DISSERTATION

EXPLORING THE PHENOMENA OF AFRICAN AMERICAN COLLEGE STUDENT'S ACTIVE USE OF MENTAL HEALTH RESOURCES

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ABSTRACT

EXPLORING THE PHENOMENA OF AFRICAN AMERICAN COLLEGE STUDENT'S ACTIVE USE OF MENTAL HELATH RESOURCES

This qualitative study explores the regular and active use of mental health services for a group of African American undergraduate students, currently enrolled in collegiate institutions in the United States. Using phenomenological methodologies, this study intended to understand and describe the essence of the phenomena of the regular and active use of mental health services for these individuals. The researcher collected, transcribed, and analyzed data from semi-structured, open-ended interviews for themes that presented the essence of these individuals' experiences.

Findings describe a group of individuals who are self-motivated to pursue mental health resources. These participants have (a) a strong desire to maintain their agency in selecting their mental health providers, (b) are most often constantly overcoming some levels of stigma, (c) believe in the benefit of counseling/therapy, (d) have a variety of experience and experiences with counseling/therapy, and (e) have a strong preference for working exclusively with providers who are persons of color or have similar racial and cultural familiarity to themselves. Peers, more often than family, encouraged and supported regular and active use of mental health services. Participants expressed that navigating access to a provider, cost, and stigma were barriers before and during use. Implications of this study encourage the application of multicultural and racially and culturally relevant training for all providers and reiterates the need for diverse counseling and mental health professionals to meet the mental health needs for African American college students.

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DEDICATION

For the patience

that is given graciously

and uncompromisingly

without self interest

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CHAPTER ONE: INTRODUCTION

The needs of college students have changed, as have the racial and ethnic composition of student bodies across many institutions of higher education, which are more diverse than ever (Association of American College & Universities, 2019; Lipson, Kern, Eisenberg, & Breland-Noble, 2018; Smith, Chesin, & Jeglic, 2014). Yet, mental illness remains prevalent through these changes and there is growing evidence to suggest that amongst all college students, mental illness is increasing (Eisenberg & Lipson, 2020; National Council on Disability, 2017; Taylor & Kuo, 2019). Some studies suggest anywhere from 20% to 36% of college students are managing serious psychologic distress (Sontag-Padilla, Dubar, Feifei, Kase, Fein, Abelson, Seelam, & Stein, 2018). A report by the Student Experience in the Research University, SERU Consortium (2020) found 35% of undergraduate students screened positive for major depressive disorder, while 39% screened positive for generalized anxiety disorder. These same data collected by the SERU Consortium (2020) also noted 40% of Black or African American undergraduate students screened positive for major depressive disorder.

Research continues to show African American college students are particularly vulnerable to the psychological stress related to mental illness (Brasher, 2016; Brown, Phillips, Abdullah, Vinson, & Robertson, 2011; Erving & Thomas, 2018; Kearney, Draper, & Baron, 2005; Planey, Smith, Moore, & Walker, 2019; Smith, Allen, & Danley, 2007). Other studies find African American college students experience higher rates of depression compared to their white counterparts (Eisenberg, Hunt, & Speer, 2013; Eisenberg & Lipson, 2020; Lipson et al., 2018; Miranda, Soffer, Polanco-Roman, Wheeler, & Moore, 2015; Planey et al., 2019). Moreover, despite being less than the overall U. S. population, between 2015 and 2018, major depressive

episodes have risen amongst African Americans aged 12-25 (Mental Health America, 2021). Between 2008 and 2018, serious mental illness and suicidal ideation has also risen amongst African Americans aged 18–25 (Substance Abuse and Mental Health Services Administration [SAMHSA], 2020). Although there exists a great deal of data related to white college students and their use of mental health resources at college campuses (Mushonga, 2019; Executive Order on Combating Race and Sex Stereotyping, n.d.; Yorgason, Linville, & Zitman, 2008; Zorrilla, Modeste, Gleason, Sealy, Banta, & Trieu, 2019), there are significantly less data on the use of mental health resources by African American college students (Davidson, Yakushka, & Sanford-Martens, 2004; Kam, Mendoza, & Masuda, 2018; Lê Cook, McGuire, Lock, & Zaslavsky, 2010; Lipson et al., 2018; Martin, 2015; Woodward, 2011). Similarly, "… research examining positive mental health outcomes exclusively in Black students is practically nonexistent" (Mushonga, 2019, p. 8). With the lack of data and research exploring the actual use of mental health resources by African American college students, more research needs to be done specifically to expand upon and describe the factors that promote the use of these services and the positive mental health outcomes for African American College students (Brittian, Umana-Taylor, Lee, Zamboanga, Kim, Weisskirch, Castillo, Whitbourne, Hurley, Huynh, Brown, & Caraway, 2013; Kearney et al., 2005; Kruse, akha, & Calderone, 2018; Masuda, Anderson, & Edmonds, 2012; Mushonga, 2019; Planey et al., 2019; Taylor & Kuo, 2019; Yakubu, 2016; Zorrilla et al., 2019).

Statement of the Problem

African Americans are only 12.3% of the overall college population in the U.S. (Association of American College & Universities, 2019), yet they are disproportionately represented in data suggesting college students are facing increased mental health challenges on college campuses nationwide (Barr & Neville, 2014; Eisenberg & Lipson, 2020; Healthy Minds

Network Research on Adolescent and Young Adult Mental Health, 2021; Mushonga, 2019; Ravenell et al., 2006; Haynes, Cheney, Sullivan, Bryant, Curran, Olson, Cottoms, Reaves 2018). Data show the emerging adult African American college students are not accessing mental health services at a rate comparable to white college students or other student populations (Anderson, 2018; Cage, Stock, Sharpington, Pitman, & Batchelor, 2020). This is in spite of the fact the research also shows this population of students is clearly in need of mental health services (Camacho, 2016; Eisenberg & Lipson, 2020; Gaston, Earl, Nisanci, & Glomb, 2016; Williams, 2014). In addition, African American college students face complex social challenges in accessing these services (Braxton, 2011; Camacho, 2016; Chen, Romero, & Karver, 2016; Hope, Velez, Offidani-Bertrand, Keels, & Durkee, 2018) as well as potential racial stressors compounded (Calabrese, Meyer, Overstreet, Haile, & Hansen, 2015; Sellers, Caldwell, Schmeelk-Cone, & Zimmerman, 2003; Smith, Allen, & Danley, 2007) with the general stressors of being a college student often times at predominately white institutions (Griffith, Hurd, & Hussain, 2019; Jones, 2014; Pérez del Toro, 2017). Very few studies have focused on examining African American college students' use of mental health resources from a qualitative lens to explore their help seeking paths and attitudes regarding use of those resources (Hack, Larrison, Bennett, & Lucksted, 2019; Martin, 2015; Mushonga, 2017, 2019; Planey et al., 2019; Williams, 2013; Zorrilla et al., 2019).

Studies examining the help seeking attitudes of African Americans consistently show they are less likely to seek mental health care than the White Americans (Broman, 2012; Kam et al., 2018; Thomas & Snowden, 2001; Yorgason et al., 2008). There are a complex constellation of factors that have produced disparities in mental health use and treatment for African Americans (American Psychiatric Association, 2017; Calma, 2020; Carpenter-Song, Chu, Drake,

Ritsema, Smith, & Alverson, 2010; Fripp & Carlson, 2017). This constellation of factors that impact use include but are not limited to stigma, stereotyping, racism, cultural mistrust, and socioeconomic factors (Anderson, 2018; Barr & Neville, 2014; Borcsa & Willig, 2021; Cage et al., 2020; Carod-Artal, 2017; Duncan & Johnson, 2007; Eisenberg et al., 2009; Griffith et al., 2019; Lê Cook et al., 2010; Mushonga, 2017; Nickerson, Helms, & Terrell, 1994; Planey et al., 2019; Rosenthal & Wilson, 2008; Watkins, Walkder, & Griffith, 2010). Even controlling for socioeconomic status, disparities in mental health care for African Americans still exist (Gómez, 2015; Lê Cook et al., 2010). The Substance Abuse and Mental Health Services Administration (2020) in 2019 found 34.6% of African Americans young adults with serious mental illness received treatment in 2019 with the remaining 65.4% receiving no treatment.

Research also suggests being African American and between the ages of 18 and 29 are associated with decreased rates of mental health service use (Substance Abuse and Mental Health Services Administration [SAMHSA], 2020; Williams, 2014). The National Council on Disabilities 2017 report suggests the stigma within the African American community in relation to mental illness is greater than in the white community. Even while the need to use mental health services by African American college students is at least comparable to majority students, their overall access and use of mental health services still remains lower (Duncan & Johnson, 2007; Healthy Minds Network Research on Adolescent and Young Adult Mental Health, 2021; Kam et al., 2018; Snowden, 2012). The research is clear African American college students face a number of challenges both intrinsically and extrinsically when approaching the idea of accessing and then later choosing to access and use mental health resources (National Council on Disability, 2017). Additionally, there remains significantly less data exploring these students' use of mental health services (Busby et al., 2019; Lipson et al., 2018a; Mushonga, 2019; Substance

Abuse and Mental Health Services Administration [SAMHSA], 2020; Taylor & Kuo, 2019; Williams, 2013).

Purpose of the Study

The purpose of this study was to explore, through a qualitative lens, the lived experiences of a group of African American college students who were active and regular users of mental health resources while in college. Additionally, this study sought to identify motivating factors that encouraged these African American college students to use those mental health resources.

This study bring focus to the attitudes and decisions associated with the use of mental health resources by this group of African American college students. This information is vital towards holistically addressing the mental health needs, concerns, and challenges for African American students on college campuses. There are studies that offer a quantitative analyses of African American college students' attitudes and sometimes choices related to their underuse of mental health services (Duncan & Johnson, 2007; Hammer & Vogel, 2013; Marsh & Wilcoxon, 2015; Masuda et al., 2012; Nickerson et al., 1994; Yorgason et al., 2008). Qualitative studies which explore the lived experiences of African American college students and their use of mental health resources are essential to expand the body of knowledge for this group of students in student affairs in higher education (Boydell & Hodgins, 2021; Hack et al., 2019; Martin, 2015; Planey et al., 2019). Through this study, a group of African American college students had the opportunity to identify, describe, explore, and expand upon their use of mental health resources. Additionally, they were able to highlight and manage their own barriers to use and discuss their view of any mental health stigma they overcame or experienced.

This study recognized the richness of data obtained on the topic of mental health use by African American college student through qualitative inquiry. As the participants in this study

provided insight into their use of mental health services, the themes of their use served as a guidepost to provide a richer description of the essences of their mental health journey, the continued use of mental health services, and positive mental health outcomes. Williams (2013) posited qualitative methods of inquiry, like interviews, also provided practical recommendations for how students access mental health services.

This study adds to the body of qualitative knowledge to explore, examine, describe, and uncover the experiences of African American college students as they define how they chose to use and continued to use mental health resources while in college.

Help Seeking Theory

The Model for Mental Health Help-Seeking Behavior (Molock, Barksdale, Matlin, Puri, Cammack, & Spann, 2007) served as the theoretical guide for this phenomenological study. Molock et al. (2007) developed a Model of Mental Health Help-Seeking Behavior based on the Theory of Reasoned Action by Fishbein and Ajzen (1967). Barksdale & Molock's, (2009) model incorporates a more culturally contextualized approach to their theory where the Theory of Reasoned Behavior ignored the importance of culture as a social influence on behavior. The behavior or phenomena studied here is the use of mental health services by African American college students. The Model of Mental Health Help-Seeking Behavior helps to describe this phenomenon through the nature of subjective norms in context at multiple levels of the participants' lived experiences including church, family, and peer groups (Barksdale & Molock, 2009). The Model of Mental Health-Seeking, like the Theory of Planned Behavior, has some central focus on the intention towards a behavior as vital to understanding the degree to which an individual considers said behavior (Barksdale & Molock, 2009; Taylor & Kuo, 2019). Thereby

allowing this study to explore the phenomenon of the use of mental health services by African American college students through this framework.

Research Question

The overarching research question that led this study was: What are the lived experiences of African American college students who regularly and actively use mental health services?

The explicit research objectives were:

- Identify the phenomenon of mental health use by a group of African American college students.
- Describe the lived experiences around the knowledge/understanding/use of mental health resources by a group of undergraduate African American college students.
- Explore the use of mental health services through describing any stigmas or barriers expressed intrinsically or extrinsically in relation to addressing the mental health concerns for a group of African American college students.
- Generate themes around the knowledge/understanding/use of mental health resources through the lived experiences of a group of undergraduate African American college students.
- Interpret lived experience to present a deep understanding of the essence of the experiences using mental health services for a group of undergraduate African American college students.

Definition and Terms

Mental health stigma/stigma: The conceptualization of a set of negative attitudes towards people with psychological disorders.

Self-stigma: Attitudes where people internalize public attitudes, stereotypes, and prejudices about mental health and they suffer numerous negative consequences as a result of those attitudes (Corrigan & Rao, 2012; Zivin, Eisenberg, Gollust, & Golberstein, 2009).

Public stigma: defined by Corrigan (2004) as the negative prejudices and stereotypes held collectively by people in a society of community about mental illness.

Self-Concealment: "Self-concealment is defined here as a predisposition to actively conceal from others personal information that one perceives as distressing or negative" (Larson & Chastain, 1990, p. 440).

Emerging adults: Individuals in the age period from late teens through mid to late 20s (approximately ages 18-25) (Arnett, 2007).

Mental illness: "Also called mental health disorders, refers to a wide range of mental health conditions – disorders that affect your mood, thinking, and behavior. Examples of mental illness include depression, anxiety disorders, schizophrenia, eating disorders, and addictive behaviors." (Mayo Clinic, 2019).

Help seeking attitudes: They are "…communicating with other people to obtain help in terms of understanding, advice, information, treatment, and general support in response to a problem or distressing experience" (Rickwood, Deane, Wilson, & Ciarrochi, 2005). Help seeking behaviors or attitudes for this study are identified as those that are most likely to encourage an individual to seek help for their mental health challenges. The help sought can be from either professional or non-professional resources and in some cases a combination of both.

Minority status stressors: Unique racialized stressors which have specific coping strategies that lead to heightened feelings of not belonging and interfere with adjustment to

college (Brown, Phillips, Abdullah, Vonson, & Robertson, 2011; Smedley, Myers, & Harrell, 1993).

Delimitations

Because it included the voices of African American college students through the conversations and interviews collected, the findings are not transferable to students from other ethnicities or backgrounds with similar experiences. The findings are limited these students' narrative themes related to mental health use yet could act as a foundation and basis for additional research into this area. The number of students included in this qualitative study was purposefully limited per phenomenological methodologies, which ensured both a richness of content and data collection. Comparing these results was also limited to institutional culture, type, size, demographics of the student body, and nature, as well as variable quality of the student academic support resources (i.e., scope of counseling service on campus). This study did not quantify the quality of the mental health services by outside metrics, nor was quantity studied. Individual feedback and opinions of the mental health services used were considered subjective and not all encompassing of the quality or general usefulness of those services. The study presented paradigms for use of mental health services through the voices of African Americans, who were within the traditional age range for undergraduate students attending American colleges and universities. No graduate students participated in this study and these data were not transferable to that group of individuals.

Significance of Mental Health Needs of College Students

Amongst college students, mental health concerns are identified as a public health issue where timely effective treatment may offer substantial long-term benefits (Eisenberg, Hunt, & Speer, 2013). As students continue to meet the growing standards set by institutions of higher

education, they struggle to meet those expectations which may cause high stress leading to mental health issues (Camacho, 2016). Researchers have identified anxiety, depression, suicidal ideation, and self-injury as being highly prevalent mental health issues that challenge college students in the U.S. (Eisenberg et al., 2013). Many college students develop or face the onset of mental health problems and experience the persistence or exacerbation of their mental health challenges while attending college (Pedrelli, Nyer, Yeung, Zulauf, & Wilens, 2013; Pescosolido, Perry, & Krendl, 2019; Zorrilla et al., 2019). Additionally, the majority of people who experience mental health disorders, approximately 75%, observed them by the age of 24-25 (Kessler, Berglung, Demler, Jin, Merikangas, & Walters, 2005). Given the confluence of these data points, several national mental health initiatives recognized young adulthood as a critical period for addressing mental health challenges and maintaining an individual's mental health wellbeing (Erving & Thomas, 2018; Miranda et al., 2015; National Council on Disability, 2017; Rickwood et al., 2005; Skalicky, Pedersen, van der Meer, Fuglsang, Dawson, & Stewart, 2020).

Mental Health Needs of African American College Students

Marginalized minority students are more at risk to experience mental health issues resulting in depression and suicidal ideation than their white student counterparts (Smith et al., 2014). Researchers present data showing African American emerging adults experience mental illness at higher rates than their white counterparts (Mushonga, 2019; Substance Abuse and Mental Health Services Administration [SAMHSA], 2020; Taylor & Kuo, 2019; Williams & Cabrera-Nguyen, 2016). However, the overall limited research on the use of mental health services by African American college students only serves to disadvantage them and reduces any of the potential generalizability of research findings on this topic for this group (Geyen, Rouce, Griffith, Kritsonis, & Henderson, 2007).

