

**Black Mental Health Matters:  
An Innovative Resource at a University Counseling Center**

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**Abstract**

As many of the articles appearing in this special issue describe, during the year of 2020, the United States faced significant health and socio-political challenges as the result of the COVID-19 pandemic and the racial injustices suffered by Black communities. These larger social issues further intensified Black students' mental health concerns, both those common to all college students and those specific to race-related stress and race-related trauma on college and university campuses. In this article, we explore the intersectional challenges Black students confront and how these challenges create unique race-related stressors for these students while navigating a predominately White institution (PWI). We then discuss barriers to help-seeking behaviors and culturally specific coping strategies and conclude by suggesting the importance of developing non-traditional therapeutic means, such as mental health podcast episodes, to mitigate Black students' barriers to access, validate their lived experiences, and promote their overall wellbeing.

*Keywords:* Black students, mental health, university counseling centers, podcasts

**Introduction**

In the early summer of 2020, Black Lives Matter protests erupted over yet more legally sanctioned White-on-Black violence during the COVID-19 pandemic that exacerbated long-standing socioeconomic, health, and educational disparities for Black people in the United States. Across the country, protesters took to the streets demanding changes to the racist institutions and policies that weave through virtually every aspect of the nation. As the pandemic continued to devastate the nation and the sociopolitical climate intensified, the differential impact of systemic marginalization was illuminated in an unavoidable way. Black college students at the predominantly White University of Florida (UF) reported the effects of witnessing and experiencing yet more discrimination-related trauma. Mental health providers at UF's Counseling and Wellness Center (CWC) grappled with questions about our own complicity in a predominantly White profession and institution that, however unwittingly, also perpetuates racist policies and furthers oppressive conditions for students with marginalized social identities. As CWC clinicians grappled with how to meet Black students' sociocultural, developmental, and mental health needs in an escalating crisis with the deepest, darkest roots, we also considered new ways to provide mental health resources to Black students unable or unwilling to access our counseling services. The CWC Talks podcast was one resource that emerged from a tumultuous time of reckoning. A podcast is a series of audio episodes used as a method to disseminate information to the public on various subject matters. Listeners can access podcast episodes via the internet through streaming platforms and websites. Specifically, we created, recorded, and released episodes specific to Black



students' mental health, including *The Power of Anger*, *Mental Health in the Black Community*, and *Discrimination-Related Trauma*.

### **An Intersectional Approach**

We employ an intersectional approach to understand the specific service needs of Black college students in the context of the country's current socio-political climate. Borne from critical race theory, intersectionality examines the distinctive blending of an individual's social and political identities. Specifically, the intersection of marginalized social and political identities such as race, gender identity, and socioeconomic class status produces various sources of oppression (Crenshaw, 1991). A person's life experiences culminate at the intersection of these various sources of oppression, yielding a lived experience incomparable to someone outside of that particular intersection. In this article, we use intersectionality as the framework to understand the myriad challenges Black students face related to the intersections of their various social identities, histories, and backgrounds. This unique blending of various sources of marginalization and historical interactions with aspects of the social milieu contributes to the development of the specific challenges Black students confront, such as their mental health concerns while navigating higher education. First, we further explore intersectionality within the broad context of sociopolitical systems and the nuances of identity politics.

Guidroz and Berger (2009) describe intersectionality as the unique blending of social structures, political agendas, and experiential perspectives that ultimately affect a person's social existence. The effect varies based on an individual's social positionality within these frameworks. Unlike additive and interactionist approaches to understanding the cumulative effect of possessing multiple social identities, intersectionality proposes that one's social identities are so intertwined that it becomes difficult to tease apart the contributions of each identity to the individual's social experience (Duffy, 2007; Thomas et al., 2008). Understanding the interconnectedness of social identities, institutional processes, and historical contexts creates a foundation for recognizing the substrata of lived experiences within a seemingly homogeneous social group. For example, the emergence of Black Feminist Thought functioned as a response to women of color's lack of representation within preexisting feminist ideology (Guidroz & Berger, 2009). Many experiences captured in traditional feminist ideologies reflected that of White, middle-class women (Duffy, 2007). Such sweeping generalizations obliterate the differences in how women of different racial and ethnic groups and socioeconomic classes navigate womanhood.

Intersectionality is also a response to the limiting effects of identity politics. Identity politics refer to the political organization of critical social issues related to a person's identity (Bernstein, 2005; Crenshaw, 1991; Duffy, 2007). Kimberlé Crenshaw (1991) argued that the tendency for identity politics to emphasize a one-dimensional approach to an individual's social identity forces people with multiple marginalized identities to choose some identities over others. In the case of Black women, Crenshaw suggested that feminist and anti-racist rhetoric delineates these women's social identification to either their race or gender. However, forcing people to choose between their identities contributes to intersectional invisibility. Such traditional dichotomous thinking and erroneous generalizations about seemingly homogeneous groups excludes meaningful lived realities from the analyses of social processes. Examining the silencing effects of intersectional invisibility will illuminate the deleterious effects of failing to incorporate intersectionality approaches in deeper understandings of Black students' mental health challenges.



