Professor Julius Nyerere Odhiambo, PhD

KINE 369

12 May 2022

Racial and Ethnic Minority College Students: Mental Health and Stigmatization in a

Post-Pandemic World

Abstract

Mental health problems and mental health stigmas are prevalent on college campuses and these disproportionately impact students of racial and ethnic minority status. Research on the risk and prevalence of mental health challenges in college students in the United States is scarce and inconsistent when compared to research conducted on university students globally. The search strategies taken for this literature review primarily included broad research regarding the impact of COVID-19 on college students, the mental health challenges college students are predisposed to facing, the presence of mental health stigma on college campuses, and how all of these components strongly impact racial and ethnic minority students in the United States. The findings suggest implications for steps that colleges and universities across the country can make to support racial and ethnic minority students. Further research is needed to examine additional factors that college counseling centers should consider to appropriately take action on their campuses.

Introduction

Mental health problems and mental health stigmas are prevalent on college campuses and these disproportionately impact students of racial and ethnic minority status. Undergraduate college student mental health is an important public health issue. Mental health has become a more pertinent discussion after the onset of the COVID-19 pandemic.

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The COVID-19 pandemic has created a greater risk for mental health problems among adults in the United States (American Psychological Association; Twenge & Joiner). An alarming number of undergraduate students in the United States report experiencing levels of depression, anxiety, and/or suicidal thoughts (Wang et al.). For those who reported experiencing mental health challenges, less than half of students indicated that they were effectively coping with their stressors individually (2020). Approximately 75% of psychological disorders begin during young adulthood, the age of the majority of undergraduate college students in the United States (Kessler et al.). In addition to these staggering risk factors for current college students, undergraduate students identifying as a racial or ethnic minority are at a greater risk for depression during the pandemic (Kim et al.). The COVID-19 pandemic calls for the urgent need to focus on the mental health of individuals, and in this case, college student populations.

College years are a period of increased vulnerability to mental health challenges.

Increases in depression and suicidality in the U.S. college student population have been observed (Liu). Mental health challenges and stigma are critical public health issues, where less than one third of individuals struggling with mental health challenges receive treatment (Vidourek & Burbage).

Mental health challenges can result in an individual having suicide ideations or ultimately committing suicide. Suicide is a significant public health concern and the second leading cause of death for college students. Stress, depression, and mental health stigma are recognized factors for suicidal behavor. Stigmatized attitudes toward mental health treatment may exacerbate the

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impact of stress on suicide risk (Hirsch et al.). Mental health stigma is broadly defined as the perception that a person who receives mental health services is not fully accepted by society (Pompeo-Fargnoli). There are two major types of stigma that have been identified, known as perceived mental health stigma and self or personal stigma. Perceived mental health stigma is defined as an individual's perception of stigma whereas self or personal stigma is defined to include stereotypes and prejudices that a person believes (Pompeo-Fargnoli). Perceived stigma negatively affects help seeking attitudes and reduces the likelihood an individual will seek out mental health services and has been significantly associated with greater odds of suicide ideation, planning, and attempt (Vogel et al.; Goodwill & Zhou).

Research on the risk and prevalence of suicide in college sudents in the United States is scarce and inconsistent when compared to research conducted on university students globally. Colleges and universities in the United States vary greatly from universities in other countries, which implies the need to look more closely at student populations and their risk of suicide in the United States. In addition to this domestic perspective being under researched, minimal research has focused on mental health stigmas in college student populations. Further research is needed to examine the impact of mental health stigma in college students and the impact this has on the likelihood of seeking treatment.

