

# Assessing Utilization of Mental Health Resources at a Historically Black College and University

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## Abstract

**Objective:** College students of color represent a large portion of unmet mental health needs. Limited studies have been performed in the Historically Black Colleges and Universities (HBCUs) setting on the utilization of mental health resources in African American (AA) college students. The primary purpose of this report is to document the utilization of both on- and off-campus mental health resources by AA students at an HBCU.

**Methods:** A survey was administered to students enrolled at Xavier University of Louisiana (XULA) who self-identified as AA in the Fall 2018 semester.

**Results:** 30.2% and 35.2% of participants reported utilization of on- or off-resources, respectively.

**Conclusion:** This study illustrates the lack of utilization of resources by AA students attending an HBCU. Future efforts should be focused on promoting mental health utilization at HBCUs across the nation.

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**Keywords:** college students, mental health, HBCU, African American students, resource utilization, counseling

**Abbreviations:** HBCUs: Historically Black Colleges and Universities; XULA: Xavier University of Louisiana; AA: African American; PWIs: predominately white institutions

## Introduction

Mental health disorders are very common among college students, with recent reports displaying upwards of 60% of surveyed students meeting the criteria for one or more mental health problems [1]. College students of color have

represented a larger proportion of unmet mental health needs when compared to Caucasian students [2]; however, African Americans are largely underrepresented in studies [3], and a majority of studies in African American (AA) college students are conducted at predominately white institutions (PWIs) [4]. In one study performed at a PWI, AA male college students reported depressive and anxiety feelings but underutilized on-campus resources [5]. Mistrust, stigma, and lack of diversity in the counseling staff were found to be possible causes of underutilization of mental resources by AA students at PWIs [6, 7].

Though reports are limited at Historically Black Colleges and Universities (HBCUs), one study found depression to be widespread among their sample of HBCU students, with ~52% of students meeting the criteria for mild to severe depression [8]. The top stressors among HBCU students have been found to be centered around important decisions regarding education, increased responsibility, difficulty in time management, and financial burden [9]. Other reports have indicated a possible fear of the stigma attached to seeking mental health treatment in students at HBCUs as well [10]. According to Ford et al. [11], the impact of stress on AA students attending HBCUs can lead to a loss of interpersonal connectedness and lead to further mental health issues. It is unclear, however, whether students are utilizing the resources available to them in the HBCU setting.

As there have been limited studies in the HBCU setting on the utilization of mental health resources in AA college students, the aim of this report is to add to the body of literature on the utilization patterns of AA students attending an HBCU.

## **Objectives**

### **Primary objective**

The primary purpose of this report is to document the utilization of both on- and off-campus mental health resources of AA students attending an HBCU.

## **Methods**

To assess the utilization of resources by African Americans at an HBCU, a survey was administered to students at Xavier University of Louisiana (XULA) in the Fall 2018 semester. Participants were able to participate in the study if they were currently enrolled at XULA and self-identified as AA. Background demographics that were collected included academic progression, age, and gender. Academic progression was classified as undergraduate level *vs.* graduate level, with a further breakdown of graduate level students to College of Pharmacy graduate *vs.* non-pharmacy graduates since the majority of graduate students are enrolled in pharmacy. Survey questions were directed towards the following areas: utilization or referral to on-campus or off-campus resources, opinion regarding whether mental health resources are adequate to address mental health, and a self-rating of personal mental health from 1 being the lowest to 10 being the highest. This survey was available to students during 1-week recruitment in the highly-populated areas of campus and was administered as a physical document. 199 students attending XULA were recruited during that time frame from a student body of 2,293 students (11.5% of the student body) to complete the survey. Survey data were evaluated to determine the utilization patterns of mental health resources both on- and off-campus in AA students attending XULA. Consent was obtained by the researchers prior to the survey, and confidentiality was ensured by the submission of the anonymous survey with results hidden. This study was approved by the XULA IRB (IRB #704).

### **Study design**

This study was a single-centered survey of students enrolled at XULA, a Historically Black College and University. The survey participants included students of all classifications, age  $\geq 18$  years old, and gender. Data was obtained from mental health surveys that were developed by a team of researchers that included investigators and pharmacy students on this project (Figure 1). This survey was IRB-approved by XULA (IRB #704).

**Survey of Mental Health in HBCU Students**

**Classification:**

Freshman     Sophomore     Junior     Senior     Graduate

P1     P2     P3     P4

**Age:**

<18     18-20     21-24     24 - 28   

**Race/ethnicity:**

Hispanic or Latino     Non-Hispanic Black / African American     Non-Hispanic White

Asian / Pacific Islander     Native American or American Indian     Other

**Gender:**

Female     Male     Other     Choose not to disclose

1. Do you believe that mental illness exists?

a. Yes  
b. No  
c. Unsure  
d. No opinion

*If answered yes to question #1 only:*

1a. In your opinion, are current resources adequate in treating mental illness?

