the data emphasizes that events are being held at WMU, but in the participants' perspective they feel that very few of the events are inclusive or of interest to minority students. This idea highlights the participants' desire for events that align with interests

of a diverse student body, not just White students. Another emphasis in the area of events at WMU is the participants desire for WMU to “promote more mental health events that are open to all communities and not just based around one group... People of other races definitely need to be included in mental health.” The types of events at WMU and the idea that all students are included and considered in creating the events was a reoccurring theme among participants.

Mental Health Awareness.

The other subtheme within the theme of Promotion of Student Events and Mental Health Awareness is Mental Health Awareness at WMU. Many of the participants highlighted the idea that they know resources are available but accessing them and awareness about them is limited. This idea is shown in a statement from one participant, who said:

Because if we get down to it, there is information on campus, the only thing is access.

Do we know where to go to? Do we know who to ask? Do we know how to look for it?

Just having that information out there so people can understand these different terms and definitions and become acclimated with what essentially *is* mental [health] awareness at least in cultures where it's kind of like frowned upon on.

This statement is similar to statements made by other participants regarding access and promotion of mental health resources. One participant stated that WMU has “post[ed] a lot of resources” on the website, but with a substantial amount of work in their graduate program already, going out of their way to “seek out those resources is very difficult unless it’s implemented in the program.” Another participant stated that at WMU “we definitely need to have more of a spotlight on mental health before, during, and after college because it's definitely a strain.” This need for awareness and promotion around mental health awareness and mental health resources was a key theme among participants.

University and Student Initiatives

University and Student Initiatives is the final theme in the category of WMU Administration and Culture and highlights the various organizations and initiatives taking place on campus at WMU. Participants identified various programs that have been created in efforts to promote mental health of students and programs that are aimed to support students of color. Within this theme two subthemes emerged, both Student Initiated and University Initiated. The two subthemes identify the differences in programs and committees that are created and/or run by students versus administration and university staff.

Student Initiated.

One question presented to participants during the focus group was “Can you talk a little bit about some student initiatives that any of you know of?” This prompted discussion and a theme around student initiatives and organizations emerged. Two of the organizations that participants mentioned were the “Organization of Minority Psychology Students” and the “Black Student Union.” In regards to the Organization of Minority Psychology Students, one participant stated that “they hosted a whole mental health awareness event where they had various organizations throughout campus talk about the difficulties that people of color face specifically towards mental health.” In speaking about the Black Student Union, one participant stated that the organization has hosted “a variety of different events focusing on mental health, the justice system, and ... events that cater to mental health and everything.” These organizations are examples of how student organizations have made progress in their efforts to include students of color in conversations around mental health.

University Initiated.

One of the main initiatives the university has started is the Racial Justice Advisory Committee. One participant stated that this effort was started by WMU in response to the racial reckoning in American society and is: “dealing with discrimination or any issues like that with non-White people, but it could also help to create a more open and welcoming community towards people of color.” In addition to this, the participant stated the Racial Justice Advisory Committee is “looking for more ways to help our students, staff... and mental health is definitely one of the priorities.” This subtheme highlights a key initiative WMU has taken to create a structured effort to work towards combatting discrimination and creating a more inclusive campus. However, one participant expressed concern that the “Racial Justice Advisory Board, is literally only closed off right now. Like none of the public are really able to say anything.” indicating a potential issue the ability to provide input to the board. The Racial Justice Advisory Committee (RJAC) is a committee that was organized and initiated by the University and WMU President. The RJAC was created in response to the racial reckoning occurring in the United States that began during the summer of 2020. The RJAC is made up of many sub committees that include members of the Board of Trustees, WMU President, Vice Presidents, Deans, Faculty, Staff, Students, and more. The RJAC identifies issues with racism and racial inequities on campus and then works to address and take actionable change against those issues. Subcommittees are focusing on training and education, recruiting, supporting and retaining faculty, staff, and students of color, policy review, campus policing practicing, and procedures for reporting bias incidents.

Experiences with Diversity and Inclusion

The next major category of themes emerging from the qualitative data was the participants experiences with Diversity and Inclusion on Campus. The themes in this category are Lack of Multicultural Competency, Stereotypes/Microaggressions, and Cultural Accommodation.

Lack of Multicultural Competency

A reoccurring theme that emerged within the focus group was the participants' experiences with staff, faculty, and other individuals who lacked multicultural competency. Many participants identified personal experiences they had on campus with this. The subthemes that emerged within this theme were Faculty and Classroom Experiences, Counseling Services Staff, and Multicultural Training.

Faculty and Classroom Experiences.