A further consideration that needs to be made is the impact mental health stigmas have on racial and ethnic minority groups. Students of racial and ethnic minority groups have been found to be generally less likely to report mental health diagnoses due to stigmas (Liu). Stigma is a powerful force in preventing undergraduate students with mental health challenges from seeking

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support (Martin). Stigma has been noted as a major obstacle of mental health service among African Americans (Masuda et al.). This stigma refers to both self-stigma and perceived stigmatization by others. Not only do these stigmas serve as a boundary to seeking treatment, but they could also be compounded by ethnic and racial minorities' relationships with their own ethnic groups, with other ethnic groups, and with the dominant society around them (Cheng et al.). African American college students are found to be as distressed as students of other ethnic backgrounds, but they are less likely to use mental health services (Ayalon & Young; Kearney et al.). In many cases, colleges and universities across the United States cause racial and ethnic minorities more stress than their white peers. Being an ethnic or racial minority at a PWI, such as William and Mary, has its own implications on stress levels. Higher levels of psychological distress and perceived racial or ethnic discrimination have predicted higher levels of perceived stigmatization by others for seeking mental health help, which, in turn, has predicted greater self-stigma for seeking out mental health services (Cheng et al.). Not only are ethnic and racial minority students less likely to seek out mental health services, but it has also been found that Asian international students and African Americans students have reported greater odds of suicide attempt. While suicide rates among college aged students of color have increased, little is known about what factors contribute to suicidality among racial minority students (Goodwill & Zhou).

A review of past research highlights a gap that future research needs to address; the impact of mental health stigma on racial minority college students and their likelihood of seeking treatment. College students are less likely to seek treatment than any other age group and most

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underuse professional mental health services, yet they are one of the highest risk age groups for experiencing mental health difficulties and suicidal ideation (Pompeo-Fargnoli; Cheng et al.). These statistics are even more staggering in racial minority groups on college campuses. College campuses serve an especially important role in serving and protecting their students that deal with mental health challenges, where it has been found that universities are often the main source of support services for students (Martin).

With background, identification of research that exists, and an identification of gaps in the current literature, we are left with a main question. How can mental health stigma on college campuses be reduced for racial and ethnic minority student populations?

Methods

The search strategy taken for this literature review primarily included broad searches and a lengthier search results browsing time. While some searches shown in table 1 included thousands of results, the first, and occasionally the first few, results yielded relevant and valuable results.

Databases used included APA PsycInfo, TaylorFrancisOnline, PubMed, APA PsycNet, and ScienceDirect. Searches were done within the same few day period to ensure that the researcher could maintain consistency and a clear focus.

Table 1 depicts the databases used, dates of searches, keywords used, number of publications identified, number of publications the researcher chose to cite, and the authors of the

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cited publications chosen. Keywords are shown in parentheses with their respective boolean operators.

The researcher chose to look through search results as opposed to creating more narrow search criteria when this occurred. Oftentimes, search results included articles that were not applicable to the specific population of ethnic minority college students. Exclusions at this stage pertain to an inapplicability of articles to the given population of college students and ethnic minority college students.

Figure 1 depicts instances where the researcher used references of cited publications to find other relevant publications in the format of flow charts. The first flow chart (see fig. 1) shows how one search identified four publications, which led to three new publications being identified. The second and third flow charts show how two other searches identified an additional publication, respectively.

Table 1:

Database	Date of Search	Keywords	Number of Publications Identified	Number of Publications Chosen to Cite	Cited Publications
APA PsycInfo	02/02/2022	(mental health stigma) and (racial minority)	40	4	Goodwill Misra Tran Cheng
TaylorFranci sOnline	02/02/2022	(college) and (mental health stigma)	21769	1 The first option	Pompeo- Fargnoli

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				offered was a close match and had a valuable reference list.	
PubMed	02/02/2022	(college) and (ethnic minority) and (counseling)	165	1	Kearney
APA PsycNet	02/03/2022	(mental health stigma) and (college students) and (suicidal behaviors)	5	2	Hirsch Stewart
Science Direct	02/03/2022	(mental health sigma) and (college students)	6069	1	Vidourek
Science Direct	02/03/2022	(mental health problems) and (undergraduate students) and (risk factors)	9598	1	Sheldon
PubMed	02/04/2022	(mental health) and (stigma) and (college) and (race)	134	1	Goodwill This was the second time the Goodwill article was one of the closest options, so this search emphasized my need to look at their reference list.
Science Direct	02/05/2022	(college students) and (covid) and (mental health) and (suicide) and	473	1	Devylder