Researchers find there is often mental health stigma associated with the barriers African American college students experience regarding the use of mental health services (Camacho, 2016; Gaston, Earl, Nisanci, & Glomb, 2016; Lipson et al., 2018). The stigma associated with addressing one's mental health needs is a significant hurdle that researchers find many students regardless of race are unable to overcome (Anderson, 2018; Corrigan, Watson, & Barr, 2013; Masuda et al., 2012; Rickwood et al., 2005). The two main types of stigma most often associated with underuse of mental health resources are personal or self-stigma (Cheng et al., 2013; Corrigan, 2004; Corrigan & Rao, 2012; Vogel, Wade, & Hackley, 2007) and public stigma (Corrigan & Rao, 2012; Eisenberg et al., 2009; Lanin, Vogel, Brenner, Abraham, & Heath, 2015). Self-concealment, due to fear of outing oneself for using counseling services as a result of the stigma associated with that use, presents additional challenges for addressing mental health issues for emerging adult African American college students (Kam et al., 2018; Nickerson et al., 1994).

Furthermore, race related stress also referred to as minority stressors are associated with the mental health and wellbeing of African American college students (Brown et al., 2011; Harrell, 2000). While all college students experience some psychological stress, minority students face additional stressors and are more susceptible to psychological distress than non-minority students (Smith et al., 2014). When African American students perceive a campus environment as racially hostile, the risk for negative mental health outcomes, stress, anxiety, and distress are increased (Hope et al., 2018). Although it might not be initially acknowledged as such by African American college students, the added minority status stressors can exacerbate feelings of being academically underprepared for their college, which can also be a source of mental health distress (Smith et al., 2014). In addition to the challenges more directly related to

attending a college, there is the potential of an added layer of minority status stress for African American college students who are societally adjacent to the Black Lives Matter movement (Hope et al., 2018). Additionally, African American college students often wrestle with racism, questions of belonging in college, and their place within the larger society around them (Sue & Sue, 2008).

Some emerging adult African American college students express feelings of being out of place and even discriminated against in predominately white colleges (Camacho, 2016). Moreover, feelings of imposter syndrome have been found to be a source of deep psychological distress and mental health challenges for African American college students (Cokley, et al., 2013). This imposter syndrome can negatively impact on African American student's mental health due to thoughts of being unwanted, perceptions of less value, or ideas of being not good enough (Cokley, McClain, Enciso, & Martinez, 2013).

Researchers have identified and analyzed several themes related to African American college students and their nonuse of mental health services (Broman, 2012; Cepeda-Benito & Short, 1998; Duncan & Johnson, 2007; Oswalt, Lederer, & Chestnut-Steich, 2019). Identified themes include the help seeking attitudes of African American college students (Camacho, 2016; Cheng et al., 2013; Geyen et al., 2007; Kearney et al., 2005; Masuda et al., 2012; Snowden, 2001), a variety of challenges related to the stigma associated with the use of mental health resources (Anderson, 2018; Camacho, 2016; Cheng et al., 2013; Eisenberg et al., 2009; Miranda et al., 2015; Vogel et al., 2007), and long-standing historical mistreatment of African Americans by health services in the United States (Eisenberg et al., 2009; Kearney et al., 2005; Kelly & Achter, 1995; Miranda et al., 2015; Nickerson et al., 1994; Snowden, 2001). Masuda et. al. (2012) suggested, "…exploring factors that relate to help-seeking attitudes may facilitate our

understanding of the use of professional mental health services among African American college students" (p. 774).

Researchers agree there is a clear need for African American college students to utilize counseling/mental health services (Calabrese et al., 2015; Wilson et al., 2017). There are fewer studies exploring the use of counseling services relative to the attitudes that might encourage use (Mushonga, 2019; Williams, 2014). Similarly, Oswalt et al. (2019) acknowledged there are less data on student willingness to seek mental health services after previous use. Therefore, this study adds to the body of knowledge by exploring the lived experiences of African American college students and exploring their active and regular use of mental health services while in college.

CHAPTER TWO: LITERATURE REVIEW

This chapter provides a synthesis of scholarly journals and research articles related to African American undergraduate traditional college aged students and their experiences with mental health services. It also presents literature related to the perceived stigma associated with accessing mental health services, African American college students' help-seeking attitudes regarding mental health services, barriers to use, and use of mental health services at institutions of higher education. This literature review provides both the context and framework for the experiences of African American undergraduate college students as they navigate their active and regular use of mental health resources while in college.

This review analyzes the research and current scholarship that identifies long standing racial, cultural, social, and even historical barriers on the decisions that influenced the interactions and attitudes of African Americans college students with mental health services. The juxtaposition of the significant data on the non-use of mental health services by African Americans, against the dearth of information on their use as described in these studies is numerous. This chapter includes an overview of the history of health care in relation to African Americans and mental health, discussions on African American mental health attitudes and behaviors, and barriers through cultural and racial context. Throughout, this literature review will highlight the lack of research in African American college students' pursuit and choice to actively use mental health services, and the need for more research on the regular use of mental health services by this group of college students.

Literature Search

The literature cited in this review was limited to journal articles that allowed for the focused exploration on the topic of African Americans and their experiences with mental health care, including help seeking. This review includes articles published since the mid-1960s. This timeline is significant as it allows the inclusion of data from the passage of the Civil Rights Act of 1964 to the time of publication. Data and research on the mental health of African Americans, specifically African American college students, is richest toward the latter half of the 20th century during which time educational attainment had shown an upward trend (U.S. Department of Health and Human Services, 2001; U.S. Department of Health and Human Services Office of Minority Health, 2019). The primary resources to identify literature for this review were electronic research articles, scholarly journals, and electronic text. Colorado State University libraries and its associated library networks, as well as Dartmouth College libraries and its associated library networks, provided the access to these primary resources. Google Scholar, American Psychological Association, Journal for American College Health, Journal of Black Psychology, Journal of Counseling Psychology, Journal of Multicultural Counseling and Development, and a variety of other journals and research outlets on African Americans mental health, mental illness, and mental health counseling services represent the primary sources for the literature. This review also cites literature on African American undergraduate college students specifically enrolled in institutions of higher education that have access to mental health services. This approach to choosing the selected literature offered the clearest pathways to insightful and timely journal articles on why African American undergraduate college student pursue and choose to actively use mental health services.

List of Search Terms

The following list of terms used for this literature search is not presented in any order of importance and represents the most helpful terms, language, and nomenclature at the time of the research to identify research and knowledge on this topic. The researcher adopted these terms after observing reoccurring key words in numerous journal articles on the topics of African American college students and mental health. Furthermore, combinations of these key words across databases allowed for a more focused literature search on these topics.

These search terms are: African American College Students, African American College Students Mental Health, Help Seeking College Students Mental Health, African American Mental Health, Racial Identity, Minority Mental Health, College Students Mental Health, Qualitative Mental Health Study, College Students Help Seeking Attitudes, Help Seeking Attitudes, Mental Health Stigma, African American Mental Health Stigma, Ethno-racial Disparities Mental Health, Self-Concealment, Public Stigma Mental Health, Personal Stigma, Self-Stigma, Cultural Stigma Mental Health, and Mental Health Services Use.

Distrust In Health Care

The history of the relationship between African Americans and the United States presents a unique set of challenges and perspectives relative to any other minority or ethnic groups in this country. The African Americans in the U.S. are the only ethnic minority as a group brought to this country by force, through the brutal and inhuman practice of slavery. Although not all Black people are African American, nor were their ancestors universally slaves, there is often no way for an individual person to know this history about themselves. African Americans are the group of people whose enslavement and freedom from bondage are written in the Constitution of the U.S.

African Americans exist in the fabric of American history in a way that is extremely complicated, in part due to the condition of their changing relationship with this country that presents to them both acceptance and rejection. This dueling relationship African Americans have with the U.S., particularly in relation to matters of their physical care and emotional well-being, is one grown out of necessity, self-preservation, and fear.

It is the impact of this history and relationship of African Americans with the United States from slavery to present day continues to be both complicated, problematic, and deeply disturbing (Mcgee & Stovall, 2015). “Since the abolition of slavery, African Americans have tried to find their place in the fabric of America with minimal success” (Braxton, 2011, p. 17). Many African Americans today would argue the mistreatment and dehumanization they faced in the United States certainly did not begin or end with abolition of slavery. The mistreatment and dehumanization of African Americans are interwoven into modern medicine. James Marion Sims (1840s), known as the “father of modern gynecology,” both experimented with and operated on enslaved women performing invasive surgeries and procedures without anesthesia. As late as the early twentieth century, African Americans were being used for clandestine inhumane scientific experimentation that was sanctioned by the Federal Public Health Service in the study that lasted from 1932 to 1972 referred to as, “The Tuskegee Study of Untreated Syphilis in the Negro Male” (Centers for Disease Control and Prevention, 2015). The violation of the right to know by those individuals led to our current laws on informed consent in research studies. In 1951, an immortal cell (the source of the HeLa cell line)) was obtained from Henrietta Lacks without consent or compensation and is still being used today in biomedical research around the world (John Hopkins Medicine, 2020). In 2020, familiar racial biases in health care began to re-emerge in this U.S. through the COVID-19 pandemic (Centers for Disease Control and Prevention, 2021).

This tapestry of use and abuse that frames the history of the African American experience with health care in the United States includes physical and emotional brutalization, misdiagnosis, and economic loss that factors into the historical and cultural connection, or lack thereof, to mental health (Berk & Visser-Maessen, 2019; Camacho, 2016; Martin, 2015; MgGee & Stoval, 2015; Myers & Hwang, 2004; Townes, Chavez-Korell, & Cunningham, 2009). This relationship is pressed down and shaken together into cultural milieu of African American history. Current events in African American life such as social, economic, and political racism, the perpetuation and reinforcement of negative stereotypes about African Americans, and even unjustified physical violence against them, elicits substantiated cultural mistrust from African Americans with parts of American society equally (Carod-Artal, 2017; Duncan & Johnson, 2007; Fripp & Carlson, 2017; Nickerson et al., 1994; Terrell & Terrell, 1981; Townes et al., 2009; Washington & Henfield, 2019; Yang et al., 2017). Thus, the relationship between African Americans and the U.S. health care system, and more specifically the mental health system, is not built on trust, but a fear of it and what it might do to you, not for you if do have mental health challenges. In this historical context, African Americans have been conditioned in some ways away from addressing their mental health (Alang, 2019; Camacho, 2016; Gaston et al., 2016).

African American Mental Health

African Americans are disproportionately represented when facing the challenges of addressing their mental health (Gómez, 2015; Myers & Hwang, 2004; *National Center for Educational Statistics*, n.d.; Snowden, 2012; Walker, 2018; Washington et al., 2020; Yang et al., 2017). Even while African Americans are only 13% to 14% of the U.S. population, they are significantly more impacted by their inability to have regular access to and use of mental health services (Hack et al., 2019; Marks, Smith, Madison, & Junior, 2017; US Census Bureau, 2019;

VanderWielen, Gilchrist, Nowels, Petterson, Rust, & Miller, 2015). In the U.S., African Americans are also more likely to experience serious psychological distress (Mesidor & Sly, 2014; Sellers, Caldwell, Schmeelk-Cone, Zimmerman, 2003). "Approximately 30% of African American adults with mental illness receive treatment each year, compared to the U.S. average of 43%" (National Alliance on Mental Illness, 2019). Additionally, the majority of people (75%) experience mental health disorders and observe them by age 24-25 (Kessler et al., 2005).

African American college students are 15% of the enrolled college student population in the United States (National Center for Education Statistics, 2019). Yet, they are disproportionately impacted by the challenges of mental health issues relative to all other college students (Defreitas et al., 2018; Margarita et al., 2010). Additionally, marginalized minority students are more at risk to experience mental health issues resulting in depression and suicidal ideation than their white student counterparts (Smith et al., 2014). Furthermore, researchers find there is often stigma associated with the use of mental health services by African American college students (Camacho, 2016; Corrigan, 2004; Wallace & Constantine, 2005).

The College Mental Health Stigma

Stigma weaves throughout the research on college students and their relationship to and with mental health services. The stigma of mental health and mental illness is both conceptual and actualized by individuals as well as in the public zeitgeist, and is real for those who might access mental health services (Corrigan et al., 2013; Masuda et al., 2012; Miranda et al., 2015; Snowden, 2001). Mental health stigma, according to Kam et al., 2018 is "generally conceptualized as a process of objectivity and dehumanizing a given person because he or she is labeled as having mental illness" (p. 170). Generally speaking, college students do not want to be associated with needing mental health services and do not want to be identified as having used

those services (Cepeda-Benito & Short, 1998; Ebert et al., 2019; Kelly & Achter, 1995; Masuda et al., 2012; Skobic, 2018). The About the Healthy Minds Study (2017), conducted to provide a detailed picture of mental health and related issues in college student populations, found that 47% of the individuals who participated in the study agreed with the statement, "Most people would think less of someone who has received mental health treatment" (p. 3). The stigma associated with addressing one's mental health needs is a significant hurdle that many students are unable to overcome (Anderson, 2018; Corrigan et al., 2013; Masuda et al., 2012; Rickwood et al., 2005). Similarly, the mental health needs of African American college students are also challenged by the association of stigma when accessing and using mental health services (Fripp & Carlson, 2017; Gaston et al., 2016; Lipson et al., 2018).

Black College Students Mental Health Stigma

African American college students' use of mental health services is impacted by the stigma associated with the use and need for mental health services (Camacho, 2016; Carpenter-Song, Drake, Ritsema, Smith, & Alverson, 2010; Cheng et al., 2013; Miranda et al., 2015; Wallace & Constantine, 2005). Oswalt et al. (2019) suggested in their data, which contain information collected from 93,034 undergraduate and graduate students, that there are cultural values associated with the stigma that may inhibit the help-seeking behaviors for some ethnic minorities. Research on knowledge and use of mental health services by college students found African American college students attach shame and social stigma to their perception of individuals that use mental health services (Yorgason et al., 2008). "Stigma related to therapy, in conjunction with feelings that mental health services may be irrelevant to their needs, serves as a powerful force in keeping minority individuals from utilizing counseling services" (Kearney et al., 2005, p. 273).

Studies into the concept of mental health stigma have been conducted and explored by several researchers (Anderson, 2018; Carpenter-Song et al., 2010; Eisenberg et al., 2009; Link & Phelan, 2018; Lott, 2009; Masuda et al., 2012; Miranda et al., 2015). Link and Phelan (2001) offer a description of stigma as the co-occurrence of several components and posit that, "stigma exists when elements of labeling, stereotyping, separation, status loss, and discrimination occur together in a power situation that allows them" (p. 377). This labeling exists in society and manifests for individuals. According to Corrigan et al., (2006), "American lay theory is likely to represent several negative stereotypes about mental illness" (p. 876). Vogel, Wade et al. (2007), also suggested stigma is unique in the conceptualizing of help-seeking behaviors. Most often, researchers have found help-seeking behavior and attitudes are a factor in understanding mental health stigma (Cheng et al., 2013; Eisenberg et al., 2009; Gaddis, Ramirez, & Hernandez, 2018; Masuda et al., 2012; Snowden, 2001; Sontag-Padilla et al., 2018).

Yakubu (2016) attributed racial or cultural stigma as a reason for the underuse of counseling services by African American college students. Racial and ethnic identity for African American college students also plays a role in how they approach mental health (Anderson, 2018; Cheng et al., 2013; Mouzon & McLean, 2017), and according to Williams, Chapman, Wong, & Turkheimer, (2012), research has shown ethnic identity to be associated with a number of psychological variables. Those psychological variables include loneliness and depression which have been negatively related to ethnic identity (Williams et al., 2012). Furthermore, African Americans are more likely to experience racial discrimination; the stress from those experiences have shown to have negative impact on the mental health of African Americans (Calabrese et al., 2015; Link & Phelan, 2018; Mushonga, 2019; Nadal, Griffin, Wong, Hamit, & Rasmus, 2014; Soto, Dawson-Andoh, & BeLue, 2011). This knowledge exists throughout the

research on the non-use of mental health and counseling services by African American college students and funnels them into two distinct areas or stigma. Research continues to expound on stigma to identify self-stigma and public stigma as factors of nonuse of mental health resources by African American college students (Cage et al., 2020; Corrigan & Rao, 2012; Ebert, Mortier, Kaehlke, Bruffaerts, Baumesister, Auerbach, Alonso, Vilagut, Martinez, Lochner, Cuijpers, Kuechler, Green, Hasking, Lapsley, Sampson, & Kessler, 2019; Mendoza et al., 2015; Miranda et al., 2015; Vogel et al., 2007).

Self-Stigma and Public Stigma

The stigma felt by African American college students in relation to help seeking attitudes is layered and complex. The exploration of stigma is vast in relation to mental health utilization, and two major areas of stigma are most commonly identified through the critical analysis of researchers: self-stigma (sometimes referred to as personal stigma) and public stigma (Cage et al., 2020; Corrigan & Rao, 2012; Eisenberg et al., 2009; Gaddis et al., 2018; Laidlaw, McLellan, & Ozakinci, 2015; Vogel, Wade et al., 2007). People may endorse negatives stereotypes about themselves which is also a form of self-stigma (Corrigan & Rao, 2012). These feelings diminish an individual's sense of self-worth, which in turn manifests itself through poor health outcomes (Corrigan & Rao, 2012). Furthermore, ideas that people with mental illnesses are unsafe or dangerous are also associated with public stigma (Corrigan & Rao, 2012; Laidlaw et al., 2015; Vogel, Wade et al., 2007; Yang et al., 2017).