### **Black College Students' Mental Health**

For over a decade, colleges and universities have increased their efforts to make campuses more diverse. Institutions of higher education needed to reflect the nation's quickly shifting racial and ethnic demographics (Chen, 2017). As a result, colleges and universities have emphasized recruitment initiatives that attract students traditionally left behind due to access-related issues, such as the educational gap, low socioeconomic status, and the differential possession of social capital (Morley, 2003). These diversity and inclusion initiatives have changed campuses into a melting pot of various world views and belief systems that are both inclusive and oppressive. This changing climate inevitably affects Black students, who are more likely to identify with various marginalized social identities (Cokley et al., 2014; Cokley et al., 2017; McClain et al., 2016).

According to the Center for Collegiate Mental Health (CCMH, 2021), most college students report challenges associated with depression and anxiety. The demands of education, social life, finances, and emerging adulthood increase stress, and stress contributes to anxiety and depression. Indeed, researchers have suggested that the mental health needs of college students have increased significantly in amount and severity of concerns (CCMH, 2021). For Black students, these mental health concerns can further intensify as Black students regularly experience race-related stress and trauma on campus (Cokley et al., 2014; Cokley et al., 2017; McClain et al., 2016). Researchers have argued that Black students often lie at the intersections of multiple marginalized identities that mandate their exceptional navigation of complex social, emotional, and academic demands (Cokley et al., 2014; Cokley et al., 2016). Microaggressions, perceived discrimination, race-related stress and trauma, social isolation, imposter syndrome, internalized discrimination and stereotype threat not only heighten Black students' susceptibility to depression, anxiety, and in some cases suicidality, but also lead to a significant difference in the intensity and manifestation of related symptoms, such that Black students' mental health challenges are incomparable to those who are not Black, indigenous, or of color (i.e. non-BIPOC students) (Cokley et al., 2014; Cokley et al., 2017; Crenshaw, 1991; McClain et al., 2016).

### ***Minority Stress***

In addition to the typical academic stress that accompanies the college experience—such as taking tests, creating a healthy work-life balance, and adjusting to new environments—Black students also confront race-related challenges, including systemic oppression, microaggressions, and imposter syndrome (McClain et al., 2016). Minoritized college students at predominantly White institutions (PWIs) often find college campuses isolating, inequitable, and distressing (McClain et al., 2016). This can contribute to minority stress, described as the exclusive stressors marginalized populations encounter (McClain et al., 2016). Common minority stressors include microaggressions, questions of belonging, and encounters with racism and discrimination (McClain et al., 2016). These combined stressors put Black students at increased risk for psychological and emotional distress (Cokley et al., 2016).

Working, studying, and socializing within the college campus setting exposes traditional Black students (those who are 18–24 years old and living on campus) to higher degrees of minority stress than non-traditional students (Mushonga & Henneberger, 2020). One recent Harris poll (2017) indicated that 51% of Black first-year students, compared to 40% of White first-year students, reported feeling overwhelmed most or all of the time. The same poll found that 75% of Black students, compared to 61% of White students, reported keeping their personal struggles to themselves. Furthermore, the graduation rate for Black



students is approximately 20% lower than that of White students (Montgomery & Montgomery, 2012). Thus, these stressors and challenges have real effects on Black students.

Living as a Black person in America poses significant difficulties. Systemic barriers, policies, and sociocultural norms still promote discrimination and inequitable practices towards Black communities. Black people regularly encounter prejudices, negative stereotypes, over-policing, and accessibility challenges (Chandler, 2010; McClain et al., 2016; M. Thompson, 2010). Moreover, racial discrepancies in every major social system—from finance and real estate to health and criminal justice—negatively affect Black communities (Utsey, 1998). Thus, the combined stress associated with their student status and ongoing threats to safety, survival, and security as citizens beyond the ivory towers create and exacerbate physical health problems and wreak havoc on Black students' psychological well-being.

### **Barriers to Help-Seeking**

Mental health concerns affect physical health (Monnat & Chandler, 2015). For example, in one study, depression and the effects of racism were significant indicators of cardiovascular disease and high blood pressure in Black young adults (Lee et al., 2016). Despite the increased concerns for Black students' mental health needs and subsequent potential physical health needs, data (CCMH, 2021) suggest that Black students are less likely than their White counterparts to access campus counseling services. As we discuss in the following sections, reasons for this include mistrust, lack of representation, stigma, and the use of Africultural coping skills rather than traditional mental health services (Masuda et al., 2012; Nioplias et al., 2018; Utsey et al., 2000; Whaley, 2001).