a. Yes  
b. No  
c. Unsure  
d. No opinion

2. What is your past utilization of the mental health resources on campus such as the wellness center?

a. I have used these resources personally  
b. I have not used them personally but have referred a friend/family  
c. I have not used them personally or referred a friend/family  
d. I was unaware that this resource existed

3. What is your past utilization resources outside of campus for mental health (e.g., primary physician, psychiatrist, therapist, support groups, NAMI, etc.)?

a. I have used these resources personally  
b. I have not used them personally but have referred a friend/family  
c. I have not used them personally or referred a friend/family  
d. I was unaware that this resource existed

4. On a scale of 1 – 10, how would you rate your own mental health over the past year?

1    2    3    4    5    6    7    8    9    10  
Poor ————— Great

**Figure 1:** Survey.

### Inclusion/exclusion criteria

All students who self-identified as AA and were actively enrolled in the fall of 2018 at XULA were eligible for participation. All faculty, staff, and other members of the Xavier community, including those not identifying as AA, alumni, and outside affiliates, were not included in the data pool. 271 students initially completed the survey; however, 72 students were excluded from the final data pool as they did not self-identify as AA.

### Statistical analysis

Mann-Whitney U and Pearson correlation coefficient analyses were used to assess the knowledge and utilization of resources amongst the students at an HBCU. Self-rated wellness was collected on a Likert scale, with a “10” being the best mental health and a “1” being the worst, similar to other studies that quantify subjective information from participants.

### Results

199 students were included in this study. 67.8% were female and 30.2% were male. 61.3% were undergraduate students, while 38.7% were graduate students. 30.2% and 35.2% of participants reported utilization of resources on- or off-campus, respectively. An additional 24.6% of students have referred family or friends to mental health services

on campus, and 25.1% referred to off-campus resources. A total of 36.8% of participants rated their mental health as a 6 out of 10 or less (Table 1–6 and Figure 2).

<b>Participant characteristics</b>	<b>Total (n = 199)</b>
<b>Age in years, n (%)</b>	
18–20	95 (47.7%)
21–24	80 (40.2%)
> 24	20 (10.1%)
Unknown	4 (2.01%)
<b>Gender, n (%)</b>	
Male	60 (30.2%)
Female	135 (67.8%)
Choose not to disclose	4 (2.01%)
<b>Classification, n (%)</b>	
Undergraduate	122 (61.3%)
Graduate	77 (38.7%)
-Non-pharmacy graduate	3 (1.51%)
-Pharmacy graduate	74 (37.2%)

**Table 1:** Baseline characteristics.

<b>Question 1: Do you believe that mental illness exists? (n = 199)</b>		
<b>Response</b>	<b>Yes</b>	<b>No</b>
Total, n (%)	195 (98.0%)	4 (2.01%)

**Table 2:** Survey results.

<b>Question 1a: In your opinion, are current resources adequate in treating mental illness? (If answered yes to question #1 only) (n = 198)</b>				
<b>Response</b>	<b>Yes</b>	<b>No</b>	<b>Unsure</b>	<b>No opinion</b>
Total, n (%)	35 (17.6%)	85 (43.0%)	75 (37.9%)	3 (1.5%)

**Table 3:** Survey results.

<b>Question 2: What is your past utilization of the mental health resources on campus such as the wellness center?</b>				
<b>Response</b>	<b>Used resources personally</b>	<b>Have not used personally, but have referred friends or family</b>	<b>Have not used or referred friends or family</b>	<b>Unaware of resources availability</b>
Total, n (%) (n = 199)	60 (30.2%)	49 (24.6%)	73 (36.7%)	17 (8.5%)

**Table 4:** Survey results.

<b>Question 3: What is your past utilization of resources outside of campus for mental health (e.g., primary physician, psychiatrist, therapist, support groups, etc.)?</b>				
<b>Response</b>	<b>Used resources personally</b>	<b>Have not used personally, but have referred friends or family</b>	<b>Have not used or referred friends or family</b>	<b>Unaware of resources availability</b>
Total, n (%) (n = 199)	70 (35.2%)	50 (25.1%)	73 (36.7%)	6 (3.02%)

**Table 5:** Survey results.

Question 4: On a scale of 1–10, how would you rate your own mental health over the past year?										
Response	1	2	3	4	5	6	7	8	9	10
Total, n (%) (n = 198)*	4 (2.0%)	2 (1.0%)	9 (4.5%)	11 (5.6%)	25 (12.6%)	22 (11.1%)	57 (28.8%)	37 (18.7%)	15 (7.6%)	16 (8.1%)

Table 6: Survey results. \*1 student didn't answer this question.