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APA PsycInfo	03/05/2022	(mental health stigma) and (racial minority) and (college students)	5	2	Pasupuleti Martinez de Andino
PubMed	03/08/2022	(college) and (stigma) and (african american)	218	2	DeFreitas Lipson

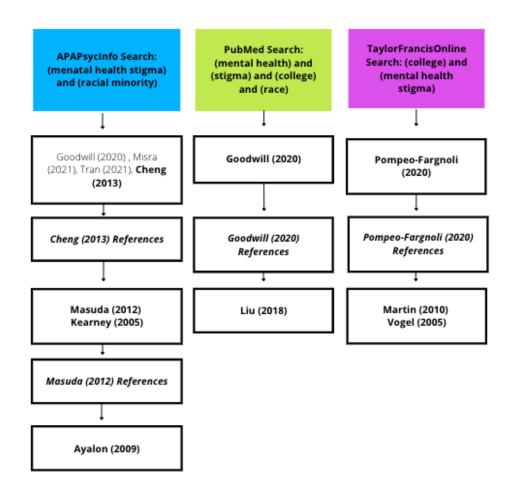


Fig. 1

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Discussion

Mental Health. College students or all races and ethnicities experience mental health problems. These problems include, but are not limited to, depression, anxiety, bipolar disorder, dissociative disorders, and the list goes on. While the experiences and disorders of each student are different, they share the predispositions of the COVID-19 pandemic and the major transition to college life as major factors in increasing risk and exacerbation of mental health problems. It has been found that the transition to college life puts students at a much higher risk of experiencing mental health challenges (Pompeo-Fargnoli). Based on the past statistics and risk factors of college students, and particularly students a part of racial and ethnic minority groups, mental health treatments need to be carried out at higher rates. Mental health treatment use is lower among students of color (Lipson et al.). This is a staggering fact, because students of color also have much greater levels of unmet mental health needs relative to white students (Lipson et al.).

Mental Health Stigma. College students are a population that is extremely influenced by the perceptions of their peers, which in turn serves as a contributing factor in the stigmatization of mental health disorders (Pompeo-Fargnoli). Mental health stigmas can include both perceived mental health stigma and personal stigma (Pompeo-Fargnoli). Due to students' awareness of their peers' perceptions of them and their own beliefs towards mental illness, many students go to great lengths to hide their mental health conditions (Martin). This research-backed barrier is present on college campuses and is a major factor in the importance of this review.

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Racial and Ethnic Minority Mental Health. Racial and ethnic minority status is often not taken into account in research on mental health stigma and likelihood of seeking out mental health services (Tran). This lack of research is significant, seeing as stigma tends to be higher among racial and ethnic minority groups than in white comparison groups (Misra et al.). Racial and ethnic minority groups must deal with additional stressors in their lives and college students that belong to these groups are at an even higher risk than their peers to struggle with mental health problems. While being at a higher risk of experiencing mental health problems, students in racial and ethnic minority groups are also less likely to seek mental health support and treatment.

Limitations. This review makes an important contribution to research on mental health stigmas and their impact on students belonging to racial and ethnic minority groups but has several limitations that should be considered. First, it is possible that with the given search engines used that important publications could have been missed, but further research could aid in this initial problem. In addition, it is important to include future data of students of color to add to the given research to determine if the research gathered is accurate. This review was also limited by the use of publications specifically pertaining to American colleges and universities. Non-American sample populations would provide further information about the mental health and stigmatization patterns in college student populations. Future research can incorporate more specific data and a wider array of populations, including non-American college student populations.

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Implications. This research has implications for steps that colleges and universities across the country can make. College administrators and counseling center members can come together to target the mental health challenges that students face. In addition to targeting the challenges that all college students face, colleges need to be targeting changes and interventions for their racial and ethnic minority students. College health systems need to make structural changes to reduce stigma and empower their students to aid in this effort. Intervention can be held to contribute to this effort, where campus interventions can incorporate cultural aspects to target stigmas directly. Overall, building an understanding of mental health stigmas is a crucial part to understanding the mental health disparities that exist in the United States for racial and ethnic minority groups and this review illustrates the need for further research and collegiate administrative actions to be made.

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