### ***Mistrust***

Ongoing differential medical treatment for Black communities also contributes to cultural mistrust of mental health services. Black communities in the United States have a long history of mistrusting healthcare services. Known as cultural mistrust, this functions as an adaptive response to oppression and discrimination by predominantly White practitioners towards Black communities in the healthcare system (Brooks & Hopkins, 2017). Black people have endured extensive abuse and deceit at the hands of White healthcare providers, such as during the Tuskegee Syphilis Study in which Black men and women were purposefully given syphilis without their knowledge (Gaston et al., 2016). Medical professionals often misperceive Black people to have higher pain tolerance, which unfortunately can result in slothful care and misdiagnosis of Black patients (Hoffman et al., 2016). More recently, at the start of the COVID-19 pandemic, a French scientist suggested the use of African people as participants in the testing of trial vaccines, which illustrates the persistent and pervasive abusive medical practices against Black communities (Busari & Wokazer, 2020).

Racial discrimination often contributes to cultural mistrust in the mental health field, which is a factor in the underutilization of counseling services by Black communities (Dean et al., 2018; Nioplias et al., 2018; Sue & Sue, 2013). When Black clients do access counseling services, they may prefer to work with someone of the same racial or cultural background (Awosan et al., 2011; Ibaraki & Hall, 2014). Yet, the lack of racial and cultural diversity among healthcare providers often discourages Black clients from obtaining mental health assistance and, when paired with cultural mistrust, could limit their willingness to seek services in cases of extreme need (Awosan et al., 2011; Dean et al., 2018).



***Lack of Representation***

Despite the well-documented challenges facing Black students and the growing evidence of how harmful discrimination is to mental health (McClain et al., 2016), Black students underutilize the mental health support offered through their college and university's counseling centers. A. Williams and Justice (2010) argue that Black students at both PWIs and historically Black colleges and universities (HBCUs) are reluctant to engage in counseling at their university counseling centers due to a lack of Black representation in the mental health field. Historically, counseling theories, techniques, and practitioners reflected White, male, cis-gendered, heteronormativity (Awoson et al., 2011; Sue & Sue, 2013). This lack of diversity still operates as a barrier for Black students that ultimately hinders help-seeking. When Black students are placed with a clinician of a different racial and/or cultural background, the student might mistrust or feel hesitant to discuss certain topics due to fears of judgment and misunderstanding (Awoson et al., 2011; Laszloffy & Hardy, 2000). Inadequate representation can also contribute to Black students feeling excluded from the larger discourse on counseling service provision. Working with a clinician of a similar identity background stands to mitigate challenges related to cultural mistrust and mental health stigma, thus increasing the likelihood that the student will truly engage in the therapeutic process (Townes et al., 2009).

***Stigma and Self-Concealment***

Masuda et al. (2012) defined mental health stigma as a set of adverse attitudes towards persons with psychological challenges and found that mental health stigma contributed significantly to Black college students' help-seeking behaviors. Additionally, V. L. S. Thompson et al. (2004) noted in their qualitative study that some Black participants might wonder if seeking professional counseling is a sign of weakness, which could lead to engaging in self-concealment, the tendency to withhold upsetting information from others (Larson & Chastain, 1990). There are genuine concerns for protecting the privacy, confidentiality, and wellness of those in the Black community, which could be a deterrent from seeking mental health services. Self-concealment limits the extent to which someone shares personal information and innermost thoughts and feelings, ultimately reducing the risk that others will use the information to cause further harm (Awoson et al., 2011). After conducting a series of focus groups, V. L. S. Thompson et al. (2004) noted that some of their Black student participants might be hesitant to connect with counseling centers due to concerns about the possible effects of sharing information with an "outsider." Gender norms, lack of awareness, and misinformation on key mental health topics also contribute to growing misperceptions about the field and those who seek services. For example, survey responses collected from a sample of Black male students indicated that they believed counseling is evidence of a personal deficiency, which contributed to fear about being labeled as weak for using services (A. Williams & Justice, 2010). As a result of these barriers to seeking counseling services, Black students often use other coping means, such as culturally specific strategies, to confront and overcome the mental health challenges of navigating academic and social demands.

***Africentric Coping***

Black students tend to employ alternative coping strategies based in an Africentric framework that involve spirituality, collectivism, and cognitive-emotional debriefing, known as Africultural coping (Utsey et al., 2000). Examples of Africultural coping include prayer; sharing personal concerns with a trusted friend; relying on a higher power, such as God or a





Creator, for help; participating in group activities; attending social engagements; attending church services; or reading scriptures from the Bible or similar sources (Utsey et al., 2000). Black men have traditionally sought support from social spaces like barbershops and fraternal organizations and are more likely to seek support from a familiar acquaintance than someone unknown (A. Williams & Justice, 2010). Similarly, Black students are more likely to consult with family members and trusted friends about emotional challenges and personal stressors than a mental health professional (Ayalon & Young, 2005). Black students might also engage in social organizations, such as sororities and fraternities, for support (A. Williams & Justice, 2010).