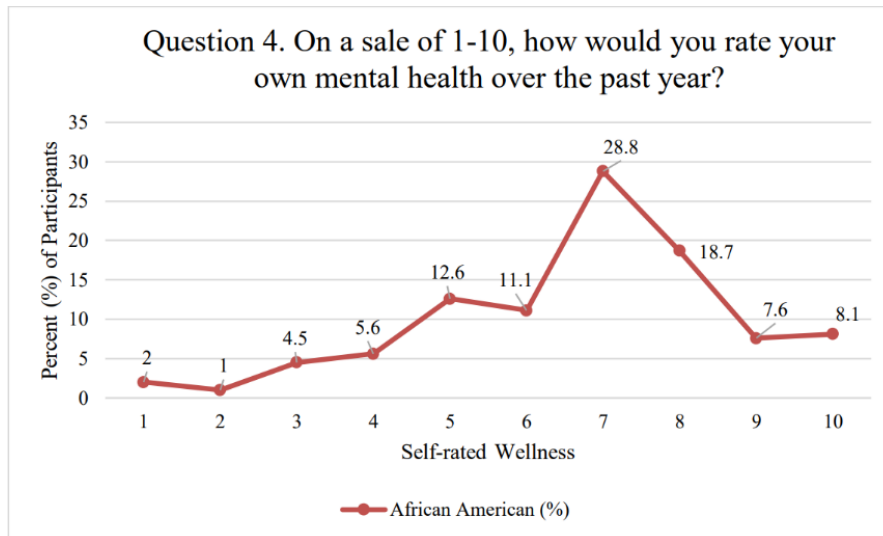


Figure 2: Survey results.

## Discussion

There has been a dearth of knowledge on the utilization of mental health services in AA students attending HBCUs. This was the first study to our knowledge that surveyed AA students at an HBCU for utilization of on- and off-campus mental health services for self, with referrals of mental health resources to family and/or friends included as well. This was an important collection point because it provided insight into whether students were utilizing mental health resources not only for themselves but for others around them in need as well.

This sample of African Americans enrolled at an HBCU were majority female (67.8%), young adults aged 18–24 years old (87.9%), and largely undergraduate (61.3%), with an additional 37.2% enrolled in the College of Pharmacy. An interesting finding was that 43% of participants in this sample reported that they did not feel that there were adequate resources available for mental illness, and another 38.5% of participants were unsure of whether or not there were adequate resources for mental illness. Despite this, only 30.2% and 35.2% of participants personally utilized on- and off-campus resources, respectively. Also, an additional 24.6% and 25.1% of participants referred friends or family to on- and off-campus mental health resources, respectively. This left a total of 36.7% of participants that have never utilized or referred mental health resources either on- or off-campus and an additional 8.5% and 3.02% that were unaware of resources on- and off-campus, respectively. It is unclear from the sample what the rates of mental illness were at the HBCU, though overall utilization was low in this sample. An additional note is that help-seeking attitudes were not assessed, so while it was unclear whether the population had a low rate of resource utilization due to being a “mentally healthy” population vs. avoidant of available resources, 36.8% of the participants rated their mental health at a “6” or less. Also, national samples have shown that over one-third of all college students in the US reported a diagnosed mental health condition in 2016–2017 [2], and previous reports document a lack of utilization in AA populations despite the need [1, 5, 12]. Literature also suggests that despite lower utilization of resources among AA college students, help-seeking attitudes may be lower, and mental illness and psychological stress may be higher among AA students than among their counterparts [11, 13, 14]. Of note, these national statistics were reported around the time of this study, which was representative of the times prior to the additional mental health concerns associated

with the COVID-19 pandemic. This data suggests the importance of the mental health needs of AA college students to be addressed more directly in the HBCU setting.

This report adds to the body of literature that a larger focus should be placed on mental health support for African Americans. The HBCU setting is not unique in addressing the mental health concerns for African Americans and a larger focus should be placed on expanding the utilization of mental health resources in this setting, especially in light of the additional social, pandemic, and other stressors facing AA college students at this time. Future studies should explore the causes of the lack of utilization, whether it be due to stigma, cultural views, underrepresentation of AA providers, or one of the many other barriers faced by AA college students in mental health resource utilization.

## **Limitations**

Limitations include a lack of a validated tool to assess utilization as well as self-rated wellness. All students were included in the same survey, which can strengthen internal validity, though cultural, environmental, geographic, and other factors could play a significant role in how one rates their mental health. Another limitation of this data is that the sample may not be fully representative of the population on campus. Those interested in mental health may have been more willing than others to participate in the survey, though those with depressive or anxiety disorders may not have felt as comfortable being in the busier parts of campus.

It could also be noted that the data collected from a single institution could be reflective of factors pertaining to the particular institution rather than of HBCUs as a whole. The survey was also not able to determine the prevalence of mental illness on campus, so the reasons for lack of utilization were unclear. Despite these limitations, this data does reflect similar rates of utilization of AA college students in other settings and is still able to illustrate the importance of future focus on mental health utilization in AA students in the HBCU setting.

## **Conclusion**

This study illustrates the lack of utilization of both on- and off-campus resources of AA students attending an HBCU. To improve the utilization of mental health services in the HBCU setting, further research should be completed to expand the knowledge of mental health utilization across multiple HBCU institutions and to address the sources of the lack of utilization in this setting. Future efforts should also be placed on promoting the utilization of mental health resources at HBCUs.

## **Declaration of Interest Statement**

The authors report no conflicts of interest. The authors alone are responsible for the content and writing of this article.

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