Vogel and Wade et al. (2007) also found there is a clear link between public stigma and negative views by others to mental illness and the help seeking attitudes in relation to mental health services use. Camacho (2016) suggested for minority students in particular, "public stigma may also increase the likelihood of self-stigma" (p. 37). Also, for decades, the dominant African

American experience with the treatment of mental illness was periodic confinement in psychiatric hospitals (Snowden, 2001), which in and of itself plays a role in both self and public stigma related to mental health. In a study of 627 racial and ethnic minority (REM) college students (265 African American, 171 Asian American, and 191 Latino American) by Cheng et al. (2013), the higher the level of physiological distress, the more likely they were to have concerns about stigmatization, thereby predicting an increased self-stigma of seeking mental health resources.

Vogel et al. (2007) offered their model on help seeking which linked public stigma to attitudes of negative internalization of the stigma. “Furthermore, our findings add to this theory by showing that self-stigma plays a role in the formation of attitudes towards and willingness to seek counseling services” (Vogel et al., 2007). Further, Corrigan et al. (2013), learned in their two-part study of 104 participants (part one 54 participants and part two 60 participants) that people with psychiatric disabilities (part one with 22% of the participants identifying as African Americans and part two with 23% of the participants identifying as African American participation) presented self-stigma as a multilevel process that begins with awareness of public stigma. These attitudes of self-stigma and public stigma, while in and of themselves are distinctive, intersect at various points in relation to the challenges individuals may face regarding their help-seeking and use of mental health services (Vogel et al., 2007). As will be discussed next, self-concealment plays a role in the stigma of mental health for African American college students (Masuda et al., 2012; Vogel et al., 2007).

Self-Concealment

Self-concealment is closely related to college student nonuse of mental health services (Cepeda-Benito & Short, 1998; Kelly & Achter, 1995; Masuda et al., 2012; Watkins et al.,

2010). Self-concealers recognize their need for mental health resources or services but choose not to act on their need to access those same services (Masuda et al., 2012; Mendoza et al., 2015). For these individuals, there is fear and embarrassment associated with the acknowledgment of a mental illness. Cepeda-Benito and Short (1998) indicated self-concealers are three times less likely to seek counseling when experiencing psychological distress. Some studies related to African Americans and the ways in which students are seeking help, offer self-concealment as an underlying factor of non-use (Cepeda-Benito & Short, 1998; Kearney et al., 2005; Kelly & Achter, 1995; Masuda et al., 2012; Nickerson et al., 1994; Vogel, Wade et al., 2007). When exploring the underlying factors of self-concealment in relationship to mental health, cultural or racial stigma for African American college students has been identified (Camacho, 2016; Earl et al., 2011; Hays & Aranda, 2016; Mouzon & McLean, 2017; Williams & Cabrera-Nguyen, 2016).

Cultural and Racial Stigma Against Mental Health

African Americans, although reporting the highest need for mental health support, consistently report the lowest rate of use (Mama et al., 2016). African American youth are more likely to rely upon family or friends in addition to religious/spiritual counsel for support rather than professional counseling services to address personal issues (Hays & Aranda, 2016; Vogel, Wester, & Larson, 2007). Some of the saliency of the stigma associated with seeking mental health help for African Americans may result from the desire to keep any mental illness private within the family (Carpenter-Song et al., 2010). There is perceived social stigma, even familial shame or weakness, associated with help-seeking within Black/African culture (Yakubu, 2016; Yorgason et al., 2008). Furthermore, African Americans are more likely to speak with someone

about mental health issues when they are from the same ethnic background (Ibaraki & Hall, 2014).

A study of 218 college students attending the Big XII Conference on Black Student Government (169 African American, 29 biracial, 13 African, and 6 West Indian/Caribbean, 157 females, and 61 males) explored cultural religiosity of African Americans in relation to their historical underutilization of mental health services (Cokley, Beasley, Holman, Chapman-Hilliard, Cody, Jones, McClain, & Taylor, 2013). They found experiencing religious struggle is related to negative psychological outcomes for African Americans. For some African Americans, religion is considered to play an essential role in relieving psychological stress; however, these strategies may be less effective than professional health services (Camacho, 2016).

Vogel et al. (2007) concluded race and ethnicity is significantly related to attitudes that influence help-seeking avoidance. The authors further state having additional data should lead to acquiring a better understanding of the impact of culture and identity on psychological avoidance factors. Closely related to positive mental health functioning are the influences of cultural values on help seeking behavior (Vogel et. al., 2007). Additionally, researchers should use qualitative research to explore the influence that culture, race, and ethnic background have on the use of university mental health services (Camacho, 2016; Martin, 2015; Planey et al., 2019; Yorgason et al., 2008).

Racial Identity for African Americans and Mental Health

The psychological mental health and well-being of African Americans has been linked to racial identity (Brinson & Kottler, 1995; Mouzon & McLean, 2017; Sellers et al., 1998; Sellers & Shelton, 2003; Townes et al., 2009; Wilson et al., 2017). William Cross, who is considered a pioneer in racial identity studies, offers one of the oldest models of Black racial identity (Wilson

et al., 2017). Whittaker and Neville (2010) stated, “In general, Black racial identity refers to the process by which an individual of African descent acquires an understanding of his or her racial self-concept in a race-based society” (p. 384).

Janet Helms (1986) presents the Nigrescence model (revised from Cross’ model) and defines racial identity stages as, “the portion of a person’s worldview that is shaped by society’s manner of attributing value to a person’s socially ascribed racial/ethnic group” (Helms, 1986, p. 62). Helms’ model considers how society ascribes social value to a person based on their race/ethnicity. A 2003 study by Sellers et al. examined relationships among racial identity, racial discrimination, perceived stress, and psychological distress of 555 African American young adults, and uncovered affirming evidence that psychological well-being and distress is associated with racial identity. Wilson et at. (2017) presented an examination of racial identity theory that included literature by Cross (1971), Helms (1986), and Sellers et. al. (2003). Wilson et al.’s (2007) compiled presentation supported the notion that positive racial identity results in positive mental health functioning. These same racial identity theorists also agree “negative racial identity will lead to psychological distress and other unhealthy mental health concerns” (Wilson et al., 2007 p. 2). In sum, “the potential role that race and ethnicity have in influencing help-seeking avoidance is significant” (Vogel et al., 2007).

Mental Health Help Seeking Attitudes and Behaviors

There are variety of factors that impact African American college students and lead them toward either use or non-use of mental health services (Bohon, Cotter, Kravitz, Cello Jr., & Garcia, 2016; Eisenberg et al., 2007; Planey et al., 2019; Wallace & Constantine, 2005; Yang et al., 2017). Such factors for African Americans related to mental health services include their help-seeking attitudes and behaviors towards the use of mental health services (Duncan &

Johnson, 2007; Kearney et al., 2005; Lannin, Vogel, Brenner, Abraham, & Heath, 2016; Alegria, Vallas, & Pumariega, 2010; Rosenthal & Wilson, 2008). Help-seeking attitudes explored here are discussed from the construct originally proposed by Fischer and Tuner 1970. Fischer and Turner (1970) described four components that factored into an individual's mental health help-seeking attitudes (a) an individual's recognition of their need for psychotherapeutic help, (b) stigma associated with needing psychotherapeutic help, (c) openness to disclose information about their mental health challenges, (d) and confidence in the mental health practitioner.

The model of mental health help-seeking developed by Molock et a1. (2009), which is based on the theory of reasoned action, focuses on the perceived subjective norms from a culturally contextualized perspective relative to African American college students. This model considers the impacts on help-seeking through culturally salient social networks. Wampold (2015) even presents common factors that must be activated before the therapeutic real relationship can begin between counselor and client to build deeper bonds of trust. This real relationship is the personal and genuine connection, between the therapist and client in therapeutic spaces (Wampold, 2015).

Research by Masuda (2009) found African American college students have less favorable attitudes towards seeking professional psychological help. In the same study, findings showed African Americans college students demonstrated less need for psychological services, less tolerance for seeking professional psychological service, less openness to disclose mental health challenges, and less confidence in mental health practitioners. Camacho (2016) found amongst 53 minority participants at South Dakota State University, (a) self-reliance, (b) them-not me, (c) last resort, (d) comfort with counselor, and (e) support in help-seeking emerged as common

themes related to mental health use. These studies also provided insight into barriers related to attitudes and behaviors regarding mental health use.

Barriers to Help Seeking

Marsh and Wilcox (2015) suggested the underutilization research amongst distressed college students has focused on help-seeking barriers. These barriers for African American college students include cultural barriers, which have a significant effect on help-seeking for mental health (Saint Arnault et al., 2018). There exists a variety of research that highlights the fear of stigmatization for individuals after the use of mental health services (Corrigan, 2004; Link & Phelan, 2018; Lott, 2009; Miranda et al., 2015; Rickwood et al., 2005). Furthermore, there is research that points to increased mental health use amongst African American adults when racial/ethnic and gender matching occurs between counselor and client (Woodward et al., 2008). Demographics of the college, therapist, and college mental health resources relative to their clients (Dunbar et al., 2017; Duncan & Johnson, 2007; Oswalt et al., 2018, 2019); uncertainty over how to access services, embarrassment, cost, and scheduling (Oswalt et al., 2019); self-concealment (Cepeda-Benito & Short, 1998; Kelly & Achter, 1995; Masuda et al., 2012); and racism and sexism (Caesar-Richardson, 2012; Duncan & Johnson, 2007; Watkins et al., 2010) are all considered help-seeking barriers for African American college students.

Conclusion

Researchers who have interest in African American college students and their mental health approach their inquiry on this topic with a variety of considerations. These considerations include exploring student attitudes related to mental health, mental health stigma, and self-concealment in relation to need for mental health services, as well as a variety of other topics including racism, colorism, sexism, and cultural stigma (Camacho, 2016; Davidson et al., 2004;

Kelly & Achter, 1995; Marsh & Wilcoxon, 2015; Masuda et al., 2012; Snowden, 2001; Sue & Sue, 2008; Yakubu, 2016). Yet, in addition to these considerations towards the inquiry into mental health for African American college students, there still remains less focus and research on their actual use of mental health services (Lipson et al., 2018b; Planey et al., 2019; Williams & Cabrera-Nguyen, 2016; Wilson et al., 2017; Woodward, 2011). Even while some researchers cite a lack of participation by African American college students in quantitative studies on mental health, thus presenting fewer data points relative to their college counterparts (George et al., 2014; Pescosolido et al., 2019), African American college students are willing and encouraged to engage in qualitative studies to talk about their mental health experiences (Borcsa & Willig, 2021; Martin, 2015; Wagstaff, Graham, Farrell, Larkin, & Nettle, 2018). Amongst college students, mental health concerns have been identified as a public health issue where timely and effective treatment may offer substantial long-term benefits (Eisenberg et al., 2013; Pescosolido et al., 2019; Sontag-Padilla et al., 2018; Zorrilla et al., 2019). The overall limited research on the use of mental health services only serves to disadvantage African American college students and reduces any of the potential generalizability of research findings on this topic for this group (Geyen et al., 2007). Thus, research helping to expound upon and address the public health needs of African American college students' use of mental health resources remains needed (Ibaraki & Hall, 2014; Substance Abuse and Mental Health Services Administration [SAMHSA], 2020; Taylor & Kuo, 2019; Williams & Cabrera-Nguyen, 2016; Zorrilla et al., 2019).

CHAPTER THREE: METHODOLOGY

The purpose of this study was to, through a qualitative lens, explore the lived experiences of African American college students who were regular and active users of mental health services while in college. For this study, regular use of mental health services was defined as pre-scheduled counseling/therapeutic sessions with a mental health provider that an individual attends on their own volition while actively enrolled in college. Subsequently, active use of mental health services will be defined as use of mental health services for at least two consecutive academic semesters, successive quarter sessions, or through the entirety of multiple academic calendar school years. This study used qualitative research methods to explore these phenomena.

Qualitative research allows a researcher to synthesize through large amounts of data collected through narratives, as well as from visual forms of data (Saldana & Omasta, 2018). Through this research method, in-depth inquiries of a small sample population was conducted for the purpose of understanding, interrogating, and deconstructing lived experiences (Bhattacharya, 2017). Furthermore, in-depth qualitative inquiry provided a more comprehensive understanding of lived phenomena-related experiences, relative to quantitative surveying measures, and helps to lay the groundwork for further study (Griffith, 2019). The generation of knowledge and insight through diversity of approaches is what characterizes qualitative research (Borcsa & Willig, 2021). This study recognized the value and richness of data collected through qualitative inquiry and this chapter elucidates on the methodology used.

Research Questions

The research question below guides this qualitative study and provides the lenses, filters, and angles for this inquiry (Saldana & Omasta, 2018). The following research question was developed to explore the phenomena of African American college students regularly and actively using mental health services in college. Studies that explore the regular use of mental health services by African American college students is invaluable in expanding upon the research on mental health help-seeking and mental health use by this group (Griffith et al., 2019; Martin, 2015). This study seeks to explore these phenomena through the following overarching research question:

a) What are the lived experiences of African American college students who regularly and actively use mental health services?

Research Design

This study will use qualitative research design outlined by Saldana and Omasta (2018) to offer a wide approach to studying natural social life, through data collection that is primarily non-quantitative, to document human experiences. This methodological approach allows the researcher to explore the experiences of participants, to recognize their perspectives, and to honor their social background (Flick, 2009). Similarly, it allow the research to take into account the diversity of the participants , while also taking into account the reflexivity of the researcher and the research (Flick, 2009). Moreover, the rich and thick description of qualitative methodology, supplements the breadth of quantitative methods by eliciting a deep understanding of the lived experiences of the research participants (Boydell & Hodgins, 2021). Qualitative research provides the opportunity to explore detailed understandings of issues that are complex by empowering people to share their experiences through stories in their own voice (Creswell &

Poth, 2016). Hollie & Coolhart's (2020) suggest that more qualitative research is needed, particularly that which focuses on the in-depth personal experiences of African Americans in relation to their mental health.

A mixed methods study by Alang (2019) into the mental health care amongst Blacks in America was able to identify unique themes reported by the research participants, which would not have been identified through quantitative means. Alang (2019) affirmed the benefit of qualitative inquiry and suggested a reliance on just quantitative findings for these research participants would have quite easily missed invaluable data. Other researchers point to the value of qualitative methods when younger adults participate. "Qualitative methods are generally integral to youth-centered, participatory approaches that privilege the experiences and perspectives of participants in research" (Boydell & Hodgins, 2021, p. 1). A systematic review of the literature on mental health help-seeking among African American youth, found gaps in the literature and showed less attention is paid to the specific facilitators to mental health help-seeking among this group (Planey et al., 2019). Additionally, research by Wagstaff et al. (2018) found their Black participants were more willing to participate in qualitative research because they wanted to talk about their experiences with mental health. Furthermore, phenomenological methodologies allow researchers to investigate and interpret the impact of a research matter on the lived experiences of research participants (Alase, 2017).

Creswell and Poth (2016) present phenomenological studies as describing the common meaning or lived experiences for several individuals around a central phenomenon. One of the most well-known theorists of hermeneutical phenomenology, van Manen (1990), described this research as focused on a phenomenon as the "object" of human experience. Alase (2017) offered that phenomenological researchers capture and interpret the commonality of similar events or a

phenomenon for research participants. According to Creswell and Poth (2016), some defining features of phenomenological studies are: (a) an emphasis on a single concept or idea (phenomena); (b) a group of individuals who have all experienced the phenomenon; (c) a focus on both the subjective experience of the phenomena and the objective experiences people have in common; and (d) data collection procedures typically involve interviewing individuals that have all experienced the phenomenon. These defining features of phenomenological inquiry respond directly to the research question posed by this study. Thus, through using phenomenological methodologies, this study seeks to understand the participants' own articulation of their life experiences with the shared phenomenon of mental health service use, to understand the essence of that experience.

Target Population

The target population for this study were African American college students who were actively and regularly using mental health services while enrolled in college. To ensure some equity around the engagement with mental health services and the type of mental health services that could be provided, only those individuals who had already started using traditional counseling services from practiced licensed providers or license eligible providers were included. This decision was made to ensure equity and professionalism of counseling services provided and to recognize students are using a variety of counseling resources, not all exclusive to their academic institution.

Sample Size

There were no universal sample size rules that can be applied to all qualitative studies, and each requires a varying number of different types of participants (Busetto, Wick, & Gumbinger, 2020; Saldana & Omasta, 2018). Several articles, books, and scholars suggest

anywhere from two to 50 participants are reasonable for qualitative research, with most suggesting at least five participants (Alase, 2017; Creswell & Poth, 2016; Dworkin, 2012; Polkinghorne, 1989). Creswell (2016) offered the goal of determining sample size in qualitative research is not towards statistical generalizability but to gather specific data on the phenomena to be researched and studied. Given the boundaries of the study, scope, and the specific research question, it was determined by the researcher that at least five African American college students currently attending 4-year institutions will be the most appropriate sample size for data saturation.