A reoccurring theme in the data was the students' experiences with faculty and their experiences as students of color in their classes at WMU. One participant highlighted some of the differences they have seen in faculty that are people of color versus White faculty. The participant stated the "professors who are non-White, they have a multicultural lens that lead the classroom." However, in comparison, one participant shared an experience with a White professor:

I'm having a White professor who is teaching a course from a Eurocentric lens and I'm trying to say, look, the history in terms of psychology is beyond what happened in Europe... I along with other students, have voiced our concerns with just focusing on White narratives and it's not being listened to. So, we're just studying to get the grade and get out of the class.

Another example highlighting this theme is an experience a participant had with a professor in class. The participant responded:

I also had another situation where a professor was not trained and did not know how to facilitate a conversation on racism. There were White students. There were Black students. There were Latino students. It was like the class was split, White people versus non-White people, because White people kept questioning why we felt the way we did. At the end the professor asked *me*, she has a PhD and she asked me how do I facilitate a conversation about race. I'm just looking at her very shocked because it was my first year in the program. I'm looking at her like I cannot believe you're not trained to do this. But this is an issue that may be the case in many situations where faculty are just not trained to work with students who are non-White.

This example sheds light on some of the experiences students of color have faced in their classes and with their professors.

Counseling Services Staff.

A prominent theme throughout the qualitative data was the experiences many participants had with the Counseling Services Staff at WMU's Sindecuse Health Center. One participant in the focus group detailed an experience with counseling and stated:

I was expressing the difficulty between going back to [my home] state in the long run and opening up my own practice there to stay close to family, but also really wanting to live in Florida just because I've always loved that state...So with this, I was really torn between the two. When I just made a comment of, you know, I think I might just choose Florida and just do what I want, the therapist said, 'good for you.' That was very invalidating because it really just puts forward maybe her perceptions of, yes, you should

do what's best for you. But I think, for me, it's I do what's best for my family as well. I changed therapist and now I have a Black therapist who really understands and who validates my experiences.

This experience highlights the lack of multicultural competency the staff member had in working with the student and validating their experience. Another participant highlighted this lack of understanding stating that “Especially being a Latina, the whole family issue of like all that, I don't think they understand that.” Another participant confirming this theme regarding counseling staff at Sindecuse stated, “Especially, being like a person of color, they don't understand the same situations that you're going through such as navigating through college.” These perspectives were consistent through the data, highlighting the reoccurring theme around a lack of multicultural competency for the Counseling Services Staff at WMU.

Multicultural Training.

The subtheme Multicultural Training captures the participants' desire for staff and faculty to have better programs for training about working with students of color. Many experiences the participants detailed included examples and reasons they believe staff and faculty are not trained appropriately or adequately. This included staff not being able to understand a student's perspective. The participants also expressed a desire for faculty and staff to have training around different cultural beliefs and experiences. One participant highlighting this need stated, “it's really important to know that mental health therapists and professionals are being trained to serve marginalized populations. And not just one workshop a year, I'm talking about consistent training and updated training.” Another participant confirming this theme stated, “It would be nice, again, for people to be trained in, okay, treat them as individuals. Approach them as

humans. Don't approach them as statistics. It's like, get to know the person before you make an assumption.”

Stereotypes/Microaggressions

This theme identifies the experiences students have had with being stereotyped or dealing with microaggressions on campus at WMU. This theme also includes Cultural Bias as a subtheme. These ideas highlight the participants as students at WMU. One participant shedding light directly on her experience with stereotypes stated:

I'm an international student. I'm a Hispanic female. With that said, it's already a big deal when I walk into a room and someone hears my accent. Then conversation leads to where you're from, and then it's stereotypes and assumptions.

This example offers firsthand experience from a participant on how their accent directly lead to stereotypes and assumptions from others. Another example of this theme from a participant was from an experience they had with counseling services at WMU. In working with the counseling services staff, they said the following:

I felt that being an international student it was more I got a lot of backlash and a lot of personal comments that were very inappropriate. Kind of like many times I didn't feel that I was being treated as an individual. I was just being treated as a stereotype.

These examples from the data capture the perspective and experiences of students of color at WMU that may have an adverse impact on mental health and well-being.

Cultural Bias.

Cultural Bias is the preconceived biases and notions that others have regarding a particular culture. The experiences participants identified in the focus group repeatedly highlight

the cultural bias they experienced as students of color at WMU. One participant in the focus group shared extensively on one particular experience they had with cultural bias:

I think part of the training to approach minorities and international students is looking at statistics and looking at data, and then they generalize the population. I don't know if this has happened to anyone else, but many times I feel that I'm being treated as a statistic. I am from the Dominican Republic, and the Dominican Republic is a developing country. But just because it's a developing country doesn't mean that we lack resources or whatnot. It is honestly offensive that many times I get treated as if I am impoverished simply because I say I'm from the Dominican Republic. It happens a lot to me on campus.

This participant's recurring experiences with cultural bias emphasize how often it has happened and how frustrating it is for the participant to be treated with pity or as less than due to the bias others have around her country of origin.