### ***Counterspaces***

For Black students, coming together and communing can be a refreshing escape from the challenges of navigating White spaces (George Mwangi et al., 2018). Due to deep-rooted and effective coping mechanisms involving collectivism, it is important that PWIs create counterspaces for Black students to congregate that promote their well-being. Examples of collegiate counterspaces include Black Student Unions, NAACP chapters, race-specific psychoeducation and therapy groups, and organizations and spaces geared toward providing support and community for minoritized populations (Case & Hunter, 2012; George Mwangi et al., 2018). In these spaces, Black students can freely talk using cultural vernacular and discuss their experiences without fear of judgment (Carter, 2007; Case & Hunter, 2012). They can also experience acceptance, advocacy, and understanding, which mitigate the negative effects of microaggressions, discriminatory practices, invalidation, and mistreatment (Solorzano et al., 2000).

### ***Religion and Spirituality***

Religion and spirituality function as critical sources of support and coping within many Black communities. Historically, many people in Black communities have viewed the Black church as a pillar of support, a haven, a source of hope, and a site of sociopolitical activism and organizing (Ayalon & Young, 2005). Attending church services has often provided Black people a sense of community and fellowship. For Black people, employing a spiritual framework can aid in the meaning making process as it relates to ongoing racial justice issues in society (Chandler, 2010). For example, someone enduring racial discrimination might attempt to reframe the pain as an opportunity for spiritual growth. The historical and traditional significance of the Black church as well as engagement in alternative coping resources—such as prayer, listening to sermons, and pastoral counseling—could influence Black communities' underutilization of professional mental health services (Chandler, 2010).

Religiosity and spirituality include activities and practices such as prayer, meditation, listening to inspirational music, talking to a trusted church leader, reading or reciting scriptures, burning incense, and listening to sermons (Cokley, et al., 2013; Mushonga & Henneberger, 2020). Kranke et al. (2012) indicated that Black people might seek supportive services from their church because they believe prayer could be more effective than counseling. Moreover, regularly relying on religious and spiritual frameworks provides built-in social support from clergy (Avent et al., 2017). In a study by Cokley and colleagues (2013), 4% of Black participants reported using counseling as a form of emotional support, whereas 92%, 89%, and 70% stated that they sought emotional support from family, friends, or church/prayer, respectively. Although these sources of support might contribute to underutilization of traditional mental health counseling, these forms of emotional support are important for Black students.



For college and university counseling centers to reach their Black student population effectively, they must incorporate culturally responsive interventions that promote psychoeducation and insight as to how Black students' experiences on and reactions to the campus climate might influence their mental health (McClain et al., 2016). Embracing culturally responsive interventions like Africultural coping strategies can involve creating counterspaces for Black students as well as acknowledging and upholding the spiritual practices this group of students might rely on for strength and meaning (So et al., 2005). These components of culture-based coping could be adopted by college and university counseling centers to foster a sense of belonging, provide a more inclusive environment for Black students, and promote this population's collective exploration of challenges unique to them.

### **Culturally Responsive Mental Health Resources**

Campus counseling centers need to develop resources that go beyond the traditional office environment to minimize intimidation, increase representation, and confront the stigma and mistrust associated with seeking mental healthcare. Meeting Black students in their communities on campus can be a powerful approach, and outreach programs at college counseling centers strive to do this. Yet the COVID-19 pandemic eliminated opportunities for face-to-face connections with students, reducing not only counseling services to Black students but also inroads for building trust. Within this contextual understanding of Black students, the UF CWC developed the *CWC Talks* podcast in hopes of reaching students living in the margins of campus life.

#### ***CWC Talks Podcast***

The UF *CWC Talks* podcast is a culturally responsive mental health outreach effort with several episodes created specifically to foster connection between Black students and Black mental health professionals. On the podcast, students can listen to counselors from diverse backgrounds talk about an array of topics related to mental health and wellbeing. Through the form of storytelling, Black clinicians validate Black students' experiences and address their concerns. A podcast resource eliminates any initial pressure for Black students to self-present to the counseling center as struggling with mental health issues. Instead, students can discreetly access in-depth conversations about Black mental health. Neither are students required to listen to material that might not reflect their lived experiences and challenges; instead, they can choose to listen to episodes about specific topics at their discretion and within their preferred environment. This form of outreach minimizes some barriers, including stigma and lack of Black representation in the mental health field.

The researchers who developed the CWC Talks podcast episodes *Discrimination-Related Trauma*, *Mental Health in the Black Community*, and *The Value of Anger* specifically sought to impart to Black students a sense of validation, understanding, and connection related to their experiences as Black students at a PWI. On these episodes, aired shortly after the murder of George Floyd and the Black Lives Matter protests that swept our nation, guests spoke candidly about a variety of concerns and lived experiences that might affect Black students' mental health. Guests discussed barriers to seeking traditional mental health services, the many ways Black students must navigate oppression and discrimination at their particular intersecting identities, and how to cope with other common mental health concerns. Guests shared about painful topics, such as their own encounters with racism in and out of academia. They validated Africultural coping strategies by disclosing ways they care for themselves, from church and reading to connecting with friends. They



acknowledged learning to attend to their bodies and use anger as a positive, transformational force. Given that some barriers to help-seeking (e.g., turning to religion) can also be protective for Black students, it might be particularly validating that Black mental health providers openly discussed their own reliance on faith while promoting mental health for people who look like them.