The following table was created from demographic data, provided by the research participants prior to their acceptance into this study. It includes the participants chosen pseudonyms in additional to other salient identities they felt best represented them.

Table 1

Study Demographics – Study Participants

Participant	Age	Identity	Current Classification	SES	Other Salient Identities
Adrienne	20	Non-Binary Pansexual Black Person	Junior	Low-Income	
Jimmy John	21	Non-Binary Black Queer Neurodivergent Person	Junior	Middle-Income	
GG	20	Non-Binary Black Lesbian	Junior	Middle-Income	Darkskin Nigerian Woman
Manuel Mariel	20	Black Man	Junior	Low-Income	First generation
Puppy	21	Black Woman	Senior	Middle-Income	

Recruitment and Selection Process

Participants were identified using purposive and snowball sampling. Recruitment of the prospective participants was attempted using purposive sampling through my collegial network or former peers through the Colorado State University PhD program. Additionally, I used a variety of social networking and professional collegial and social networking platforms including GroupMe, Facebook, LinkedIn, Instagram, and TikTok as well as all current and past higher education networks with which I associate. Additional recruiting was conducted using flyers I produced and sent to counseling offices, collegiate student organizations, affinity student groups, mental health student groups, counseling staff, and a variety of academic email list serves or offices around the United States. Other counseling and mental health networks used were accessed through counseling resources via academic colleagues, as well as those through Colorado State University in Fort Collins, Colorado. The individuals identified through purposive sampling were asked through snowball sampling to identify other students that could fit the research criteria of the study.

To be eligible for participation, individuals must have met the following criteria: (a) they must currently be a user of mental health services with a provider whom is either a practiced licensed provider or a license-eligible provider(the current services used do not need to be on their current college campus), (b) they must be an active user as defined by regular participation in counseling services starting with no fewer than two consecutive academic semesters of collegiate use prior to current use, or regular participation in counseling services starting with no fewer than two out of three consecutive academic quarters of collegiate use prior to current use, (c) must identify as Black African American, (d) must identify as an active undergraduate student that is not currently on any academic or medical leave, (e) must identify as an individual

between the age 18 – 24, and (f) must have access to reliable internet through a web device that has a camera and microphone for data collection.

Once individual participants expressed interest in this study, a full description of the study and permission forms were sent electronically. Candidates were offered the opportunity to meet on zoom or text message if they desired the researcher to share the positionality of the study. This contact also served to develop rapport with the participants before confirming their participation in the study and conducting the first interview.

Data Collection

Open ended semi structured interviews provided data for this study. The value of open ended semi-structured interviews resides in how they allow data collection, which can be analyzed through thematic analysis, phenomenological analysis, and discourse analysis (Borcsa & Willig, 2021). Watkins et al. (2010) offered the nature of open-ended research questions provides a better understanding of specific cultural settings around intersections of race and gender in mental health. Similarly, open ended, semi-structured interviews allow for a degree of structure, while also providing the researcher the space to adjust course as needed (Saldana & Omasta, 2018). The interview questions were based on a series of research questions and interview format developed by Martin (2015), Hack et al., (2019), and Caesar-Richardson (2012).

Instrumentation

All interviews were conducted and recorded via the Zoom video meeting platform. The interviews were transcribed through both Zoom and transcription software in the YouTube platform for accuracy. Each participant, identified by a pseudonym known only to the researcher, participated throughout the data collection and data analysis process. All data and associated

documents using this identification convention was kept in a personal online cloud account with two factor identification and software encryption only accessible by the researcher. All data and associated documents that do not have this identification convention automatically applied was adjusted accordingly by the researcher to remove all identifying materials for the participants accordingly. All downloaded video files, audio files, and transcripts were accessible offline on the personal laptop of the researcher and accessible only by the researcher. For trustworthiness, all data and associated research materials will be kept for three years.

Interview Process

Each participant completed and signed a consent form agreeing to participate in this study. The consent forms were sent to each participant's personal email electronically via DocuSign. Once signed consent forms were obtained from the participant, a copy of their signed consent form was returned to them. Each participant completed a demographics questionnaire, and this document was reviewed prior to the first interview to affirm that the individual met criteria for inclusion. As participants met the study criteria, both interview times were scheduled concurrently where possible. If the participant did not meet the study criteria, they were contacted by the researcher and notified they did not meet the study criteria and subsequently were removed from the study. Each interview was scheduled to last no longer than three hours in total. Field notes and other observations, like nonverbal and other auditory responses to questions, were noted and recorded by the researcher via a word document immediately after the interview process. Field notes and observations are documents maintained during each interview to note any physical, as well as non-verbal reactions that might not be interpreted or observed through audio recordings (Saldana & Omasta, 2018).

Interview Questions

The first interview was comprised of the following questions:

1. Tell me about your current experiences in counseling on your campus. If you can point to it, tell me what sparked the idea or thought that you might need to seek a counselor.
    a. How have things progressed through this counseling experience from your first session to now? Please tell me about your previous experiences in counseling or with a counselor before college. Tell me about some things you have considered that you wanted to work on or address through a counselor.
    b. How were you referred to or how did you identify your campuses counseling resource? c. What are your thoughts and feelings about your current counseling?
    c. What are your thoughts and feelings about your counselor? Have those thoughts and feelings changed over time?
    d. As you reflect on both the race or gender of your counselor, how has their race or gender factored into your feelings about your counselor?
2. How does family factor into your counseling experiences? How do your friends factor into your counseling experiences? How does religion or spirituality factor into your counseling experiences? What are the perceptions of counseling services by the people that are closest to you (family/friends/spiritual)?
    a. Tell me about their perceptions of seeking help for mental health specifically? How would you describe their attitudes about counseling? How would you describe their attitudes about help seeking? How have you leaned into or away from counseling through these connections?

b. Have you always been amenable to pursuing counseling? What changes have you experienced in your overall personal wellbeing that you can attribute to being in counseling?
c. What were your expectations of counseling before you started coming to sessions?
d. Have your expectations changed since you have been receiving counseling services? i.e. What do you think people in your family/the local African American community/the community as a whole think about mental illness and mental health care?

3. Can you tell me about how you made the decision to come to counseling? Has your decision to seek mental health always been voluntary? Has seeking mental health ever been involuntary?
4. Have you told anyone about the fact that you are going to counseling?
    a. What did you tell them about your experience?
    b. What was their reaction?
    c. Have you noticed a difference in their interactions with you after sharing with them?
    d. How has stigma about mental health factored into your decision to use counseling services?
    e. Tell me about any personal hurdles you have faced in your journey towards using counseling services.
    f. Have your academic goals been impacted by your mental health? If so, how have you worked to overcome those challenges?

5. Is there anything else you would like to add about your experience in counseling that you didn't get a chance to say before?

The second interview included the following questions:

1. Describe a typical counseling session.
    a. What are your thoughts or feelings at the end of your session?
2. What are some of the positive experiences you have had while in counseling?
3. What are some of the negative experiences you have had while in counseling?
4. What has the experience of being in counseling taught you about yourself?
5. What has the experience of being in counseling taught you about others?
6. What are your thoughts about psychiatric medications?
7. Can you tell me about any mental health issues you have experienced within your own family and friends?
8. What do you think about the connection between your mental and physical health?
9. Can you tell me how finances or the ability to afford access to counseling played a role in your mental health journey?
10. If you could change anything about your counseling experience, what would it be?
11. Please share any final thoughts about your counseling experience that you would like to share that we did not cover?

Data Analysis

The data analysis for this phenomenological study was based on a simplified version of the Stevick-Colaizzi-Keen method discussed by Moustakas (1994) and found in Creswell and Poth (2016). The researcher used the template for coding a phenomenological study as described in Creswell and Poth (2016) to organize these data for analysis. This Moustakas method of data

analysis is a multistage process requiring the researcher to: (a) describe their own experiences with the phenomenon, in an attempt to set these aside, so the focus remains on the participants in the study; (b) use transcription software to transcribe interviews to find significant statements and code how the individuals are experiencing the phenomena; (c) group those significant statements through review of the transcriptions into meaning units or themes; (d) describe "what" the participants experiences are with the phenomenon into a textural description of the experience; (e) describe "how" the experience happened, the structural description of the experience; (f) write a composite description providing the "essence" of the experience; (g) present an exhaustive description of the phenomena for the participants; and (h) validate the findings with the participants (Creswell & Poth, 2016). Further, the researcher use the Model of Help Seeking Behavior (Barksdale & Molock, 2009), which incorporates a more culturally contextualized approach to the theory of Planned Behavior (Ajzen, 1991), to inform some aspects of the coding and the organization of themes in relation to specific cultural determinants of mental health help seeking for the participants in this study.

Using the Stevick-Colaizzi-Keen (year) method, the researcher first transcribed the interviews to find significant statements about individual experience of the phenomena grouped by significant statements or themes. After recording the interviews, the researcher reviewed each recording individually against the transcription provided by the Zoom platform. Each recording was then uploaded to a private YouTube channel to access a 2nd level of transcription on that platform. Zoom transcripts were then reviewed against the YouTube transcription for additional accuracy. Next, each transcript was copied and pasted into Word to review in its entirety to identify significant themes for each participant (Creswell & Poth, 2016). The researcher re-watched and listened to each interview several times to create short statements on the transcript

describing “what” the experiences were with the phenomena of mental health use and “how” the experiences happened. A frequency table categorized repeated statements and created thematic from the participants. This process allowed the researcher to keep track of how often participants mentioned a particular experience from the interviews. Using these categories, larger major/minor category of themes emerged to describe the essence of participant experiences with active and regular use of mental health services.

The following frequency table was created after a thorough analysis of the themes of these individual participants experiences, during their regular and active use of mental health services. Major themes were developed and organized according to the minor themes offered through the interviews with each of the participants. The frequency of participants experiences with each minor these was recorded in the table and populated accordingly.

Table 2

Frequency of Participant Experiences Clustered

Major and Minor Category	Normal	Frequent	Occasional
Navigating That Feeling			
Loss of a parent			x
Loss of a relationship			x
Identity		x	
Issues with parents/family		x	
Childhood trauma		x	
Other trauma			x
Suicidal ideation			x
Issues with counseling			x
Something is wrong	x		
Life transition	x		
Validation		x	
Navigating Access			
Getting to the counselor	x		
Figuring out how to pay for counseling	x		
Figuring out insurance			x
Counselor Client Relationship			
Talking with someone of similar racial background	x		
Preference for a counselor with similar identity	x		
Preference for a Black counselor	x		
Preference for a woman counselor		x	
Professional behavior			x
Counselor likeability	x		
Preference for a younger counselor		x	
Counselor relatability	x		
Trust in counselor			x
Comfort with counselor	x		
Help Realization			
Counseling helps with overall wellbeing	x		
Interpersonal self-realization	x		
Fix me	x		
Misconceptions/understanding what counseling is		x	
ADHD evaluation		x	
Mental and physical health	x		
Stepping Over the Stigma of Counseling			
Familial/cultural stigma	x		
The crazy conversation (Black people don't get counseling)	x		
Friend zone	x		
Fear of needing medication		x	
I want Black people to use a therapist	x		

Note. Normal = 4-5 participants; Frequent = 2-3 participants; Occasional = 1 participant

Each experience was categorized as normal, frequent, or occasional. Normal experiences were mentioned by 4 or 5 participants, frequent by 2 or 3 participants, and occasional by 1 participant. These experiences were grouped into common major and minor themes, which is explained in chapter four.

Trustworthiness of Findings

The Stevick-Colaizzi-Keen (year) method asks the researcher to validate the finding with participants (Creswell & Poth, 2016). Each participant experienced the opportunity to member check findings and the description of the essence of their experience. The researcher emailed each participant to explain member checking and invited each participant to have a follow up conversation. The researcher spoke with each participant over the phone, read aloud the essence of their experience, and gave them the opportunity to either validate, invalidate, correct, or offer clarity on the essence of their experience as it was being read to them. Three participants affirmed the essence of their experiences with regular and active mental health use as it was described to them. Two did offer additional clarity on the essence of their experience, which was noted and adjusted accordingly in Chapter 4.

Researcher Positionality

I am a married 44-year-old, cisgender, African American man, with four children. I am a doctoral candidate in an education program at a southwestern university. I was born in Texas but spent my adolescent years in various parts of the United States and on the continent of Africa, and all my formal education was completed between these two places. I attended a Historically Black College and University (HBCU) and completed my undergraduate degree in Environmental Science with a master's degree in Agricultural Education Leadership and Communication at a state midwestern Predominantly White Institution (PWI). I have worked in

higher education with emerging adults for almost two decades. I have been a client of a mental health professional and at the time of this research study, I am currently a client of a mental health professional. The interview questions were based on those developed by Dr. Jessica Martin (2015).

I believe there are a host of reasons of which we are aware regarding why African Americans do not use mental health services. Yet, I believe there are even more reasons why African Americans choose to use mental health services that are not fully explored. I wanted to engage in this study to have conversations with African American who are actively and regularly using counseling services to explore their experiences that might have encouraged or discouraged their use. I wanted to show that these people exist. I wanted to explore their experiences and decisions to use mental health services, because I believe it has value not only for the individual, but also for people who look like them or have similar experiences who are not using a counselor and therapist. I am also hopeful more African American students will choose to participate in these types of studies and have the courage to say to other African American students, "it's okay to use a counselor or therapist. To say you're not crazy if you use a counselor or therapist, you're not alone in your use, and being intentional about your mental health and wellbeing is normal."

Participant Interviews

All participants were asked to engage in two interviews about their experience with regular and active use of a counselor/therapist. All five participants completed both interviews. Interview times ranged from 10 minutes to just over 58 minutes. The time between interviews ranged from three weeks to two months given participants' availabilities. All participants were asked if they had the appropriate technology—including camera and microphone—to use the

Zoom platform for both interviews. Participants were encouraged throughout the interview process to call, text, or email if they had questions, thoughts, or concerns.

Conclusion

This chapter presented the qualitative research methods use to explore the phenomena of the lived experiences of African American college students who are regular and active users of mental health services while in college. Active and regular use is defined as prescheduled sessions during multiple academic semesters or quarters. This methodology synthesize through large amounts of data collected through narratives for the purpose of understanding, interrogating, and deconstructing lived experiences (Bhattacharya, 2017; Saldana & Omasta, 2018). The findings of this study will be presented in chapter four.

CHAPTER FOUR: ANALYSIS

Introduction

The purpose of this study was to explore the lived experiences of a group of undergraduate African American college students and the phenomena surrounding their active, regular use of mental health resources. This study used a phenomenological methodology to understand the participant's own articulation of their life experiences using rich, thick descriptions of their active use of mental health resources. A thematic analysis of the two interviews with each of the five participants was done to describe the "essences" or a composite description of these individuals' experiences with mental health services.

This chapter presents the study participants, and provides an analysis of the participants' experiences, biographical sketches of the study participants, a description of the phenomena for the participants, and the ways in which their experiences inform these research results.

Participants Biographical Sketches

There were five individuals who participated in this study and shared their experience with active regular use of mental health services. The individuals who participated are each identified by the pseudonyms they chose at the start of this interview process. Below are the biographical sketches of the individuals that participated in this study:

Adrienne

Adrienne is a non-binary pansexual Black student. They attend a college in the New England area of the country, and they initially started counseling with their practicing licensed provider in their sophomore year. Adrienne is from a single parent, low-income household. They

are the middle child and have an older and younger sister. They are a 20-year-old college junior who is a Women's and Gender Studies major. They meet with their counselor weekly through their academic institution. Adrienne's primary extracurricular activities are through their involvement with their Black sorority and other Black affinity groups on their campus. At the collegiate level, Adrienne had expressed suicidal ideation, but generally felt something just wasn't right personally and wanted to pursue an ADHD evaluation through their college's health services to determine what might be their issues. Adrienne has had some experience with a counselor in high school.

Manuel Mariel

Manuel Mariel (MM) identifies as a cisgender Black man, who started counseling at the end of his sophomore year. He is a 20-year-old college junior with an interest in Philosophy, Politics, and Economics. MM comes from a low-income, two-parent household and has three siblings: a younger sister, and two older brothers. MM is a first-generation college student and uses a practicing licensed provider through the counseling services provided by his collegiate institution. He is involved in affinity student organizations, business consulting, and first-generation low-income student advisory activities. MM's decision to move ahead with using a therapist was validated when he learned in college that his older brother also worked with a counselor in college. MM wanted to explore his feelings of being unmotivated and anxious, address his challenges with procrastination, and address his issues related to potential childhood trauma. MM had never used a mental health provider prior to attending college.

GG

GG is a 20-year-old college junior who identifies as a non-binary Black lesbian who is also a Darkskin Nigerian woman. She began using counseling services her first year and had

used them prior to her collegiate enrollment. GG comes from a two-parent, middle income household and has three younger siblings: a brother and two sisters. GG's current therapist is a practicing licensed provider. GG is a Sociology major, attends a college in the northeastern part of the country, and uses counseling services separate from those available through her home institution. She is involved in extracurricular clubs for queer and trans women as well as other Black affinity groups and organizations. GG accesses counseling in part to work through personal challenges related to the societal constructs of western desirability intersected with her race, gender, and sexuality.