Cultural Accommodation

Cultural Accommodation, a reoccurring idea regarding the need for participants to feel as if they need to take on the values or beliefs of the predominant culture. WMU is a PWI, and a common trend among participants highlights how they as students of color feel as if they need to accommodate to the majority White culture in order to fit in.

White Majority Culture.

Many participants spoke about that they feel they have to adapt to fit into the majority culture in order to feel included. A theme emerged that highlights the participants' experiences as students of color dealing with the White majority culture at WMU. Some participants focused on services for students, noting:

That [stereotypes/microaggressions experienced during counseling] really didn't allow me to feel that I can take advantage of everything that the university has to offer because I am not a traditional student and I am not Caucasian. So, while it's not intentional on many people, I do feel like a lot of the services are not oriented to someone like me for example.

Another trend among participants' experiences regarding majority culture, are related to their experiences in feeling as if they had to give up a part of their identity in order to fit in at WMU. One participant stated "just because I have my culture, because I'm here, does that mean that I have to give up who I am in order to fit in and align with the parameters that are set here for the majority." Another participant whose statements aligned with this stated, "at least from what I've observed, the minority students who do say that they feel included are the ones that have had to give up their identities in order to fit in." These examples from the data show that in their perspective WMU claims to be inclusive, but in order to feel included as students of color they need to accommodate to the majority White culture.

Need for Inclusion.

Of the participants who highlighted their experiences with the majority White culture at WMU, the need for inclusion was directly intertwined with this. One prominent idea among multiple participants was acknowledgement of the sheer diversity on campus, but the overwhelming question of "What can we do to accept or understand differences especially when it's related to culture?" Participants indicate that yes there is in fact a diverse student body, but students of color still see a need for real inclusion. Another student whose ideas related to inclusion posed the question:

Am I just here because you want diversity and inclusion, because you want somebody of color to be sitting at your meetings, or is it because you really care about my own opinion and my own background? Is it just because I'm a person of color?

This question highlights the need for students to feel not only included but valued on campus.

Cultural/Family Influence and Bias

Many of the participants identified topics related to cultural/family influence and bias and how that impacts their perception of mental health. This subtheme considers how an individual's culture or family can influence their experiences which is critical in working with a diverse student body. One participant highlighted her own personal experience with this, "At least being of a Hispanic background, I don't know if it's a cultural thing or at least a family thing but it's kind of like, oh, you're not socially awkward, you're weird." This exemplifies how this individual's background and upbringing influenced their perception of a particular social behavior. Another participant stated, "I told my aunt, oh, I have a lot of anxiety and it's hard for me to sleep at night. Her response was, oh, anxiety, that's for White people." This example highlights familial influence and bias around mental health and how it can influence a student's perception.

Accessibility and Utilization of Counseling Services

Another prominent category of themes falls under the Accessibility and Utilization of Counseling Services at WMU. The two themes in this category are the a) Accessibility and b) Utilization of Counseling Services offered at WMU. These themes identify reoccurring ideas from participants related to services available, experiences with counseling services, and reasons behind utilization of the services offered.

Accessibility of Counseling Services

Accessibility of Counseling Services at WMU highlights a key theme identified by participants. Accessibility identifies how accessible and available services are at WMU. One question asked in the focus group that prompted many of the emerging ideas was “We're going to start and just tell me what your thoughts are. How does your campus make mental health a priority?” The subthemes occurring within this theme were Free Counseling and Financial Assistance.

Free Counseling.

Free Counseling was a major idea that multiple participants identified regarding removing barriers to accessing mental health services. One participant stated that, “one of the benefits that I have as a student at my university is that they give free sessions [of counseling] ...that helps me in terms of having no financial strain. That actually encourages me to utilize their services.” Students would not be able to utilize services if they are not available or accessible to them. Participants identified that WMU offering these free services to students removed the financial barrier to utilizing them.

Financial Assistance.

Financial Assistance was also identified as a positive resource that promotes accessibility of counseling services at WMU. Financial Assistance was found to be a factor that makes mental health and physical health accessible and encourages utilization. One participant identified financial assistance from the health center as a way of making the services accessible to students. This participant mentioned a time she received services at the health center stating, “I was unable to pay for some of the medication ... and they said, well, we have a scholarship for students who

are unable to pay. So that, again, was another encouragement of mental health and physical health.”

Utilization of Counseling Services

Many participants identified the fact that Counseling Services are available and accessible at WMU; however, utilization of these services still varied among participants. Different themes emerged within the data identifying different factors into why utilization varies among students of color in particular. The subthemes are Representation in Staff, Students of Color Using Services Less, Positive Experiences with Counseling, and Faculty Encouragement.

Representation in Staff.