In a field that has been historically inundated with mainstream, Eurocentric views of mental health and support, these new avenues for Black mental health professionals to speak directly to Black students about their mental health concerns are an important and a necessary means to promote Black students' mental wellness. Each hour-long episode aims to validate Black students' experiences with systems that were not designed for their success or wellbeing. In each episode, Black students can hear raw and genuine content from mental health providers who they perceive to be more like them, have similar experiences, and can attest to the added burden of navigating predominantly White spaces. Through sharing personal stories and culturally specific mental health information, Black mental health professionals can connect with Black students and send the messages that Black mental health matters and it is okay to seek services. This could unlock a student's willingness to learn more about mental healthcare and the services available to and specific for them at their college counseling center.

Since *CWC Talks* aired these initial episodes by Black clinicians for Black students, the podcast has released more episodes by Black counselors (e.g., *The Power of Group* and *Counseling Black Men*). In addition to content specific to Black mental health, other podcast episodes discuss the CWC's approach to individual and group counseling, as well as common concerns, such as anxiety, depression, substance use, sexual assault, and what happens when students disclose thoughts of suicide. The episode about suicidality validates the distress that underlies thoughts of suicide and provides accurate information about clinical thresholds for hospitalization and the ways our counseling center strives to avoid involuntary interventions through trauma-informed safety-planning. While this content features non-Black clinicians, these more general episodes about common mental health challenges aim to provide Black students with more information related to the types of responses they might receive should they disclose vulnerable information to a counseling center professional. Additionally, guests candidly share their own personal struggles with the topics discussed, normalizing and validating the range of challenges with which students might struggle in college.

Traditionally, Black communities have not had access to mainstream, White-dominated resources like counseling to help them process and cope with their stressors. Barriers such as poverty, limited transportation, lack of racial and ethnic representation, and cultural mistrust of mental health services contribute to the Black community's underutilization of mental health services (Masuda et al., 2012; Nickerson et al., 1994). Furthermore, both spoken and unspoken norms have reinforced the narrative that mental health treatment is not for Black people (M. Thompson, 2010). Especially with cultural barriers, going to counseling for the first time can be very intimidating. Students might wonder: Who are these people? Will they understand me? What do I talk about? What should I expect? Will the counselor look like me? Unfortunately, counseling centers cannot always accommodate student requests for Black clinicians. In these instances, students might decline services altogether. The podcast gives listeners a chance to get to know a variety of providers before coming to the counseling center. Although these providers might hold privileged social identities, some challenges intersect and foster the potential for cross-racial trust. For example, a student might think, "This person might not look like me, but they have spoken about at least some of what I am experiencing. Perhaps I could risk seeing if they are willing to try to understand me."





As we discussed, Black students need a range of more culturally responsive mental health resources, and the field needs far more Black clinicians promoting and offering mental health services, both on college campuses and in communities throughout the nation. The *CWC Talks* podcast is one such resource that allows a large campus counseling center to potentially reach students whose classrooms we might never visit and who might not otherwise consider using campus mental health services. We hope that the *CWC Talks* podcast encourages students at the margins throughout the country to contact their campus counseling center if they need support beyond the resources to which they already turn, or if they are just curious about whether they can benefit from the support. We also hope that the episodes created specifically for Black students affirm Black students' existing means of coping, while extending the message that Black mental health matters and campus mental health resources are for Black students, too.

### Implications and Conclusion

Establishing mental health services to address the unique needs of Black students is important for two main reasons. First, mental health services tailored to meet the needs of Black students increases the likelihood that this population of students will successfully matriculate through their educational program. In their theoretical exploration of student persistence, Braxton and colleagues (2014) posited student welfare and psychosocial engagement as two key factors in student's persistence. By developing an understanding of the various systems of oppression Black students face and how this affects their mental health and resulting academic performance, college and university counseling centers can implement outreach programs, workshops, and counseling services to confront these challenges. These interventions ultimately help to alleviate the adverse effects this student population encounters, which stands to increase their sense of wellbeing and academic performance (Eisenberg et al., 2009; Iacovino & James, 2016; D. Williams & Williams-Morris, 2000). All of this contributes to student welfare and psychosocial engagement—two components that determine Black student retention in higher education.