Puppy

Puppy is a 21-year-old, cisgendered, Black woman who started using counseling services in her sophomore year at a southern college in the eastern part of the country. Puppy is from a two-parent, middle-income household. Puppy is the oldest of her three siblings. She currently sees a practicing licensed provider who is not affiliated with her institution. Puppy is a senior majoring in Psychology and Business Administration. She is involved in plays beach volleyball, does epidemiology research, mentors/tutors' young Black girls, and coaches' volleyball. Puppy saw a counselor prior to attending college. What sparked her decision to use a counselor in college was a consistently positive narrative about therapy from family and friends. Puppy needed therapy to work through what she described as a variety of life situations, family issues, and wanting to improve her strategies for coping with stress.

Jimmy John

Jimmy John (JJ) is a 21-year-old, non-binary, Black queer neurodivergent person. JJ attends a college in the northeastern part of the country and is a Women's, Gender, and Sexuality Studies major. JJ is from a blended, middle-income family with no siblings. JJ participates in

extracurricular activities within digital humanities, sounds design theater, and literature. JJ uses a practicing licensed provider not affiliated with their home institution and had their earliest experience with a mental health professional at the age of five. JJ has been working to address challenges related to parental anger issues, childhood/family trauma, identity, and gaining insight into the relationship between their overall mental health and academics.

Findings

Research Question

The overarching research question this study asks was, "What are the lived experiences of African American college students who regularly and actively use mental health services?" The participants in this study sought mental health services to address a variety of personal challenges including, working through mood disorders like depression and anxiety, addressing childhood trauma, working through difficult life transitions, collegiate focus, addressing societal pressures related to race, gender, and sexuality, as well as seeking diagnosis for attention deficit disorders. For each of these participants, their current decision to use a mental health counselor was self-motivated, complex, and multi-layered. These decisions factored in cost/access to professional mental health providers, identifying therapists based on preferred racial preferences, and where possible working with therapists from similar cultural backgrounds or identities familiar to each of these individuals.

The participants sought to intentionally identify their need for mental health resources, chose to use a mental health provider, and expressed a strong desire to engage with mental health professionals, whom they felt could best relate to them. Similarly, they expressed a need to engage with a provider who understands, on some level, how to support individuals with, and from marginalized backgrounds. They also shared they did not want to work with a provider who

they needed to explain what it felt like to live in and be positioned within experiences unique to people from marginalized backgrounds. One of the participants GG offered this reflection:

> I'm being told to do the external work that like a skinny or white woman would have… and I feel like those who don't understand my context…their advice like falls flat and it's kind of like disrespectful to me [from] someone who's not a black woman.

Each participant who had worked with both a White or Black/person of color counselor expressed more comfortability and desire to work with a Black/person of color counselor. Concurrently, the five participants are all seeing a Black counselor/therapist.

The Analysis

Data were collected using open ended semi-structured interviews. The analysis of the transcripts of the interviews provided the following emergent phenomena of regular and active mental health use for these participants: Navigating that Feeling, Navigating Access, Counselor Client Relationship, Help-Realization, and Stepping Over the Stigma of Counseling.

Navigating that Feeling

In the conversations with these individuals, a theme emerged around having a tangible or sometimes intangible feeling, that something did not feel right personally or having strong feelings around a major life event. How to work through these feelings for a positive outcome was part of the impetus for the decision seeking counseling services would help them resolve or overcome those feelings.

Something is Wrong

Adrienne is currently using counseling to address personal challenges related to suicidal ideation and expressed feeling like something was wrong, but they could not figure out what

specifically was wrong emotionally. Adrienne mentioned having a “bad day” in high school and confided in a teacher. From that day forward their school instructed them they had, “…to talk to this lady [counselor] twice a week for the rest of the year. I was like alright, I guess.” Adrienne talked about what they learned they needed to share with their counselor, because the feelings they had were described as debilitating:

> There's always one thing that I have told both [the second and third therapists] and I’ll keep saying it. It's just like…I don't want to feel how I feel, when I say, I don't want to feel like this. It means I like, I want to be excited for the day. I want to have something to look forward to…I want to feel like I have purpose, because a lot of days I don't feel that.

Adrienne talked about how their counseling journey almost ended in 2021. They talked about the trauma of being removed from their house forcibly by police, after disclosing their suicidal ideation with their second therapist. Adrienne was not feeling well, and their therapist called the local police to do a welfare check. Adrienne described being “…stripped of my dignity. I didn't feel like a person… six officers grabbing you and yelling at you, and you're like kind of backing away from them, cause you're scared.” While these experiences continue to factor into their ability to trust people they confide in, Adrienne acknowledges understanding the protocol relative to suicidal ideation, and affirmed still seeing the benefit of mental health support to help their address that feeling that still hadn’t gone away:

> It wasn't something that…I understood that it was procedure and protocol but …I didn't feel like a person in that moment and that was…really hard…so I decided that I didn't want to see her [therapist] anymore, but I knew I still needed help…

Adrienne discussed the personal trauma of being removed from their home by the police, losing their father at the age of five years old, dealing with family trauma, and even talked about experiencing days where they were unable to leave their room in their sophomore year. Yet, Adrienne's decision to go back to a therapist was motivated by their feeling something else felt wrong, and the solution for them was an ADHD evaluation:

> …yeah I just had a [bunch] of like just bad days, just every day something was wrong…I didn't want to get out of bed most days…I didn't want to be here…so I was like you know something has to change. something doesn't really feel right, but that wasn't really the…reason reason that I started going to therapy. I had actually…contacted the (campus provider) to have an ADHD evaluation.

MM expressed a variety of feelings related to his decision to begin using a counselor through his college, including a change in his overall affect and curiosity about how childhood trauma might be impacting him now. MM talked about how he noticed his mood and motivation for school waning. He stated, "…[I was] just feeling down a bit." MM recalls saying in his intake with his college counseling office he was, "…just feeling kind of out of it, and just lacking directions, and I just didn't feel like I was myself…" Like Adrienne, MM also shared he wanted to use counseling support to pursue an ADHD evaluation.

JJ talked about going back to therapy at the collegiate level took some time. They said he did not leave high school "…and then immediately [go] into college wanting to get a therapist…", but it was after they recognized their "…mental health, kind of deteriorated during the winter months…" and expressed "…feelings of like loneliness, or just sadness…" that reminded them of how they felt at 16 years old, which was how they knew it was time to go back to therapy. JJ also talked at length about the way their deteriorating mental health had a direct

impact on their academics and expressed recognizing the "…tight relationship between academics and mental health…" re-affirmed their decision and was "…the main reason why I went back to therapy…".

At the time of the interviews, GG was using counseling to work through her history of disordered eating, depression, anxiety, religious trauma, and how those intersect with her sexuality and desirability as a dark-skinned, Black woman. GG felt the way desirability was weaponized against her had shaped how she interacts with people and her internal perceptions of herself. GG shared she was introduced to the idea of using a counselor in her freshman year of high school and it was that experience which remained a part of her mental health arsenal to address all her feelings. At the time of the interviews, GG had come to recognize counseling/therapy was a regular part of her life. She stated, "[seeing a therapist is]…a part of my life and routine, and I still want that. And I still think it has value even like when you're doing really really well." GG attributes her years in therapy and comfortability with it as the reason why she uses it regardless of how she is navigating her feelings:

> I think like…with the amount of years I've been in therapy…I've definitely…amassed like a toolkit to use…whenever I'm having…stress or whatever, like I'm not even necessarily like at the place where…I was seeking out counseling, because I'm like doing bad.

Life Transitions

JJ had been seeing a counselor since the age of five after their parents divorced. Reflecting on their earliest experiences using a mental health provider, JJ attributes this big life event as the reason their mother started them on their mental health journey. Subsequently, JJ's life transitions through trauma began well before they enrolled in college:

> So, a lot of the things that I wanted to address when I was younger had to do with just different like big life events I was experiencing, for example, like parents being divorced, alcoholism in the family…my father having like anger issues…

JJ talked about their earlier counseling sessions focusing on dealing with a variety of experiences they were having with family members, but "…wanting to be able to talk about that in a safe space." JJ talked about as they got older and, "…experienced different things, you know, a lot of it was…talking through like trauma and that kind of thing and the effects of trauma." JJ also used their current counselor to work through personal goals and talk through their challenges which included feelings of anxiety and depression as well as issues of low self-esteem and self-worth.

MM felt the people at his school were pretending to know their life direction and he was certain, "…they don't truly know what they want to do." As he struggled with determining his own life goals beyond college, he felt the way his peers presented themselves added to his "…anxiety, and just trepidation about…what's next for me, even though I was doing like extremely well [academically]." For MM his collegiate environment and transitioning through it, was having a direct impact on how he was feeling about himself, and in a way, he had not previously experienced. He mentioned going into his junior year of college as though he was "lacking direction", and this lack of direction "…stemmed from just anxiety about career choices…" about which he was very uncertain.

Puppy's decision to use a counselor followed what she described as a variety of life situations in which her strategies for coping with stressful events were an issue. Puppy offers she began using mental health services during what she refers to as a transition in her life. Puppy talked about being, "…just [a] really anxious person…I stressed really easily, and so I wanted some sort of coping mechanism for that stress." Like MM, Puppy mentioned specifically how

transitioning into her junior year of college, "…just trying to figure out what kind of career I'd like to have…" added to her stress. While Puppy did not talk about the negative ways she had managed her stress prior to counseling, she acknowledged needing to acquire better strategies with a therapist to do so, "…there's a lot of stressful factors I don't think I manage my stress well, I wanted to work on that…"

Navigating Access

The path forward to these counseling destinations was straightforward for one of the participants and bit more complex for others. The theme that emerged for these individuals was the idea of seeking a counselor came with its own set of challenges, which was sometimes intertwined with their institution's mental health process. As most started their search with a self-identified preferred type of counselor, the question of how to secure what they identified created its own set of obstacles.

Roadmap to the Counselor

MM accessed his counselor directly through his campus's mental health services. He described the process as, "I decided to contact my schools, like, psychological counseling service. And, yeah, I just went in for an appointment." Following his intake meeting, MM was able to identify a set of criteria for his preferred therapist and was matched with a Black male counselor affiliated with his college, who also had a similar cultural background to MM. While MM's counselor was initially available through his institution, this provider had exhausted the limits of those services, and as a result volunteered their time to continue seeing MM.

Like MM, Adrienne also used her college's mental health services to identify counselors. However, Adrienne's path was not as direct as MM's. Adrienne saw three different counselors before choosing to remain with their third therapist. First, they were paired with a White, woman

counselor with whom Adrienne met once and had what she called a "useless conversation" after which she almost gave up on pursuing counseling in general. She decided to give counseling another try and asked to be paired with a Black woman. Subsequently, Adrienne was directed by their college's counseling center to identify their own counselor using college specific website searches, because there was no Black, woman therapist on their campus at the time:

> …the counseling office sent me over some links to some websites. And they were kind of just basically like find a therapist near you. But you can add these extra filters so that's what I did.

Like each of the other participants, Adrienne was enrolled in remote classes from home during part of the COVID pandemic between 2020 and 2021. Adrienne's college offered to connect students with therapists who were licensed to practice in student's home state. Through this process, Adrienne was able to find a Black, woman counselor who was relatively close to her physical address:

> She's a black woman mid-thirties and I was like you know, she seems like she would understand, and their office was a three min walk from my house. I was like yeah…

While Adrienne did not continue seeing her second therapist, the third one she selected—like her second—was also a Black woman but was affiliated with her college's counseling center.

GG, like Adrienne and MM, began her initial search for a therapist through her university counseling center and was paired with a therapist on her college campus. However, later GG chose to limit the racial diversity of her counselors to Black women exclusively and accessed a pro bono therapist through a local organization unaffiliated with her college. Through these services, GG was able to keep using Black, women therapists for free, and doing so gave her

more autonomy over the counselors she could choose from. While she had cycled through three counselors due to each entering and exiting the program, "…even like with the switching, I would say like it's still been pretty cohesive, and the care is still in like pretty consistent I would say."

JJ had a much longer history with therapy than the other four participants, so while they understood very clearly what they needed and wanted to work on through counseling, the logistics were "annoying". JJ recalled the referral process taking "a lot of energy" working through what they refer to as the "middleman thing:"

> I remember, like, I saw a counselor, and then the counselor was like, Oh, you should see a therapist, but…that's something I already knew. But I had to go through the counselor first, to get to the referral or whatever, and so that's been kind of annoying, and that that's more so in college…

JJ and Puppy both identified their counselors through the Psychology Today website. However, both spoke about the free counseling resources at their home institutions and reflected on the limited number of sessions available/accessible before exhausting their availability/access to a particular counselor. JJ talked about how "…very frustrating like logistically…" it would have been to have had to change therapist mid-way through a term. Neither JJ nor Puppy wanted to switch or start over with a new therapist after a certain number of sessions, thus their decision to use unaffiliated, Black, women therapists. When she reflected on access to therapy, Puppy said, "…finding a therapist was probably the hardest part…that I would like to have not had to have gone through." Yet, even while JJ did not use their colleges mental health services, they reflected on the access their college offered to see a therapist for first-time users. They talked about when friends who had not had a therapist prior to college began to look for therapist: "…in

the college sphere…[the college is] helping to facilitate that process…" of accessing a mental health provider about whom they have positive feelings.

Cost Matters

Nearly all participants (four of five) mentioned cost as a mitigating factor in their regular and active use of mental health services. Adrienne was the only individual who did not feel finances impacted them; but they still indicated finances factored into their decision to use counseling. Their colleges health care plan greatly reduced any associated fees tied to mental health services off campus, while on campus services rendered were free, "…I wouldn't say that finances really impacted it [decision to use counseling] just because like when I did start looking for a, a counselor and stuff it was in college, and I'm on the [college] healthcare plan…"

Each participants used either free or a sliding scale mental health service and to remain a regular and active user of the provider they chose to see. GG offered a very poignant statement on how cost factors into her counseling experience, "…less money equals more time…in terms of…how I've…approached [using] emotional service." GG accesses free counseling services by choice that are separate from her college, even while those collegiate services are also available to her for free. The non-college free services available to GG allowed her to opt out of using her parents' insurance and access the Walmart $5.00 prescription program. GG maintained a job that provided some money and pointed to her history with medication and therapy, stating both remained possible because of the reduced and free nature of each respectively:

> I think it's shaped…the whole reason I feel…connected with the counselors that I've had, and I've had like so many…because of like my financial situation…I wouldn't even have like experienced…my first counselor if it wasn't like free or like provided through the city…that has literally been the reason I've…sought out anyone.

GG also reflected on the time spent ensuring she received the cheapest options for medication, "…when I would take medication…a lot of research…went into making sure I was getting like the cheapest option possible."

MM is the only participant who did not use counseling before college. However, he did want a counselor in high school. Sadly, financial and cultural constraints deprioritized it. At the time of the interviews, MM was using free counseling services provided through his university and said, "…I'm grateful that I don't have to pay for anything [related to counseling services] … actually that's like the…main thing." Yet, he reflected on a scenario where he did have to ask his parents for help paying for a therapist at the collegiate level. He mentioned his parents' finances specifically around the limits on their insurance, and its inability to cover the cost of a counselor or therapist. MM talked about the guilt he or his siblings would feel if they had to ask their parents to help them pay for a therapist out of pocket:

> …we're like lower income or lower income family, and we…feel bad even asking our parents to pay for any sort of counselor or whatever…it's almost ungrateful…insurance doesn't cover that [therapy] I think I've looked into it, and like you still have to pay out a pocket like a lot of money and when you're lower income, like, like you can't [pay] I mean, you can [pay] but like it's so hard.

When he spoke about using a counselor after his five school-arranged sessions, MM told me, "…I definitely plan to continue, you know, seeing someone, if I can make that work financially, that's the only barrier…seeing like a mental health professional for me…I definitely plan to do that.". MM added he was "…not too sure how insurance works…" relative to securing a mental health provider.

Like MM, Adrienne was using counseling services offered through their college and was not charged a fee to access those services. While Adrienne's second counselor was not a provider through her college's counseling center, their college healthcare plan made the associated cost to see that provider inconsequential because that plan was able to "…cover like 90% of the cost of anything [medical services with a non-campus provider]."

Puppy and JJ both use providers who offered a sliding scale for payment on services. While Puppy could access counseling services through her college for free, her desire to identify a particular type of counselor, and have more autonomy over the session's length, led her to seek a provider separate from her college. Currently Puppy's parents help her pay for her therapy sessions:

> So, my parents do help me pay for therapy and the therapist that I see takes patients on a sliding scale, so it's a pay as much as you can type of thing which has been really lucky for me…

Puppy also shared the system at her school did not present an opportunity for clients to keep the same counselor long term, and she did not have to worry about that with her current provider.