This subtheme captures how racial or ethnic representation in counselors can change the utilization of counseling services on campus. A reoccurring theme was the idea that WMU lacked representation of racially diverse individuals in the staff at the Counseling Services Center. This directly impacted the utilization of services for some of the participants in the focus group. One participant said:

When I first went to therapy at Sindecuse, I remember looking at all of the therapists available. There was only one Black therapist and the rest were White. That was definitely a worry just because from previous experience my collectivist culture values don't align with someone who may have an individualistic outlook.

This example highlights some of the concern and apprehension students of color may have around utilizing services available to them based on representation of diversity in the counseling staff. Another participant stated that if, “I click on the [counseling services] website and all I see is White faces, I'm just going to log back out and then say, no, I'm fine, I'll just seek

help elsewhere.” For this participant in particular the lack of racial diversity among counselors would directly prevent utilization of services.

Students of Color Using Services Less.

Many of the participants identified that students of color use counseling and mental health services less often than their White counterparts. One participant stated:

For people of color I will say we kind of really don't take advantage of the counseling services at WMU as supposed to other races taking advantage of it. I feel like that's something that we, as people of color, need to take more advantage of because mental health is definitely important.

This reoccurring idea within the data subtheme identifies a potential area for WMU to emphasize in their goals to promote mental health services. If multiple participants are identifying that students of color use mental health services less often, the need is to identify how to help students access and use the services that are available.

Positive Experiences with Counseling.

In the focus group Dr. Jan Collins-Eaglin asked a question about how WMU makes mental health a priority, a subtheme that emerged within this category in response to the question was that some participants had found counseling services helpful or had heard from others that it was helpful for them. This subtheme highlights the positive impact that counseling services have had for them or their acquaintances. One participant stated, “I have heard that the counseling does work at WMU and it does help out students in a lot of ways ... I say that's a very beneficial thing to use at WMU.” If participants are hearing from others who have had successful experiences with the services available at WMU this could help encourage them to utilize the services. Another participant who had seen multiple counselors at Sinedcuse stated she had a

“50-50 experience,” acknowledging both good and bad experiences with counseling at WMU. However, this participant did note that there are therapists at WMU that are helping students make strides with their mental health and are encouraging the utilization of continued support.

Faculty Encouragement.

Faculty encouragement was another idea that was identified in support of reasons why participants were utilizing mental health resources. This subtheme that emerged from the focus group was how often mental health was being promoted and normalized. A major contributing factor was faculty and professors encouraging students to seek and utilize services available. One participant who is a graduate student within a department where over half of the faculty members were non-White stated that:

They are really adamant about taking advantage of mental health services. They really talk about how important it is to first take care of ourselves before we can take care of others ... When we need a break, they say it's okay. If we missed something, they do not shame us for it. They're very understanding. So again, that's another element of being very sensitive to us as students and our mental health.

This normalcy and sensitivity faculty bring to students promotes students' well-being and utilization of mental health resources and services. This is an important idea to consider in moving forward when considering how faculty can encourage and help students with their mental health and overall well-being.

Practical Student Suggestions

Another theme that emerged was practical student suggestions for WMU's campus. This theme emerged after students were asked, “What is one thing you think your campus needs to do

better to support student mental health just in general?” The subthemes that emerged within this theme are Creating a Sense of Community and Other Suggestions.

Creating a Sense of Community

Many participants highlighted the benefits they believed could be had if WMU created a better sense of community on campus. One participant stated:

I think another part of the whole mental health is creating a sense of community. I feel like ... we have our own little groups that we go back to. I feel like it feels more separated than united. I think that is a huge factor of mental health, because if there's a community where you feel welcome, regardless of who you are or where you come from, I think that will be very beneficial to talk about mental health and not be afraid to not be so stigmatized.

Another participant spoke to this theme, confirming the need for a “sense of community on campus, shared values, [and] awareness.” This was a prominent idea among various participants and highlighted the idea that while they do have their own student organizations and affinity groups, there is still a need for a greater sense of community and belonging across campus.

Other Suggestions

Other suggestions from participants emerged throughout the focus group, with participants identifying various ways that mental health and wellness of students of color could be improved. A major idea within the suggestions included information around and about mental health. This included a suggestion from one participant about including a module for first-year students on mental health, “we definitely need to have more of a spotlight on mental health before, during, and after college because it's definitely a strain.” This participant suggested

further, “Even if they do a quick module about it and then send it out or like a quick check-up maybe per month or per semester to see how everybody's doing mentally”. This suggestion included the continued efforts of WMU to check in on the mental health of their students.

Another suggestion from a participant focused on the need for factual and accurate information about mental health issues for racial and ethnic minorities:

So, it's kind of like also having that information for minorities. Like, hey, you know, it's kind of like mental health. These labels and definitions, they do not discriminate. It doesn't matter what your background is. Just have more information out there like what's anxiety, what's depression, what's borderline personality disorder and such so people can maybe connect and say, okay, well, that sounds something like what I may have, let me look into it.