Secondly, the implementation of specific services for Black students' mental health challenges provides a foundational roadmap to establishing identity-based services for other marginalized student populations. Identity based services within a college/university counseling center setting refers to counseling services that are developed to meet the specific needs of a particular student group based on social identity. Specifically, these services seek to provide equitable counseling services for those historically excluded from mental healthcare networks. Counselors who identify as members of the target population often function as the providers for these identity-based services. This is important to note since providers reflecting the marginalized social identities of the populations served increases representation, which contributes to the creation of affirming spaces for students to feel seen and valued (Ratts et al., 2016). Students who identify as members of racial/ethnic, gender, sexual/affectional orientation, religious/spiritual, socioeconomic status, nationality, and/or ability status marginalized groups stand to gain a sense of acceptance, inclusivity, community, and support from having their social identity reflected back to them in a positive light through identity-based services (Collins, 1989).

Continued advancements in technology contributes to people's ability to travel, migrate, and make their homes in parts of the world that are foreign to their place of origin. This leads to an increasingly diverse world wherein any one location on this planet can reflect a multitude of cultures and social identities. Diversity inevitably influences shifts in sociopolitical and psychosocial infrastructures, which directly impacts the idiosyncratic ways



an individual self-manages, navigates their social interactions, and views the world around them. Major events like those witnessed during the COVID-19 pandemic and racial unrest in America further affect these shifts. The world's changing demographical landscape and a push for more diversity, equity, and inclusion efforts on college and university campuses weighs upon Black students and students from other marginalized backgrounds. It then becomes important to equip colleges and universities with the necessary tools to honor and sustain this melting pot of social identities, historical backgrounds, privileges, belief systems, and values by establishing social justice oriented mental health services. Ensuring the emotional and cognitive wellbeing of Black students directly communicates that their mental health matters and promotes their advancement in and beyond the ivory towers.

### References

- Avent, J. R., Cashwell, C. S., & Brown-Jeffy, S. (2017). African American pastors on mental health, coping, and help seeking. *Counseling and Values, 60*(1), 32-47.  
<https://doi.org/10.1002/j.2161-007X.2015.00059.x>
- Awosan, C. I., Sandberg, J. G., & Hall, C. A. (2011). Understanding the experience of Black clients in marriage and family therapy. *Journal of Marital and Family Therapy, 37*(2), 153-168. <https://doi.org/10.1111/j.1752-0606.2009.00166.x>
- Ayalon, L., & Young, M. A. (2005). Racial group differences in help-seeking behaviors. *Journal of Social Psychology, 145*(4), 391-404  
<https://doi.org/10.3200/SOCP.145.4.391-404>
- Berger, M., & Guidroz, K. (Eds.). (2009). *The intersectional approach: Transforming the academy through race, class, and gender*. University of North Carolina Press.  
[http://www.jstor.org/stable/10.5149/9780807895566\\_berger](http://www.jstor.org/stable/10.5149/9780807895566_berger)
- Bernstein, M. (2005). Identity politics. *Annual Review of Sociology, 31*(1), 47-74.  
<https://doi.org/10.1146/annurev.soc.29.010202.100054>
- Braxton, J. M., Doyle, W. R., Hartley, H. V., III, Hirschy, A. S., Jones, W. A., & McLendon, M. K. (2014). *Rethinking college student retention*. John Wiley & Sons.
- Brooks, R. T., & Hopkins, R. (2017). Cultural mistrust and health care utilization: The effects of a culturally responsive cognitive intervention. *Journal of Black Studies, 48*(8), 816-834. <https://doi.org/10.1177/0021934717728454>
- Busari, S. & Wokazer, B. (2020, April 7). French doctors' proposal to test Covid-19 treatment in Africa slammed as 'colonial mentality.' *CNN*.  
<https://www.cnn.com/2020/04/07/africa/french-doctors-africa-covid-19-intl/index.html>
- Carter, D. J. (2007). Why the Black kids sit together at the stairs: The role of identity-affirming counter-spaces in a predominantly White high school. *Journal of Negro Education, 76*(4), 542-554. <http://www.jstor.org/stable/40037227>
- Case, A. D., & Hunter, C. D. (2012). Counterspaces: A unit of analysis for understanding the role of settings in marginalized individuals' adaptive responses to oppression. *American Journal of Community Psychology, 50*, 257-270.  
<https://doi.org/10.1007/s10464-012-9497-7>
- Center for Collegiate Mental Health. (2021, January). *2020 annual report* (Publication No. STA 21-045). <https://ccmh.psu.edu/annual-reports>
- Chandler, D. (2010). The underutilization of health services in the Black community: an examination of causes and effects. *Journal of Black Studies, 40*(5), 915-931.  
<https://doi.org/10.1177/0021934708320723>