With regard to cost, JJ had to deal with the finances of their therapy sessions more directly and learned firsthand the difference between in-network and out-of-network services:

> Really, before I knew how to navigate like the health insurance system, I like made the mistake of choosing someone that was out of network, and I ended up having to pay a lot of money. To be able to connect, to continue to see that person, and eventually I had to stop…

JJ stated, it was "…like a nightmare trying to figure out all the checks and stuff with the health insurance company…" Yet, they learned a great deal from that experience and talked about this nightmare of navigating the cost of therapy like a trial by fire, that grew to shape how they managed the cost, as well as how they identified a provider in the future:

> …sadly, [picking a counselor out of network] really taught me the importance of like, you know, finding someone that's like in network, and finding someone that you know takes my insurance and works with me [financially], and people that have like sliding scale [payment options] like my [current] therapist [who] does a sliding scale.

JJ offsets the cost of paying for their provider with, "…different fellowships and jobs…to keep up with like the payments…" Their insurance can be applied to their medication and was oftentimes"… not more than $10." At one point in their first year, JJ shared they had two jobs to pay for their counseling sessions, and discussed the stress of resolving the cost associated with both therapy and medication:

> But yeah, it's definitely caused you know some stress because you don't know like you have to sign the form that says, Oh, I'm responsible for whatever fees are associated with this care and whatever fees are associated with medication…but you don't know a lot of times, what that fee is going to be. So that causes a lot of stress you know before you get that bill or whatever…

JJ's parents were involved in helping with some later bills, but they recalled, "…most of them that I paid myself just from the jobs that I was working, and like savings." For all the participants accessing therapy services, having these services available at a free or greatly reduce cost was vitally important to their regular, active, and ongoing use.

Counselor Client Relationship

Each of the participants engaged in their therapy at some point during the COVID-19 pandemic. COVID-19 changed the modality for talk therapy by removing the in-person element away from these interactions. As a result, all the participants have used counseling sessions exclusively on an online meeting platform. While each participants indicated a preference for in-person counseling if it were available, the ability to access a therapist of their choosing seemed to soften their language around the medium in which their therapy sessions occurred. The participants most often logged into a remote meeting platform, met with their counselor to talk, and logged out of the meeting software after the session ended. The counselor/client relationship each of the participants spoke about, was one in which the counselor learned about them, their wants, needs, desires, feelings, discussed trauma, and thoughts, in order to provide them with tools and/or strategies to address and respond to the issues they presented as productively and as safely as possible.

While gender was certainly in the mix for these individuals' counseling/therapist selections, it was secondarily important for these participants after race. The race of the desired counselor was almost non-negotiable, with one individual offering at minimum their counselor/therapist must be a person of color. While two participants indirectly expressed the importance of the professional acumen of their counselor, it was not a salient factor in their decision to remain an active or regular user of therapeutic support. Moreover, the likeability of the therapist was a salient factor for the participants and decisions to be active regular users of counselor/therapist support. The participants expressed mental health seeking and support for mental health being more in the current public zeitgeist which helps to counteract some stigma about mental health use.

Gender Matters but Race Matters a Little Bit More

One of the first things each participant mentioned when discussing their counselor preference in terms of identities was the person's race. They all said the counselor they preferred was a Black or a person of color. Adrienne talked about race being one of her top preferences:

> Their race and gender is, definitely being like first, like the deciding factor on if I even wanted to talk to them, because the college had initially tried to set me up with the… white therapist and I declined, because this is very important to me that [I] have someone that understands my experience a little bit more.

When MM was asked his preference for a therapist, he said he wanted to match with, "…somebody who's African American or Black…" While gender did not matter to MM, "…I didn't really specify gender, because to me I didn't think it was too important." MM happened to be paired with a Black, male counselor. JJ, Puppy, and GG worked with counselors from different racial groups, each sharing they had Black, white, or mixed-race counselors. JJ had been seeing a White therapist prior to switching to their current Black therapist. After their White therapist broached a conversation about the Black Lives Matter protest in 2020 and proceeded to ask them about George Floyd. JJ quickly realized they did not feel, "…safe or comfortable talking about those things with them." JJ currently works with a therapist who is a woman of color, but when JJ discussed things they would change about their pre-collegiate counseling if they could, they said, "…I would definitely get a person of color…" and said this was a "top requirement" of the therapist they choose at the collegiate level. JJ told me, "It can be anyone, but I really want them to be a person of color…" or someone who has worked with people that have experienced trauma.

Puppy felt similarly. She talked about how her white therapist did not understand her or feel heard:

> I didn't think…she listens to me…felt like based on the initial meeting she had these preconceived notions and then it wasn't exactly what I was actually trying to say…

Despite how she felt about this counselor, Puppy stuck it out for two months before ending these sessions, and admitted this particular white therapist almost turned her off to the idea of therapy altogether. So, when she reflected on the race and gender of the therapist she wanted, Puppy said:

> …[having] someone who was like me so that my issues would be more relatable, and I think that some of my problems are race and gender based. And so it'd be nice to have someone who's like me to communicate…with, I think it would just be easier.

While GG also talked about all her counselors not all being Black women, she did say she has, "…always made it a point to seek out counselors who are Black women." JJ and GG also expressed preference for "queer friendly" person of color or a Black women counselor.

JJ also reflected on their one queer counselor in this way, "…I feel like that [having a queer counselor] did make a difference in terms of like, yeah, my comfortability and talking about certain topics." GG, who currently works with a Black, women, queer counselor, expressed how "…really, really important" identity of the counselor is contextually for her now. GG's reflection on race sensitivity and relatability is particularly salient towards her decision to choose a Black woman counselor:

> …their [white counselors] advice like falls flat and it's kind of like disrespectful to me, almost like I feel like someone who's not a black woman wouldn't have say, like

> understand that particular complex that I have with my body, or like desirability in general…Similarly, I feel like someone who's not also coming from this same racial standpoint wouldn't necessarily like understand the things that like…stress me… who aren't black.

GG's parents—like MM's—also immigrated to the United States, so having a counselor who also had an immigrant background factored alongside their racial preference. GG spoke about one of her counselors having an African immigrant background and generally sees the "…racial component [of the counselor] is important." MM's parents are from Ethiopia and his counselor is from Eritrea which is very close regionally in Ethiopia. Puppy's search progressed with preferences in this order, "I wanted [the counselor] to be a woman. I wanted [the counselor] to be a Black woman specifically."

Professional Behavior of the Counselor

Only two participants mentioned the professionalism of their counselor. Adrienne expressed not feeling heard by a white therapist when they initially started counseling. They told me about the counseling session when they requested an ADHD evaluation, but the counselor presented an idea in the space but did not address it. That really rubbed Adrienne the wrong way. They described this interaction as one of their personal hurdles towards using counseling services:

> …the white woman [counselor]…was supposed to be helping me out. We got on a zoom call. This was maybe early summer, like June, and she was like she said this verbatim, and I remember I was like, Yeah, this is, this is about to be useless. She [the counselor] was like, 'Could you have autism? Who knows maybe…we don't have to deal with that, you don't have to acknowledge it', and I was like, what are you talking about? All right

like…so that was also one of the reasons why I was like. I don't even want no help from this school ever again because I was like that literally was just a useless conversation.

This interaction was part of the reason that, when given the opportunity to seek a Black counselor not connected to her college, they followed through on that process.

GG talked about working with a therapist who was licensed and was interned in the organization GG currently used. When she talked about this interaction, she prefaced it was during a personal break up and she was "really really sad." GG described those interactions with this provider as "venting" sessions where it seemed there was a reciprocity between her and the therapist. GG was venting and the therapist was getting experience working with a client. Regardless, GG said she entered the counseling space not expecting to "…add to her mental health arsenal in any way…" she reflected on how at the time she expected her next therapist have, "…a bit more professional and…prestigious level of care…" and that her next therapist have a bit more experience.

Likeability, Comfortability, and Relatability

Even while these participants interactions during which they disagreed with or did not feel comfortable with a counselor in a particular moment, each vehemently mentioned liking or feeling positively about their current counselor. When talking about her therapist, GG said, "I like her a lot…she relates to me more…she's my first queer counselor out of my entire history." GG also shared that she did not believe basic demographics have ever been the reason she liked a therapist but "…it [was] more like [she and the counselor] grow to like each other." GG also shared that, "…sitting down with someone who…occupied the same positionality as me…another dark-skinned Black woman…really like delving into…what societal factors that just make me feel like this…was like very very important…" MM spoke about how "glad" he

was to sign up for counseling. He said it was "amazing" because, "…the person I'm matched with…has a good understanding of my background."

After being turned off by a white therapist she did not like, Puppy came to understand counselor likeability and shared this reflection: "…I realize that it's…who you get along best with." When I spoke with Puppy and asked how she felt about her current counselor she said, "…I like her a lot, I feel like she understands me, and…she's a Black woman…" Puppy also said, "…it's important for me to find a therapist who can really relate to the things that I'm going through." Puppy also discussed growing to like her therapist a lot more as they worked together. Puppy talked about the coping mechanisms she gained working with her therapist, which had allowed her to be more "…comfortable talking about things with my support system [family and friends]."

Regarding their counselor, Adrienne shared, "…[I] enjoyed talking to her…she's a good woman, and she cares…I can tell it's not fake which I appreciate…she's just nice."

Adrienne was one of two participants who explicitly mentioned learning to trust their therapist more over time. Adrienne shared how their previous Black therapist did not earn their trust because the therapist could not relate to them. They stated, "…I feel like I was like you know, this Black woman, she gets it, but…at the end of the day she didn't…we weren't like the same person, we're not connect on some like telepathic level."

Similarly, JJ reflected on the relationship they have with their therapist and the comfort they have with their counselor at the time of the interview:

> …over the past year and a half in terms of like comfort…definitely feeling…less defensive talking to her…she learns more about like me and I learn more about her…how

we communicate with each other. It's become a lot easier to work together which is really nice.

Adrienne also spoke about having more agency to comfortably set boundaries with their counselor and felt they can do that because it was a safe space for them:

> But I'm more willing to just kind of say like hey I don't want to have this conversation because before I felt like the therapist was like in charge of the conversation. It was like she brings that up then I have to talk about it. But I'm like I'm like comfortable with setting that boundary…even though this is a safe space.

JJ also spent time talking about the year and a half getting to know their counselor and offered, "…I think we've really come a long way over the past year and a half in terms of like comfort…". JJ had been working with their current counselor for two years and said, "…lately I've been feeling like more clear like in a light mood, usually more energized…" after counseling. JJ reflected on the comfortability with therapist interactions when "…feeling sensitive or vulnerable…" in the space around subjects not broached elsewhere and only in therapy. JJ also talked about the "reluctance" to trust a therapist which is rooted negative experiences "…trust[ing] someone to talk about, you know vulnerable things…" in counseling presents some reservations for them. However, JJ also offered "out loud" feedback from their therapist, because of the "…camaraderie between me and my therapist…" provides "…different realizations…", that have been "…a positive experience."

GG and Puppy both mentioned specifically the age of their current counselor as being older than they [past 30] and stated if they could have a counselor closer to their age, that counselor might relate to them a bit more. Although neither complained about their current

counselor's relatability to them presently. GG, unlike Puppy, worked with a prior counselor who was closer in age.

Of the four participants who have worked with multiple therapists, no negative experiences or dislike for therapist included their current providers. When mentioning these challenges, they were in direct relation to interactions with past therapists. Adrienne, while she liked her counselor and thought she was a nice person, expressed not feeling "…very connected to her…" Adrienne also expressed sympathy for her counselor stating, "…sometimes in therapy I…I feel bad sometimes…that she's gonna be up at night crying over me…"

MM is the only participant who had the same therapist throughout college, and also mentioned feeling like he wasted his counselor's time when he was less focused on what he wanted to discuss or whenever he was "rambling." Yet, MM also spoke about his comfort with his counselor: "…I always felt comfortable, and I think maybe that's because, my like counselor…shares the same like immigrant background as me. So... more sessions [we have], the more comfortable I felt…"

Help-Realization

Each of the participants acknowledges their counselors have helped them realize something about themselves and other people, as well as helped to familiarize them with what talk therapy/counseling is. This realization allowed each participant to gain their own insight into their personal issues and challenges to better engage with their counselor. Counseling also helped them understand how and why their challenges and issues were present. In addition, what it means to begin to develop the tools to navigate through their unique life and lived experiences.

Some shared how there was a point in their counseling journey where they expected their therapist to "fix" them. Others talked about wanting to be told what to do or wishing for explicit direction for their life purpose to immediately resolve or overcome their challenges and personal issues.

Fix me. That's not what we do here…

GG spoke about her "very very rude awakening" when she realized counseling would not be a "magic pill" that would fix her after just a few sessions. She recalled how a counselor made it clear if she did not do the necessary work away from the counseling sessions, the therapy would be "very much a waste of time." So instead of scoffing at the counseling homework, she understood she had to "do the work for [the counseling] to work." GG also reflected on growing to be less dependent on the counselor but rather growing "...to depend on the toolkit [the therapist] offered me." The counseling will fix my idea, also resonated with JJ at one point kind of closer to their current counseling history. They talked about when they were 16 years old, they stopped expecting counseling to "fix everything." So, while their expectations of the outcomes of counseling changed, this realization helped them better align with what being engaged in counseling could actually accomplish. JJ also share their truth by coming to the realization that therapists are real people:

> …realizing that therapists are also like people, and so not holding them on such like a high pedestal, where it's about like their validation, means everything to me…I think over the years I've just really realized…what a therapist can do, and what they can't do, and trying to you know, toggle that boundary.

JJ reflected on how counseling at the collegiate level has helped them realize the importance of "concrete techniques" or strategies to manage through difficult personal experiences, where

precollege counseling provided the validation, they needed to know what they were feeling was real. JJ also talked about the way counseling has "…has been very like life changing for me and it been a kind of root…it's ground me in myself…"

Puppy talked about wanting to be "told what to do" by her counselors. Her ideal therapist in her mind early on would just say, "Oh, you're stressed about this, do this!" Puppy has come to the realization that her help comes from, talking with her therapist, engaging with the guiding questions, and implementing the tools given to her by her therapist that she needs in the moment to address her issues. Even though her first experience in therapy "wasn't good", she is glad that she went back to it, because "…it's been really helpful…" and she "…learned a lot of really good coping skills…" to manage her anxiety and she said she had"…a lot of luck applying those to my everyday life, and so I think that's been the best part."

MM also talked about expectations his counselor would "lead the session" but he realized his therapist helped him to gain the agency to talk about whatever he wanted and lead his sessions in the direction he chose:

> …the main thing that I noticed is that I'm able to kind of talk about whatever I want during each session at this point, because they're like loose ends that we would cover in previous sessions, that I could either continue if I thought that it would be helpful or just pivot to something else.

MM also talked about how therapy helped him realize he had to speak to his parents differently, by "…handling certain conversations and farming things in certain ways for different people based on how they grew up." Counseling also allowed him to help his sister who could

not see a therapist, so he is intentional to "…share things that I'll be like it might be helpful with how she deals with our parents…"

Adrienne thought their counseling sessions would be more dramatic. They posited the sessions would include "crying," distress, and they would be told to do some deep self-reflection, or be told they were "doing everything wrong in life." Adrienne's help and realization is now rooted in hope to move forward:

> I would say I have a lot more hope like even just in any conversation that I've had with those women [her 2nd and 3rd counselors]. I would always kind of go in I'm like oh! Like everything is so bad. The world is just like on fire and I'm so upset my momma did this and I just hate my life and so just feeling that things will get better. I I feel like I'm more willing to rough things out then I normally am because of therapy

Self-Realization Intra and Interpersonally

Each of the participants talked about how counseling helped them realize something about themselves in relation to the people around them. Puppy talked about therapy helping her rely on her coping strategies and to better recognize when family and friends, "coping strategies aren't as healthy." GG described realizing she needs to reach out to people more and to be more aware of their limits, while also being more "emotionally accountable," and consciously "working on regulating [her] emotion." JJ said counseling helped them realize they need to communicate more and be more careful not to, "…make assumptions about other people." It also taught JJ to care for themselves to share vulnerabilities honestly, to share their feelings, "to be a better partner, a better friend, a better family member." In addition to hope for the future, Adrienne's counseling has helped them realize how they associated care for them with the length of time in interpersonal relationships, "Being in counseling taught me probably, there are people

that care about me, and they don't have to be someone that has like known me for some super long time." Adrienne also shared counseling helped them understand, "…the expectations they put on other people…" without talking to them. MM said he realized he had been having the feeling, "…a lot of people in his environment are not very emotionally intelligent..." or lack self-awareness and understanding that for himself helps him deal with other people. MM has also learned through counseling that "having purpose, having mentors, and talking to people" sharpens his resolve or focus and lessen the anxiety he feels about the future.