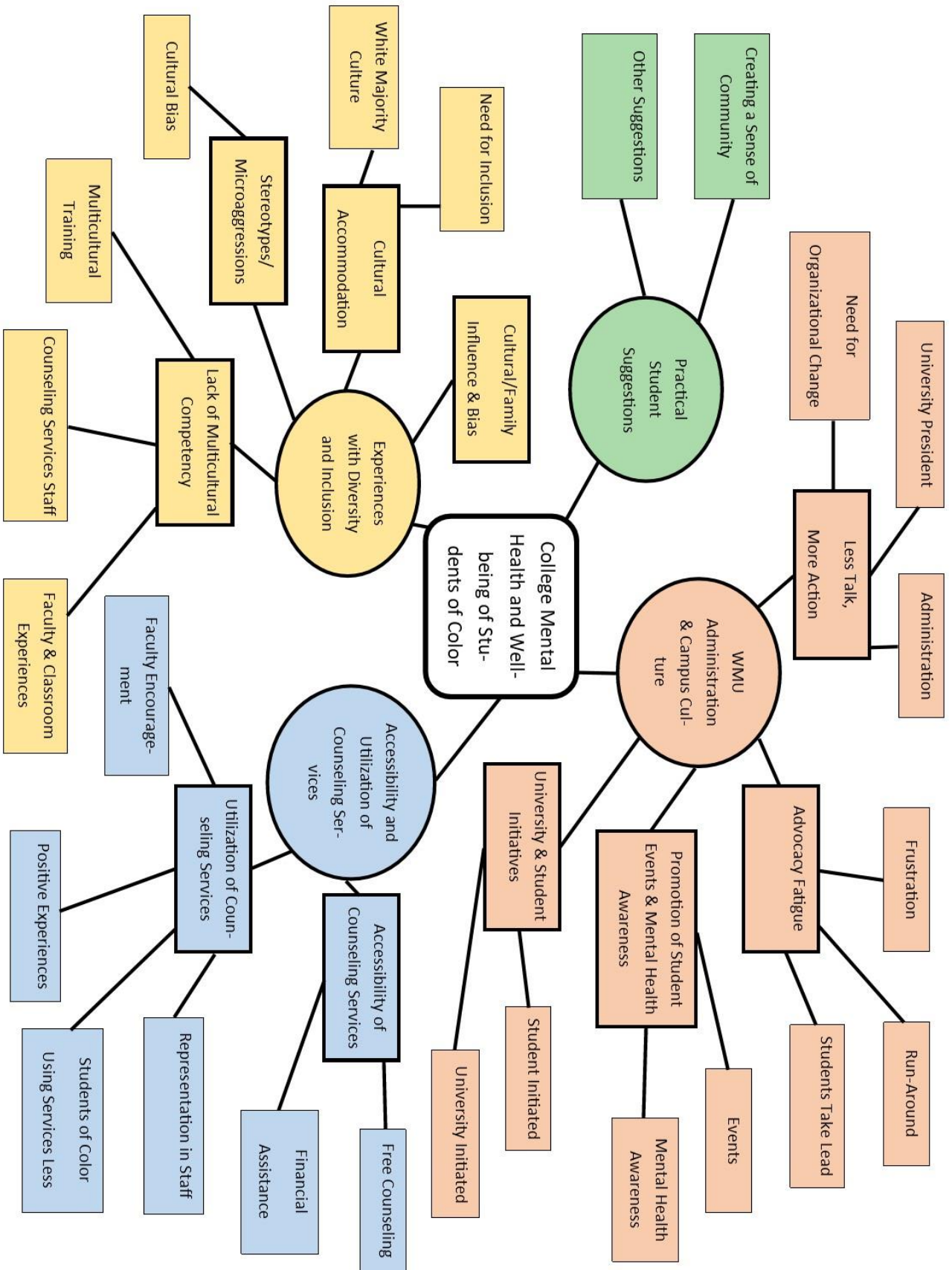
This suggestion includes the specific promotion of information around mental health to minority students. This suggestion from students gives WMU a specific area of need to address when considering how to promote and encourage positive mental health. These suggestions overall are from students of color on how they believe WMU could help support students and their mental health. This information could be beneficial to WMU in assessing their current strategies and how they might align with recommendations from students.

Conclusion

The findings presented above are the results of a thematic analysis of the qualitative data gathered during the focus group with students at WMU. Themes emerged within four main categories including Administration and Campus Culture at WMU, Experiences with Diversity and Inclusion, Accessibility and Utilization of Counseling Services, and Practical Student Suggestions. See the Thematic Map to view the themes and subthemes within each category

visually displayed. The next section of the research paper will compare and contrast the findings in both the quantitative data and the qualitative data. This comparison will be an effort to shed additional light on the experiences of students of color at WMU.