- Chen, A. (2017). Addressing diversity on college campuses: Changing expectations and practices in instructional leadership. *Higher Education Studies*, 7(2), 17-22. <http://doi.org/10.5539/hes.v7n2p17>
- Cokley, K. O., Beasley, S., Holman, A., Chapman-Hilliard, C., Cody, B., Jones, B., McClain, S., & Taylor, D. (2013). The moderating role of gender in the relationship between religiosity and mental health in a sample of black American college students. *Mental Health, Religion, & Culture*, 16(15), 445-462. <https://doi.org/10.1080/13674676.2012.684346>
- Cokley, K., Cody, B., Smith, L., Beasley, S., Miller, I. K., Hurst, A., Awosogba, O., Stone, S., & Jackson, S. (2014). Bridge over troubled waters: Meeting the mental health needs of black students. *Phi Delta Kappan*, 96(4), 40-45. <https://doi.org/10.1177/0031721714561445>
- Cokley, K., Smith, L., Bernard, D., Hurst, A., Jackson, S., Stone, S., Awosogba, O., Saucer, C., Bailey, M., & Roberts, D. (2017). Impostor feelings as a moderator and mediator of the relationship between perceived discrimination and mental health among racial/ethnic minority college students. *Journal of Counseling Psychology*, 64(2), 141. <https://doi.org/10.1037/cou0000198>
- Collins, P.H. (1989). The social construction of Black feminist thought. *Signs: Journal of Women in Culture and Society*, 14(4), 745-773. <https://doi.org/10.1086/494543>
- Crenshaw, K. (1991). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford Law Review*, 43(6), 1241-1299. <https://doi.org/10.2307/1229039>
- Dean, K. E., Long, A. C., Matthews, R. A., & Buckner, J. D. (2018). Willingness to seek treatment among Black students with anxiety or depression: The synergistic effect of sociocultural factors with symptom severity and intolerance of uncertainty. *Behavior Therapy*, 49(5), 691-701. <https://doi.org/10.1016/j.beth.2017.12.008>
- Duffy, M. (2007). Doing the dirty work: Gender, race, and reproductive labor in historical perspective. *Gender & Society*, 21(3), 313-336. <https://doi.org/10.1177/0891243207300764>
- Eisenberg, D., Golberstein, E., & Hunt, J. B. (2009). Mental health and academic success in college. *The B.E. Journal of Economic Analysis & Policy*, 9(1), Article 40. <https://doi.org/10.2202/1935-1682.2191>
- Gaston, G. B., Earl, T. R., Nisanci, A., & Glomb, B. (2016). Perception of mental health services among Black Americans. *Social Work in Mental Health*, 14(6), 676-695. <https://doi.org/10.1080/15332985.2015.1137257>
- George Mwangi, C. A., Bettencourt, G. M., & Malaney, V. K. (2018). Collegians creating (counter)space online: A critical discourse analysis of the I, too, am social media movement. *Journal of Diversity in Higher Education*, 11(2), 146-163. <https://doi.org/10.1037/dhe0000054>
- Hoffman, K. M., Trawalter, S., Axt, J. R., & Oliver, M. N. (2016). Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between Blacks and Whites. *Proceedings of the National Academy of Sciences of the United States of America*, 113(16), 4296-4301. <https://doi.org/10.1073/pnas.1516047113>
- Iacovino, J. M., & James, S. A. (2016). Retaining students of color in higher education: Expanding our focus to psychosocial adjustment and mental health. In *The crisis of race in higher education: A day of discovery and dialogue*. Emerald Group Publishing Limited.



- Ibaraki, A. Y., & Hall, G. C. (2014). The components of cultural match in psychotherapy. *Journal of Social and Clinical Psychology, 33*(10), 936-953. <https://doi.org/10.1521/jscp.2014.33.10.936>
- The JED Foundation & The Steve Fund. (2017). *Equity in mental health framework: Recommendations for colleges and universities to support the emotional well-being and mental health of students of color*. <https://www.equityinmentalhealth.org/wp-content/uploads/2017/11/Equity-in-Mental-Health-Framework-v17.pdf>
- Larson, D. G., & Chastain, R. L. (1990). Self-concealment: Conceptualization, measurement, and health implications. *Journal of Social and Clinical Psychology, 9*(4), 439-455. <https://doi.org/10.1521/jscp.1990.9.4.439>
- Laszloffy, T.A., & Hardy, K.V. (2000). Uncommon strategies for a common problem: Addressing racism in family therapy. *Family Process, 39*(1), 35-50. <https://doi.org/10.1111/j.1545-5300.2000.39106.x>
- Lee, A. K., Corneille, M. A., Hall, N. M., Yancu, C. N., & Myers, M. (2016). The stressors of being young and Black: Cardiovascular health and Black young adults. *Psychology & Health 31*(5), 578-591. <https://doi.org/10.1080/08870446.2015.1127373>
- Kranke, D., Guada, J., Kranke, B., & Floersch, J. (2012) What do African American youth with a mental illness think about help-seeking and psychiatric medication?: Origins of stigmatizing attitudes. *Social Work in Mental Health, 10*(1), 53-71. <https://doi.org/10.1080/15332985.2011.618076>
- Masuda, A., Anderson, P. L., & Edmonds, J. (2012). Help-seeking attitudes, mental health stigma, and self-concealment among African American college students. *Journal of Black Studies, 43*(7), 773-786. <https://doi.org/10.1177/0021934712445806>
- McClain, S., Beasley, S. T., Jones, B., Awosogba, O., Jackson, S., & Cokley, K. (2016). An examination of the impact of racial and ethnic identity, impostor feelings, and minority status stress on the mental health of Black college students. *Journal of Multicultural Counseling and Development, 44*(2), 101-117. <https://doi.org/10.1002/jmcd.12040>
- Monnat, S. M., & Chandler, R. F. (2015). Long term physical health consequences of adverse childhood experiences. *The Sociological Quarterly, 56*(4), 723-752. <https://doi.org/10.1111/tsq.12107>
- Morley, L. (2003). *Quality and power in higher education*. McGraw-Hill Education.
- Montgomery, R., & Montgomery, B. L. (2012). Graduation rates at historically Black colleges and universities: An underperforming performance measure for determining institutional funding policies. *The Journal of Continuing Higher Education, 60*(2), 93-109. <https://doi.org/10.1080/07377363.2012.690623>
- Mushonga, D. R., & Henneberger, A. K. (2020). Protective factors associated with positive mental health in traditional and nontraditional black students. *American Journal of Orthopsychiatry, 90*(1), 147-160. <https://doi.apa.org/doi/10.1037/ort0000409>
- Nickerson, K. J., Helms, J. E., & Terrell, F. (1994). Cultural mistrust, opinions about mental illness, and Black students' attitudes toward seeking psychological help from White counselors. *Journal of Counseling Psychology, 41*(3), 378-385. <https://doi.org/10.1037/0022-0167.41.3.378>
- Nioplias, A., Chapman-Hilliard, C., & Jones, B. J. (2018). Minority status stress, racial centrality, and racial socialization as predictors of Black Americans' preference for counselor race in a United States sample. *Counselling Psychology Quarterly, 31*(4), 428-445. <https://doi.org/10.1080/09515070.2017.1324761>