Mental Health and Physical Health

Each participant saw some positive correlation between their mental health and physical health or physical space. GG shared, "…taking time to intentionally move your body really like just leave you feeling so good…" GG also talked about it being "…easier to eat…," "…physically sustain myself…," that "Sleep is better…," and the connection between physical health and mental health is "…very strong both ways…" Adrienne shared there was a "…decent connection between…" mental and physical health, but for them, physically engaging in task like, "…cleaning my room..." and having a physically clean space reflects their mental wellbeing, "…right now my room looks crazy because I have been mentally unwell…". JJ shared for them there is a "…very strong connection between…" mental and physical health. They shared thinking they had, "…an autoimmune disorder…because I was having a lot of physical symptoms…" related to chronic physical pain and noticed when they got on medication to treat their mental pain, their physical pain went away. MM expressed how the two are "…pretty huge." and how going to the gym really helps out with his mental health. Puppy shared this reflection: "Having a healthy body makes for a healthy brain, and vice versa." She also

talked about having to "…convince myself to [exercise] when I'm feeling down…" but reflected on how she felt "…so much better when I work[ed] out…"

Stepping Over the Stigma of Counseling

Why African American college students choose to not use counseling services or why they do not regularly use those mental health resources is prevalent in the research literature on that subject. Stigma is often a part of the conversation around that none use. However, discussing the layers of stigma individuals overcome, and quite often are stepping or leaping over, emerged as a theme to these individuals active and regular use of these counseling services. These participants are consistently and continuously overcoming hurdles of stigma every time they show up for a counseling session. They are making the choice stigma in every shape and size against using mental health services are weaker than their decision to actively choose to invest in their mental health and wellbeing long term.

They're telling, asking, thinking I'm crazy. Did you pray on it?

JJ had the longest history with a mental health provider relative to the other participants. They talked about the taboo nature of mental health in conversations with other family members besides their mother, who was very supportive of mental health services. They further discussed the cultural context and stigma of mental health from their father's Ghanaian perspective. JJ recalled telling their father they were in therapy and remembered him saying, "Oh, my gosh! Is there something wrong with you, like what's happening…?" JJ shared how "very confused" he was and suggested therapy to their father "…because he also has like mental health struggles, but he's like Oh, I can just talk to my friends like that's it for him…" JJ even talked about needing to be more discrete around extended family, because of the stigma of counseling, when they were in Ghana, if they had a counseling session, "…I wouldn't say I'm going to counseling…" noting

how saying that would illicit a reaction. JJ also talked about the stigma associated with the "shame" of using therapy and it is feeling like or being perceived as it "…not working…" because it isn't fixing the personal issue right away. JJ mentioned their mother's counter narrative of being supportive of mental health therapy and putting them in therapy at age five. JJ also elaborated on their mother's perspective and how she is into "…naturalistic and like homeopathic and home remedies…" and viewed mental health care as "…part of the holistic [personal] care." When they talked about religion and spirituality, JJ viewed the complementary nature of both spirituality and religion to each other, but it had not been their experience that either had "deterred me away from therapy or anything like that."

When discussing the taboo nature of mental illness in the Black community JJ said, "You know it's okay to talk about it [mental illness] within your inner [immediate] family, but once you get out…into the larger community it's important to not talk about it [mental illness] at all." They expressed how mental illness is acknowledged by the Black community but from their perspective the Black community, "…don't really do anything to fix it [taboo nature of mental health]…" and mentioned specifically if one is religious, then the community emphasis on mental illness in that space was not as stigmatized because personal healing through religion is not as stigmatized by the Black community. From JJ's perspective, seeking mental help through Christianity specifically, is more accepted as an alternative to seeking a professional mental health, and not as "taboo."

When talking about what encourages them to use a therapist, JJ also focused on having more autonomy with their decision to choose a therapist helped them re-engage with their mental health journey. They talked about how, after they turned 16, "…taking kind of control of my mental health and my mental well-being…" changed what engaging in therapy meant. Similarly,

their spiritual experiences and practices, "…encourage asking for help [and] not taking on everything yourself…," which helped to reinforce their decision. JJ's family asked them why they wanted to return to therapy: "[my family members]…made me want to do it even more, because you know that rebellion…and just want to kind of do the opposite of what you parents say." JJ also talked about in college having, "…more autonomous…friends in therapy [those self-selecting therapy versus parents making them go in high school] has really impacted how much I lean into it and engage."

MM who has been seeing a therapist since the end of his second year and has never disclosed his use of a therapist with his parents who are of Ethiopian descent. MM talked about stigma from a familial perspective and the way. "…A lot of immigrant parents feel very defensive about [mental health]…because that implies that their [child is] crazy." Like JJ, MM had recommended to a parent they might want to consider therapy. However, unlike JJ whose parents know they see a therapist, the closest MM has gotten to having a conversation about therapy with a parent, was when he suggested his mother might benefit from seeing a therapist. "Yeah, I told my mom…you should see like a psychiatrist, I, I think it would help you, and it is almost taken as that's an offense like [I said] you're crazy.". MM, who identifies as a Christian, also noted the unspoken "tension" between himself and his perceptions of his parent's stigma about seeking mental health services. MM expected an overreaction from his parents if he told them he was using counseling services:

> …I don't volunteer that information [seeing a therapist] to my parents. Because, they'd be like, Oh, are you depressed like what's wrong like no don't be like that, you go to this great school. You know if you need to drop out of school…it's just like it just leads to a rabbit hold of like stuff that I don't need."

MM perceives and talks about his mother's perspective around mental health like this, "…in my mom's mind, if you have problems, you should just pray to God and ask him [to remove your mental illness]." For MM, she was saying he was not spending enough time with God. There shouldn't be a need for mental health because, "…you have Christ in your life…" In terms of help seeking, it is a challenging dynamic for MM because for everything but mental health, MM felt his "…mom is pretty good about that, she's sick she'll go to the hospital…dad, I think he's more just tough things out." MM talked about being motivated by his brother who offered a counter point or "…opposite side of the coin…" from his parents. When MM learned his older brother started seeing a mental health provider in college and was still seeing one at the time of this research he stated, "[that]…validated my decision to use counseling, placing it in the realm of possibility and not at all crazy to do but attainable." MM also talked about his parents' anti-mental health attitude, offering, as he got older "…I kind of knew that that [attitude] was just wrong, so it didn't really really affect me too much…".

Puppy talked about her perception of mental health when she was younger saying in the "...early two thousands, therapy was something that you went to if you were crazy, or if you had like a really big mental illness." She thought the "…Internet normalizing therapy…" there [had] been a positive change in the language around counseling use, so, "…now…you don't have to be, you know crazy if you go to therapy, like everyone's in therapy…". Puppy was the only participant with two parents who were always been supportive of her using a therapist. She talked about how they set up her earliest counseling sessions in high school, and while they may have different opinions about what she could use a therapist for. Her, "…parents [were] pretty educated about it [therapy]…I feel like there is less of a stigma within my group [family and friends]." While Puppy acknowledged feeling the "…the population as a whole [has more stigma

about mental health]…it [stigma] affects me less." Puppy also talked about her being a psychology major and the positive framing on mental health, "So, everyone is very aware of mental health and there isn't lots of stigma within this group and with my family, a lot of them are involved in psychology-based institutions."

GG talked about her immediate family's outlook on mental health support being more positive now, but "…their instinct is to go to religion or go to family [first]…" or the community, and while she doesn't see these as negatives, she feels there is a overestimation around the efficacy of using these support structures exclusively in relation to supporting mental health needs. GG also talked about religion being a deterrent to mental health seeking for her. She remembered being asked or expected to pray mental issues away and how this mentality delayed her access to therapy:

> I think like religion…the religious household… was sort of like a hindrance to me, seeking help with both. The whole thing was like, you don't need to xyz you just need to pray… you could only like, take that for so long. I feel like so, I guess, like at the beginning it was like a bit of anger or guilt towards it [religion].

GG talked about how her religious household has made her more "vigilant" to protect her siblings and younger brother, "…making sure like a similar thing doesn't happen [being asked to pray it away] like to my siblings or like people around me in general, like my brother…" GG talked at length about how she did not want her parents' reaction to her brother to mirror their reaction to her around using mental health resources, to be either "discipline or religion." GG acknowledged the power of religion and mental health support together when she stated, "…I get like religion can only do so much for certain things, or like really fall flat for certain things." GG's stance expressed a practicality towards using a therapist, "…there are professionals like

who go to work like and like literally, get money…to help people like my brother." GG talked about seeking help having less resistance from her parents now. Both GG's parents are in the health sector professionally and she talked about her perspective on health seeking relative to her parents' profession:

> …I don't necessarily like, feel the compulsion to go to the doctor or see some sort of specialist, because like I know they [parents] can help me but yeah, I feel like they've come to like, I guess…a point where it's like they know what their limit is, and…recognize that someone needs to go to the doctor…in regards to generally health services.

Adrienne's experience with overcoming stigma offered a shade different perspective than the other participants but had similar tones of what GG, JJ, and MM shared, regarding family and religion. Even while Adrienne did not consider themselves spiritual or religious, they talked about family and older friends being very adamant against therapy:

> …my family, or even some of my older friends that are like therapy is not the way, it's not the answer, like you know you're not crazy, nothing's wrong with you, if you're going through something, you need to pray on it, or…get your chakras realigned…

Adrienne kept returning to the narrative of family and their "… negative feelings towards like mental health issues." Adrienne's family insisted, "…you know you're not crazy. You don't need to talk to a therapist like nothing's wrong with you or like you know like those people aren't gonna help you…" They talked about how these narratives around seeking help did align with her upbringing and lived experience in a single-parent household:

> …the negative view on seeking help…we [mother and siblings] all kind of do [have it]. It comes from my mom cause she is a single mother of 3 kids. And well, my dad died [while] she was still in college, so it's hard, being 27 with a 3 year old and a 5 year old [Adrienne], and then a baby on the way and you don't wanna be looked at like your less than anyone else. So kind of we all kind of grow up with this mentality of just like we have something to prove, and we can do it by ourselves. We don't really need any kind of help.

Yet, after learning their older sister was going to therapy, Adrienne shared the solace or "comfort" they felt to know their sister was using a therapist, "…and just knowing that you know I'm not crazy [using a therapist], and it's okay to use these resources." Adrienne says their sister, "goes hard for it [therapy]…she says that kind of like therapy has really saved her life…" When talking about their family dynamic around mental health, Adrienne shared her uncle expressed some "…mental health issues. And they [family] didn't really talk about it…" and how it was "…hard to watch that [uncle] and watch my family not help him, and not have sympathy for him.".

The one-time Adrienne did share they felt "crazy," was when they were admitted to a mental health institution after the welfare check from their second therapist:

> I was in a I don't know the proper term a mental health facility, I was in one back last year in November and like she [2nd therapist] was saying that like that would be good for me, and I was like girl no, I don't like it here like this is scary because they put everyone in there together. Yeah like regardless of what you're going through, so I was in there with someone's like grandma, and I don't know what she was going through but we weren't going through the same thing and I knew that and she kept asking me to like play

> go fish with her. And it was just like the whole thing where it's like there's no there's no space where it's just like, okay, like you're just depressed it's like, okay, we just don't you know everybody's in here so you have like people that are depressed, you have people that are schizophrenic, and you have like just a range of people that are going through all different kinds of things, and you're just like forcing us to just be in a space together, which I didn't, I didn't like, and it was really kind of painted in like I don't want to say I was lied to but they were like you know this is gonna help me get like individual help, and that's why I was like okay like this is a a safe space and it wasn't, I told my mom, she called, and I was like I feel crazy in here, and that that's how it was like I feel actually crazy.

Adrienne expressed having to revisit this experience when they choose to use a therapist. To which Adrienne talked about how she does some self-filtering with information but did not have to code switch for her counselor:

> …it's like if I say something about one of my professors she's [counselor] like Oh, not too much I gotta like I gotta put that in the, the thing thing [counseling notes]. We gotta discuss that and so I definitely think that that limits our conversation sometimes cause I'll get comfortable, and I'll say something crazy, and it's not it's not anything crazy. Like I'm like gonna hurt somebody and she knows that I'm not for real.

The Friend Zone

Friends were a powerful positive ally for these participants in their mental health journey. Where some parents and extended family members were less supporting of these individuals seeking and using mental health services, the friend zone was deep in mental health positivity and affirmation. The friend zone for some participants like Adrienne and MM included siblings

but more often where peers at their collegiate institution. The theme of friends supporting friends in seeking, accessing, sharing out, and normalizing the use of mental health was salient for all participants.

Adrienne talked about the nudge her friends gave her to go to therapy: "…friends kind of gave me a push not like directly…tell me like, Oh, I think you should go to therapy, but I have other friends that are in therapy…" Adrienne shared these friends also being Black affirmed therapy as "…something that Black people can do, and it can be helpful." With these friends Adrienne also reflected on how they talked about the impact of therapy on them: "… they're like I go to therapy too, and…look at how well my life is transformed and I understand so much about myself now." In addition to their friends and older sister, Adrienne also talked to her grandmother about her therapy, so amongst these individuals it's more normalized in conversation. Similarly, Adrienne found they brought the advice from their therapist into their friend space:

> "…my friends come to me for advice a lot and I get most of my answers for my therapist. If I wrote a book I probably have to like credit [her] for most of it that I quote that lady [therapist] so much."

While Adrienne would consider herself a "mental health warrior" for her friends, "…know that I just like they know how dedicated I am to like wanting to see a real change in my life."

GG pointed to her friends as encouraging her to see her first therapist, but once she began going, she was "…the one like advertising therapy to them. I'm like okay, like this is like what it's done for me like this is the toolkit I've gained…" GG talked about the difference between her

parents and her circle of friends, focusing on how they bring their experiences with therapy into their private conversations about self-care, even sharing whom they are seeing and what specialty care they offered:

> …like between my parents and I we didn't have much discussion…but with me and my friends. It's just like Oh, I'm seeking out this type of care this is like what the person is…I have like actually sent my friends [my counselors] profile. Look at what they study, look at what their specialty is. So, I would say, like the people like in that circle of my life, are like fairly involved, or like fairly aware of, like what services I see now.

JJ reflected on the camaraderie they had with their friends knowing most of them also used a counselor. "…Most of my friends have therapist and so it's nice to like kinds of joke around with them…" JJ talked about how much they learned about their relationship with their family and friends through therapy. JJ also discussed the way therapy expanded their conversation with friends:

> [therapy has]…allowed me to…ask more questions…learn directly from people about their lives…encourages the other person to maybe share something personally…and getting more used to being vulnerable.

Puppy, like JJ talked about some of the camaraderie about her friend group and their use of therapy:

> A lot of my friends see therapists and other forms of counseling, and so I think that it's cool, because I'll be like, Oh, I just got done with therapy like Oh, my gosh! [A friend will comment] My appointment is today, too, and it'll be like Oh, that's fun fun to bond over

Puppy also shared in her friend circle, they were all "very supportive of that [therapy]" and how amongst her close friends, none of them have had a bad experiences with their counselors. When Puppy and I talked about normalizing the way people talk about counseling and mental health amongst her peers, Puppy told me, "…I feel like I wouldn't have been so open to doing it doing therapy if a lot of my friends weren't in therapy as well."

MM, who had been using a therapist for less time when compared to the other four participants has only mentioned in passing with roommates his use of campus counseling services. MM talked about his friends, "…didn't have any effect on my outlook [to use counseling] I always knew it was the right thing to do, like to see somebody [therapist]…". Additionally, one of his brothers and sister were the only two family members he shared his experiences with counseling. He talked about how he was hanging out with a girl who mentioned wanting to use counseling services and he disclosed he was using those services and he responded, "…you should do it like that'll help you."

I'll do meds if I have to

Of the five participants, all discussed their thoughts in relation to therapy and medication. Each was receptive to the idea but under different circumstances. GG, JJ, and Adrienne had used psychiatrically prescribed medications at some point during their mental health journey. Adrienne removed themselves from using these medications after two months of use. They mentioned being "...hesitant to start medication…" and expressed a fear of being "pumped full" of medications by a therapist. Adrienne disclosed they had a general aversion to medication and talked about being in a bad car accident after which they suffered a difficult shoulder injury. Adrienne was prescribed pills for pain, which they refused to take. So, even while Adrienne did take medication for their mental health for two months that decision was significant for them

given their history with medication. GG was amenable to medication as needed and more attuned to the cost associated with those medications, "…getting like the cheapest option possible." JJ who offers they are "dually minded" about medications for mental health in that they understand the use and stigma but are,"…really grateful for it [medications] and I also really wish that there was more access to medication..."

Puppy talked about her perspective that medications for mental health as too readily prescribed but believes therapy, "…should be used in addition to medication…". MM offered this comment, "…like I'd rather not touch them…I don't wanna become dependent or…reliant on them..." because of friends' anecdotal evidence of being unable to function without medications.

Conclusion

In this chapter, the lived experiences of a group of five undergraduate African American college students and the phenomena of their active regular use of mental health resources were presented. The analysis of the interviews with these individuals provided insight into the tapestry of their experiences and the ways they continue to thread their narrative towards this aspect of managing their mental health self-care with a practicing licensed provider. Through this examination, five themes emerged for these individuals. Each of these people chose to use a counselor to navigate through either an intangible or tangible feeling that something was not right or felt off for them emotionally. They overcame layers of stigma about mental health and mental health care to decide counseling would be the best way for them to learn how they can help themselves gain the tools needed for their personal care. Most found the process of finding and identifying their preferred therapist was not straightforward and created its own challenges. Even while their college campuses offered a path to a therapist, the fit wasn't always the best,

which required more time to find a counseling fit that felt right for them. The relationship they developed with their counselors remains necessary for their regular counseling use, but they are each self-motivated to see a therapist. Finally, each actively overcomes some level of stigma to maintain their active regular use of counseling services.