Thematic Map



Discussion

Cross Comparison of Data

In this research report gathering qualitative data and reviewing quantitative data allows for big picture ideas of what mental health and well-being for students of color look like at WMU. The majority of the data gathered from each study can be assessed and reviewed independently. The quantitative Healthy Minds Study data reported in this paper is primarily about the prevalence of various mental health problems, while the focus group themes addresses attitudes and perspectives about the status of mental health awareness at WMU. Areas that do lend themselves to comparison are the utilization of counseling and psychiatric medication and perceived stigma around mental health issues.

A theme that emerged from the qualitative data was that students of color accessed and utilized mental health resources less often than their White counterparts. This theme can be compared with the data from the Healthy Minds Study analyzing utilization of counseling and medication by students. As we saw earlier, the Healthy Minds study data is broken down by race and ethnicity. It also addresses therapy/counseling and psychiatric medication usage during the past year and currently. Analyzing these data across students of different race and ethnicity groups will allow for the comparison to the data gathered in the focus group.

In addressing utilization of therapy services at WMU, rates for different racial and ethnic groups were fairly consistent for using counseling currently or within the past year. These data show that Native American students have the highest utilization rates (28.4% within the past year) for therapy at WMU. Hispanic Students (23.8%) and White students (23.4%) have relatively similar rates of therapy utilization at WMU. The data for these groups counter the perspective identified in the focus group stating students of color are utilizing services less often

than their White counterparts. However, consistent with the participants' idea is the fact that Black students (14.4%) Arab/Arab American students (18.7%), and Asian/Asian American students (16.4%) did report significantly lower utilization of counseling services at WMU. These statistics confirm that although not all, some minority groups are utilizing services at significantly lower rates than their White peers.

Psychiatric medication usage was also consistent among different racial or ethnic groups for both usage within the past year or currently. The highest utilization rates were among Native American Students (32.7% in past year) at WMU. The next highest rate of utilization was for White students (27.3%). All other minority groups utilized psychiatric medication at significantly lower rates. In terms of utilization, White students were followed by Hispanic (17.5%), Black (12.1%), Arab/Arab American (6.2%), and Asian/Asian American (2.2%) students. The data for Native American students, a small group with nine respondents on the HMS survey, do counter the ideas from the focus group that students of color use mental health services less than White students. However, the data from all other minority groups is consistent with the theme the participants identified that students of coloring access mental health services less often. The participants included many reasons for lack of utilization, including discrimination or bias when meeting with therapists, lack of representation of people of color within counseling staff, and personal or familial biases they have or perceive regarding mental health services. The responses from the participants is very similar to that of existing literature, with many reports of lower utilization rates due to stigma, mistrust of providers, experiences with discrimination and hostile environments (Banks, 2020).

As noted earlier in the results of the HMS, data was also reported on the usage of medication in combination with therapy for students with depression as well as students with

anxiety. Although these samples have much smaller sizes, these data offer a different perspective of utilization rates. Among students with depression, the highest rates of utilization were observed for Native American students (71.1%), followed by Hispanic (66%), White (59.8%), Arab/Arab American (41%), Black (36.3%), and Asian/Asian American (34.2%). For students with anxiety, the highest rate of utilization of a combination of counseling and medication was reported for Hispanic students (88.6%). This was followed by White (59.3%), Native American (56%), Black (49%), Arab/Arab American (37.7%), and Asian/Asian American (25.6%). These data are somewhat consistent with what was mentioned by the participants in the focus group that some racial and ethnic minority groups are utilizing mental health services at lower rates. Although the theme is not true for all minority groups on campus, it is true for groups of students that are repeatedly accessing services less often. This offers valuable data into certain groups such as Asian/Asian American students, Arab/Arab American students, and Black students that are consistently accessing services less. It also highlights groups of students that are accessing services at much higher rates, such as 88.6% of Hispanic students utilizing medication and therapy for anxiety. This is significantly higher than any other group and suggests further investigating.

Another area of results from the HMS that can be compared and discussed are the results regarding students' perceived stigma in relation to major themes and ideas within the qualitative focus group findings. Although no direct relationships can be made, the overlap between the data can begin to offer valuable insight into student experiences. As previously discussed, perceived stigma is how people believe others will view or treat them with regards to mental health. All racial and ethnic minority groups at WMU reported similar or higher rates of perceived stigma in comparison to their White counterparts. Native American students reported the highest rates

(70.5%), followed by Arab/Arab American (60.5%), Black (54.5%), Asian/Asian American (49%), White (42.9%), and Hispanic (42.2%). These data indicate that students of color have high rates of perceived stigma regarding mental health.