- Ratts, M. J., Singh, A. A., Nassar-McMillan, S., Butler, S. K., & McCullough, J. R. (2016). Multicultural and social justice counseling competencies: Guidelines for the counseling profession. *Journal of Multicultural Counseling and Development, 44*(1), 28-48. <https://doi.org/10.1002/jmcd.12035>
- So, D. W., Gilbert, S., & Romero, S. (2005). Help-seeking attitudes among African American college students. *College Student Journal, 39*(4), 806-816. <https://psycnet.apa.org/record/2006-01089-021>
- Solorzano, D., Ceja, M., & Yosso, T. (2000). Critical race theory, racial microaggressions, and campus racial climate: The experiences of African American college students. *The Journal of Negro Education, 69*(1-2), 60-73. <https://www.jstor.org/stable/2696265>
- Sue, D.W., & Sue, D (2013). *Counseling the culturally diverse: Theory and practice* (6th ed). Wiley.
- Thomas, A. J., Witherspoon, K. M., & Speight, S. L. (2008). Gendered racism, psychological distress, and coping styles of African American women. *Cultural Diversity and Ethnic Minority Psychology, 14*(4), 307-314. <https://doi.org/10.1037/1099-9809.14.4.307>
- Thompson, M. (2010). Race, gender, and the social construction of mental illness in the criminal justice system. *Sociological Perspectives, 53*(1), 99-126. <https://doi.org/10.1525/sop.2010.53.1.99>
- Thompson, V. L. S., Bazile, A., & Akbar, M. (2004). African Americans' perceptions of psychotherapy and psychotherapists. *Professional Psychology: Research and Practice, 35*(1), 19-26. <https://doi.org/10.1037/0735-7028.35.1.19>
- Townes, D. L., Chavez-Korell, S., & Cunningham, N. J. (2009). Reexamining the relationships between racial identity, cultural mistrust, help-seeking attitudes, and preference for a Black counselor. *Journal of Counseling Psychology, 56*(2), 330-336. <https://doi.org/10.1037/a0015449>
- Utsey, S. O. (1998). Assessing the stressful effects of racism: A review of the instrumentation. *Journal of Black Psychology, 24*(3), 269-288. <https://doi.org/10.1177/00957984980243001>
- Utsey, S. O., Adams, E. P., & Bolden, M. (2000). Development and initial validation of the Africultural coping systems inventory. *Journal of Black Psychology, 26*(2), 194-215. <https://doi.org/10.1177/0095798400026002005>
- Whaley, A. L. (2001). Cultural mistrust and mental health services for African Americans: A review and meta-analysis. *The Counseling Psychologist, 29*(4), 513-531. <https://doi.org/10.1177/0011000001294003>
- Williams, A., & Justice, M. (2010). Attitudes of African American males regarding counseling in four Texas universities. *Education, 131*(1), 158-168. <https://link.gale.com/apps/doc/A239813835/AONE?u=tall22798&sid=AONE&xid=a945dd63>
- Williams, D., & Williams-Morris, R. (2000). Racism and mental health: The African American experience. *Ethnicity & Health, 5*(3-4), 243-268. <https://doi.org/10.1080/713667453>