These quantitative data can be directly compared to the themes and experiences identified by the participants in the focus group. Cultural/Family Influence and Bias was an emerging theme amongst participants in the focus group. This theme included experiences of students that involved negative family or cultural perceptions of mental health issues and/or a lack of awareness or knowledge around mental health in their families and cultures. These influences and biases might directly impact students' perspectives around mental health challenges and their help-seeking behaviors. One research study suggested that counseling centers should enhance their outreach and prevention programs for students of color and minority students. This includes the promotion of education and awareness around what mental health is and the importance of it, in order to increase utilization rates (Davidson et al., 2004).

Limitations

There are some limitations in the qualitative methods and participants that should be noted. The first limitation is that all of the participants identified as female. This limits the perspective of experiences to one gender. Future research should consider the experiences of individuals identifying along all ends of the spectrum in terms of gender. This could offer a richer account of the experiences of students at WMU and how their gender might impact these experiences. Other limitations are the limited number of participants in the focus group and that only one focus group was analyzed. There was a focus group held at the beginning of the pilot project in the Fall of 2018, but this data was not available. In qualitative research a smaller sample size does provide the opportunity for the voices of the participants to be heard and for

researchers to provide trustworthiness in the findings (Crouch & McKenzie, 2006). However, a slightly larger focus group could have been beneficial in identifying experiences from a wider range of WMU students. A third limitation is that participants were not gathered using a random sample. An email was sent to various student organizations at WMU and students then had the opportunity to respond if they were interested in participating. This might have resulted in students who were particularly concerned about issues related to mental health and well-being being part of the focus group. These limitations would be important to address in future research, for example including more participants, holding multiple focus groups, and recruiting participants in a more systematic manner.

Recommendations

In analyzing the data gathered from both quantitative and qualitative data, many recommendations could be made to colleges and universities in efforts to improve the mental health and wellness of students of color on campus. One recommendation is for universities to take more visible action in their efforts to promote both mental health and students of color on campus. One example of this type of outreach is mentioned in a research article by Banks (2020). In efforts to promote mental health of students of color one university employed a psychologist who identified as a Black Woman. Twice a week she would spend time in the cultural resource center getting to know staff and students, her office was placed centrally within the student center, and she kept her door open so students and staff had access to her regularly. This effort and form of promotion of mental health services allowed the psychologist to provide services to many of the students who frequently visited the cultural resource center. The school reported a 1.46% increase that school year in the number of students of color that were receiving counseling services (Banks, 2020). Participants spoke about experiences related to this idea of promotion

and their desire for change throughout the focus group. In addition to this, college campuses should make efforts to promote mental health awareness more often and more visibly. This includes hosting events that directly address mental health and wellness. Events should also be hosted with intentions to appeal to students of color. Creating a more welcoming and inclusive university community was strongly recommended by the participants.

Another recommendation is to have multicultural training for staff and faculty. This includes updated and continuous training for all members. Literature repeatedly supports the use of multicultural counseling techniques when counseling students of color. Many counseling centers use traditional Western and European standards when counseling students, however this is not always the most effective when working with students of color (Banks, 2020). Identifying various methods of counseling and training counselors to understand and employ multicultural counseling techniques may help provide a more effective therapy session for students of color and could potentially encourage other students to utilize services.

Several recommendations came directly from participants when prompted by the question in the focus group; “What is one thing you think your campus needs to do better to support student mental health just in general?” One of the main recommendations was to create a greater sense of community on campus. This includes greater inclusivity among minority groups as well as a focus and normalcy around mental health. Another recommendation from the participants was to require incoming students to do a module on mental health awareness in addition to other topics already covered. Modules could include information on what mental health may look like during a student’s time in college, information on how different mental health challenges present in an individual, and the various resources available to students at WMU and within the community. Participants also identified the need for periodic check-ins for students to assess

their mental health and wellness at various points in their college career. WMU has implemented two different online platforms that promote wellness and help students with their mental health. One resource is called “YOU at Western”, and is a confidential online tool that allows students to do self-check quizzes and then provides resources and tools depending on the student’s needs. The other resource is called WellTrack, which is another online resource that features tools and resources to help promote students’ mental health and well-being. In considering the participants’ suggestions, WMU could potentially look into adding a component where students can access or check in with university counselors in real time or when they might need additional help. Already having online platforms as a mental health resource could make this suggestion more feasible for the university. Participants also recommended that WMU enhance promotion of mental health awareness and resources specifically targeted to minority groups on campus. For more detail about the participants’ suggestions and recommendations, see the section Practical Student Suggestions in the presentation of the qualitative findings.

Other recommendations gathered from the data include addressing areas of high need among students on campus. The Healthy Minds study results reveal that many groups of students stand out as needing additional support. Asian/Asian American and Black students identified a higher incidence of anxiety and/or depression, yet utilize services at lower rates. WMU should begin to research and identify why these students are not utilizing services and work to address their mental health needs. Another area of interest should be in identifying areas of support for Hispanic students at WMU. These students reported relatively similar rates of anxiety, depression, and perceived stigma in comparison to national averages. However, Hispanic students were utilizing therapy at much higher rates and medications at relatively similar rates as national averages. If WMU can begin to identify if these students are receiving additional

support and what that support looks like, they may be able to identify how to provide that to other students of color.

Based on the results of the HMS, WMU should further explore the experiences of Native American students on campus. These students reported very high rates of perceived stigma yet are utilizing mental health services at very high rates. The sample size for this group in the HMS is extremely small ($n = 9$), however these data showing a high need for mental health support. This could potentially promote the need for WMU to identify other Native American students and whether or not they need mental health support and if they are able to access it. These data also suggest that Native American students who are utilizing mental health supports are doing so in spite of perceived stigma. Further investigation is needed in order to identify why students are accessing support despite their perceived stigma.

Another group of students which should be areas of interest are Arab/Arab American and Asian/Asian American students. A similar profile among these two groups is identified in the results of the HMS. These groups both reported high rates of stigma related to mental health issues. These students also repeatedly utilized services significantly less than national averages and their White counterparts at WMU. With further research and information, WMU could create and target programming to these students to encourage utilization of services and understand some of the cultural barriers they might face related to seeking mental health services. By moving forward with these recommendations and future areas of research, WMU can begin to more effectively address the mental health and well-being of students of color on campus.

The current study explored both quantitative (Healthy Minds Study) and qualitative (Focus Group) data related to student mental health and well-being at a public university in the

Midwest. Mental health challenges of college age students are prevalent, with 41.6% of students reporting anxiety, 36.4% of students reporting depression, and 35.8% of students reporting relationship issues (APA, 2013). Literature identifies that students of color at colleges are reporting greater psychological distress (Davidson et al., 2004). The data gathered in this study confirm and highlight many of the challenges students of color are facing in regards to mental health and well-being. With the current COVID-19 Pandemic and the current social and political unrest in the country, the need to address the mental health and well-being of students of color has become even more important. Colleges and universities need to continue to identify and implement effective ways to address and support students of color in their overall mental health and well-being.

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Appendix A: Overview of the Equity in Mental Health Framework

Equity in Mental Health Framework Recommendations

Developed by The JED Foundation and The Steve Fund

1. Identify and promote the mental health and well-being of students of color as a campus-wide priority.
2. Engage students to provide guidance and feedback on matters of student mental health and emotional well-being.
3. Actively recruit, train, and retain a diverse and culturally competent faculty and professional staff.
4. Create opportunities to engage around national and international issues/events.
5. Create dedicated roles to support well-being and success of students of color.
6. Support and promote accessible, safe communication with campus administration and an effective response system.
7. Offer a range of supportive programs and services in varied formats.
8. Help students learn about programs and services by advertising and promoting through multiple channels.
9. Identify and utilize culturally relevant and promising programs and practices, and collect data on effectiveness.
10. Participate in resource and information sharing (within and between schools).

For more information, visit: www.equityinmentalhealth.org

The Jed Foundation is a nonprofit that protects emotional health and prevents suicide for our nation's teens and young adults. The JED Foundation website: www.jedfoundation.org/

The Steve Fund is dedicated to the mental health and emotional well-being of students of color. The Steve Fund website: www.stevelfund.org/

Appendix B: Human Subjects IRB Approval

WESTERN MICHIGAN UNIVERSITY



Human Subjects Institutional Review Board

Date: March 22, 2021

To: Gary Bischof, Principal Investigator
Raquel Rice, Student Investigator for thesis

From: Amy Naugle, Ph.D., Chair

Re: IRB Project Number 21-03-18

This letter will serve as confirmation that your research project titled “Mental Health and Well-Being of College Students of Color” has been **approved** under the **exempt** category of review by the Western Michigan University Institutional Review Board (IRB). The conditions and duration of this approval are specified in the policies of Western Michigan University. You may now begin to implement the research as described in the application.

Please note: This research may **only** be conducted exactly in the form it was approved. You must seek specific board approval for any changes to this project (e.g., ***add an investigator, increase number of subjects beyond the number stated in your application, etc.***). Failure to obtain approval for changes will result in a protocol deviation.

In addition, if there are any unanticipated adverse reactions or unanticipated events associated with the conduct of this research, you should immediately suspend the project and contact the Chair of the IRB for consultation.

The Board wishes you success in the pursuit of your research goals.

A status report is required on or prior to (no more than 30 days) March 21, 2022 and each year thereafter until closing of the study. The IRB will send a request.

When this study closes, submit the required Final Report found at <https://wmich.edu/research/forms>.

Note: All research data must be kept in a secure location on the WMU campus for at least three (3) years after the study closes.