CHAPTER FIVE: DISCUSSION

Introduction

This chapter serves to provide a discussion of the study findings presented in chapter four. Through this chapter, I present a summary of these findings, within the context and positionality of the individuals' experiences, and how these findings align with or differ from findings in current literature or provide new insight. Similarly, this chapter also provides a discussion on the implications for future research studies and identifies the limitations of the study. I also provide my own personal insight, and inspiration, and reflect on my time creating and performing this study.

Discussion

The following research question was developed to inquire into the phenomena of African American college students regularly and actively using mental health services on their college campuses. This study seeks to explore these phenomena through the following overarching research question:

1. What are the lived experiences of African American college students who regularly and actively use mental health services?

For the five participants in this study, the answer to this question was layered in a quilt of life experiences. These coverings of lived experiences wove together, encouraging, and motivating fabrics, towards a decision to seek out and make regular use of mental health services. Additionally, they used fabrics of lived experiences that were also discouraging, impeded, and stigmatized the use of mental health services, from personal, cultural, and religious

perspectives. Yet, in the end, each of these individuals wove together thick quilts of resiliency, that were laid alongside their experiences and brought together with the positive as well as the negative threads of mental health use. By bringing together these layers of experiences, they crafted personal commitments to themselves, to courageously and purposefully navigate through barriers to use therapist. They worked toward gaining self-efficacious behaviors and making decisions to take control of, as well as directly managing their health and mental well-being with a licensed mental health provider. The combined practical action, choosing to take control of their mental health seeking and regularly use the mental health services available to them. The textures of their experiences allowed them to navigate through a host of interpersonal and intrapersonal issues, and overcome personal barriers, directly focusing on their emotional challenges, life transitions, and a variety of traumas to realize their visual representations of their full experience using mental health services.

Each of these individuals found their voice for advocacy to use mental health services, and developed community amongst family, but most often with friends, and peers around therapy. At the collegiate level, each found a more developed purpose for counseling and therapy. Their purpose and collegiate positionality gave them agency over their counseling search, which made them more self-motivated to seek out, identify, and decide whether regular use of a mental health professional would help them improve their overall personal well-being. Counseling allowed them to better understand and navigate feelings related to being unwell, manage tangible evidence related to personal issues they had faced or were facing for the better, learn personal tools, and develop coping strategies for their issues, often one week at a time, to improve their lives and experiences.

Alignment with Literature

These findings neither fully align with nor do they fully contradict the literature on African American college students and their mental health use. They do sit somewhat amongst the literature and perhaps literature adjacent in some regards. Part of these findings affirm areas where the research did align for this group of participants.

Stigma Still Matters but Doesn't Mean Non-Use

Stigma is a significant hurdle to overcome in the use of mental health services and seeking mental health support for African American college students. Within the literature on the mental health needs of this group, stigma is highly associated with the barriers to access, perceived need for, and actual use of mental health services. All participants in this study mentioned varying levels of stigma about their mental health journey. For these individual's stigma most often delayed their access to and use of these services, but did block them from using a mental health provider. Stigmas exist alongside these individuals' experience using mental health services. Each participant overcame some level of stigma to get to their regular and active use of mental health services. The individuals affirmed the research (Anderson, 2018; Cheng et al., 2013; Mouzon & McLean, 2017; Yakubu, 2016) that racial and cultural stigma, even familial shame were hurdles to their mental health use, as well as cultural religiosity (Cokley et al., 2013). Similarly, it was their positive attitudes toward mental health help-seeking that moved them towards their decision to seek help with aligns with findings in the literature (Barksdale & Molock, 2009; Bohon et al., 2016; Mesidor & Sly, 2014).

Counselor Client Relationship & Cultural Mistrust

The counselor-client relationship remains a vital part of these individuals' active and regular use of a counselor/therapist. These findings aligned with research (Ibaraki & Hall, 2014)

indicating African Americans are more likely to speak with someone about mental health issues when they are from the same ethnic background. Similarly, confidence in the mental health practitioner (Fischer & Turner, 1970) aligned with the ethnic and racial background of the therapist of these individuals. All the participants noted a preference for a therapist with similar ethnic and cultural background. These findings did align with research by Camacho (2016) where comfort with a counselor was a common theme in mental health use for these individuals. Furthermore, these findings also align with literature discussing the cultural mistrust of White counselors specifically (Townes et al., 2009) for these individuals. Furthermore, these African American students who are using mental health services provided through their college campus would be less likely to use those services if the option to work with a person of color wasn't available. These individuals expressed having a White therapist that listened to them but were unable to hear and understand their mental health needs as people of color. Similarly, some participants expressed how their Black experiences culturally did not align with the White hetero normative therapeutic strategies being offered to address the cultural and racial challenges they faced in their mental health journey as a person of color. For these individuals, their White therapist specifically could not culturally relate to them, or they crossed a line of racial comfortability that these individuals refused to cross. Ultimately, these findings align with identifying barriers to help-seeking like the demographics of the therapist (Duncan & Johnson, 2007) and the value of hiring ethnically diverse counseling staff (Oswalt et al., 2019).

Navigating Access and Mental Health Stigma

These findings on mental health services used by these participants align with research suggesting examining and addressing the cost barriers for ethnic minority students (Oswalt et al., 2018, 2019). The participants noted overcoming the barriers of cost by a variety of means,

including working to afford therapy while using a sliding pay scale, assessing family financial assistance to offset the cost of therapy, using free counseling services outside their collegiate institutions, or having access to collegiate insurance plans, which greatly reduced the cost of a mental health provider. Furthermore, the mental health access for two of the students, who do not identify as heterosexual, does also align with research suggesting that these individuals are more likely to access off-campus mental health services and identify additional barriers to use based on gender identity (Dunbar et al., 2017). Two participants affirmed literature (Link & Phelan, 2018; Mushonga, 2019; Wilson et al., 2017) that racial issues had a negative impact on their mental health, but this was tied more directly to their positionality as Black people operating in White spaces as minorities.

Furthermore, these findings affirmed the general stigma amongst college students about using mental health services, whereby these African American students did not express any desire to self-identify themselves as using mental health services (Corrigan et al., 2013; Masuda et al., 2012; Miranda et al., 2015; Snowden, 2001). Additionally, these findings do align with literature around acknowledgment that they could be negatively labeled by their peers for needing to use mental health services (Kam et al., 2018) but their friend groups presented a strong counter-narrative to those negative labels. These findings also align with research on the attachments of perceived shame and the social stigma by African American college students on their perception of individuals that use mental health services (Yorgason et al., 2008). While these students addressed shame related to their use, it was most often about familial shame and negative familial perceptions of mental health use.

Other Points of Literature Alignment

Some findings were consistent that family influence is a unique predictor of the help-seeking (Barksdale & Molock, 2009). There was a participant whose family did have a strong positive impact on their mental health use. Similarly, some findings aligned with data on the involuntary commitment by law enforcement after a mental health challenge (Chow, Jaffee, & Snowden, 2003) for a participant. These findings also supported literature with participants recognizing the need for psychotherapeutic help towards their decision to use mental health resources (Fischer & Turner, 1970). Furthermore, each of these individuals did express having strong racial identities and were able to understand the concept of their racial self within the larger society (Whittaker & Neville, 2010).

Misalignment with the Literature

The literature points heavily to **s**tigma being prevalent in the nonuse of mental health services by African American college students. These findings were inconsistent with this study, as participants all experienced stigma about seeking and using mental health services, but it only delayed them in their use. Furthermore, these individuals contradicted research findings, where African American college students attached shame and social stigma to their perception of individual use of mental health services. None of the participants expressed any such shame and were willing, if prompted directly, to discuss the benefits of their therapy. These individuals were not ashamed to use mental health providers but expressed apprehension to discuss their experiences with people they did not know. While cultural and racial stigma was expressed by these participants as barriers to mental health use, there was no associated self-concealment for these individuals.

Help Realization but Not Distrust in Health Care

Findings also did not align with literature (Hays & Aranda, 2016; Vogel, Wester, et al., 2007) that African American youth are more likely to use family or friends in addition to religious/spiritual counsel versus professional counseling to address personal issues. All participants in this study used a therapist to address personal issues exclusively. Literature on positive racial identity, relative to positive mental health functioning, was also inconclusive in these findings. Race and ethnicity had an influence on help-seeking for these individuals but did not lead to avoidance of mental health services.

Furthermore, these findings do not align with the literature that African Americans have a distrust in the healthcare field (Gaston et al., 2016), quite the opposite. These African American college students trust using mental health care providers, specifically as the optimal resources to actively engage and address their mental health needs. Any mistrust that was expressed was related to the inability of a particular therapist or counselor to relate to them or provide the specific help-seeking they needed. While these students did express some apprehension about using medication for their mental health needs, they acknowledged the necessity of those prescriptions in concert with their talk therapy.

Self-Stigma, Public Stigma, and Help-Seeking Peer Norms

Findings were also somewhat in misalignment with the literature on self-stigma and public stigma, about mental health use for these African American college students. These individuals did not endorse negative stereotypes about themselves about their need for and use of mental health services. However, they were aware of and experienced the public stigma in the larger African American community around their decision to use mental health services. These findings also did not align with the literature about public stigma increasing the likelihood of

self-stigma for these individuals (Camacho, 2016). These individuals were able to compartmentalize public stigma where they could acknowledge its existence, while also allowing it to live separately from their decision to use mental health services.

These findings also do not align fully with the literature (Barksdale & Molock, 2009) that suggests that peer norms are less important than family norms in mental health use and help-seeking. Each of these participants noted a strong peer group that, for some included at least one sibling or another family member, who normalized mental health seeking and validated their decision to access mental health support. Most often these peer groups provided positive counter-narratives to family norms that were against mental health use and help-seeking. Similarly, literature suggesting there are specific factors in the decision to seek treatment for African American males and females is inconclusive within these results.

Temporary Barriers to Mental Health Help-Seeking

These findings did present the barriers to use as described by the literature but situated them in this study as delays to the use of mental health services for these individuals. There were some challenges culturally that some students had to overcome (Saint Arnault et al., 2018) relative to their family dynamic which delayed use. Similarly, when students were unable to be matched with mental health providers that aligned with their preferred racial and ethnic preference (Dunbar et al., 2017; Duncan & Johnson, 2007; Oswalt et al., 2019), they actively sought out a therapist that matched those preferences. Students engaged with a gender of provider they felt most comfortable with and maintained their preferences to work with those individuals. Even where cost was a factor in their use, it was not a barrier to use. When cost was mentioned, it was about it being a potential but not realized barrier to the cost of services for these individuals. None of them paid the "full" asking price for their therapist, and the associated

cost for use from free to highly reduced pricing via some type of sliding pay scale. Even scheduling was not a barrier for these individuals as each accessed their therapist via some type of remote teletherapy platform, at a mutually agreed upon a time that was conducive to these individuals' schedules.

Recommendations for Future Studies

A major theme for this study was the importance of the counselor-client relationship for African American college students and their use of mental health services. Expanding on and gaining a further understanding of how the characteristics of comfortability, relatability, and likeability were described by African American college students, in both the positive and negative counselor-client relationships, could have strong implications for how therapist work with these individuals in the future. This understanding could be particularly useful for counselors, who were not from marginalized backgrounds, or those who do not share similar identities with their clients. Future research should consider exploring these three characteristics for clients longitudinally through a counselor-client relationship, to determine the impact on use, changes in use, as well as changes in intensity over time. Additionally, studies should explore African American college students' self-motivation to use mental health services as well as how and if overcoming stigma remains present through use or has an impact on use.

Practitioner Implications

This group of African American college students were actively seeking out and using mental health providers who look like them, who could relate to their lived experiences, and who had a cultural background or identities that resonated with them. This study showed the importance of having counselors from diverse ethnic and racial backgrounds with varied cultural backgrounds, gender identities, and experiences for some African American college students. It

highlights a need to educate, train, and hire more Black counselors and therapists for these students.

Furthermore, these findings speak to the importance of recognizing common factors presented by Wampold (2015), and how critical the initial meeting between counselor and client is within psychotherapeutic relationships for this group of African American college students. These findings also suggest therapists should be mindful of the rapid judgments these students might make, as well as the nuances of developing the real relationship, or the personal and genuine connection, between the therapist and client (Wampold, 2015) in therapeutic spaces. Four out of these five participants have worked with a therapist that was White. For two of these four participants, the initial meeting with the White therapist led these students to believe the therapist was untrustworthy and no real relationship could be developed. Yet for the other two participants, the real relationship either never developed or broke down between them and their White counselor after the initial meeting where some trust was established. These four students were willing to work with a White therapist at some point in their mental health journey. These findings affirm the need for counselors to incorporate multiculturally, racial identity, and gender-identity therapeutic techniques into their practices, and understand their own biases, whether they identify with or belong to the client's racial/cultural group and identity.

This study also presents findings that students who have a history of counseling and therapy, approach seeking these services with different intentionality and focus. These students are more likely to keep using a therapist, even after encountering ones they do not particularly like or with whom they have negative experiences. Counseling centers should be prepared to accommodate these students who may seek to change counselors multiple times until they identify a provider that they feel aligns with their mental health needs.

This study illuminates students who actively seek out counseling services that directly meet their counseling needs. These participants clearly articulate what they do and do not want regarding therapy and agreed the logistics of getting to a counselor through the collegiate process can be challenging. Counseling offices should consider their intake processes for these individuals, who have more experience with counseling resources, and how they can expedite helping students find available resources relative to what they seek. For example, if a counseling center knows a student is only looking for a Black, queer, male counselor and none are available, they should be nimble enough to quickly pivot to helping the individual connect with resources separate from the institution to seek the desired support. Understanding how to streamline or refine their intentional search could help reduce the time between when these students re-identify a need for counseling services and the first appointment with a new provider. These students might also be discouraged by intake processes they perceive as a waste of time because they already have a diagnosis with a previous therapist, are more comfortable in therapeutic spaces, and seek to simply or quickly continue their counseling work with a new provider.

These individuals are advocates for using mental health services and might be open to helping their college campus identify paths towards use for other students that look like them. Engaging with these individuals might also help to highlight internal hurdles to the use of campus services or illuminate blind spots relative to access for other students like them on their college campus. The challenge these students present is that of remaining engaged with their collegiate mental health services. Particularly, when there are a limited number of available counseling sessions available through these providers. Even when these free services exist at their home institution, some students aren't amenable to having multiple providers or needing to switch therapists multiple times in a term, which can lead some students towards choosing to pay

for consistent therapeutic services that they might not be able to afford. Counseling services could consider how they might normalize the nature of their services as a starting point for long-term mental health work, wherever possible.

Subsequently, providers who engage these highly self-motivated counseling seekers should explore how they can incorporate and provide greater financial literacy around understanding the cost associated with mental health care. This literacy should include accessing mental health resources out of network, under their parents' insurance plans, those in network, under their guardians' insurance plans, and without their parents' insurance plans, as well as understanding free, reduced, or sliding pay scales. Incorporating policies around the discussion on financial literacy could help keep students from wading unknowingly into accruing unexpected medical expenses. Furthermore, it would help them understand the short-term financial choices related to mental health care, that could lead to larger financial challenges later. It should be a priority to ensure these students can directly avoid any additional financial hardships while in college, especially those associated with the cost of accessing a mental health provider, particularly when they are focused on seeking a specific provider.

These participants are self-motivated to access counseling resources and are not settling for whatever counseling services are available, particularly if they don't perceive them to meet their mental health needs. While cost can be prohibiting, this group of African American college students demonstrates a willingness to pay for counseling services. They believe in the benefit of counseling and therapy even if there is a personal financial cost. Presenting scholarships, creating grants, or helping them identify other alternative funding, specifically to offset the cost of a non-college mental health provider, could be key to ensuring these individuals can access the mental health provider most suited for their individual needs.

Implications for Researchers

Future implications for researchers wanting to pursue similar qualitative studies with African American college students revealed a few things. Three participants were recruited through snowball sampling, one student was identified through purposive sampling, and one was recommended by an undergraduate classmate.

Each of the individuals who agreed to participate in the snowball sampling identified and learned about the study from the research flyer. It was the most effective recruitment tool to reach research participants. I produced two flyers. The first flyer did not include a photo of me, and I was encouraged by a colleague to produce a second flyer that included one. The second flyer circulated approximately 60% of the time I was seeking research participants. From the updated flyer, participants could see I presented as a Black person doing research with Black people instead of a faceless researcher asking for Black research participants. The participants told me they saw the flyer through an affinity group list serve or GroupMe, but they could not recall which specifically. None of the snowball sampled participants received direct invitations to join the study from a first- or second-party relation to me, to my knowledge.

The process of achieving participant saturation took me approximately five months. Due to the nature of the COVID pandemic, all outreach was remote and virtual. This outreach included, several hundred direct emails and/or phone calls to campus affinity groups, campus student unions, individual colleagues in higher education, professional counseling groups, psychology student email list serves, psychology faculty members, counseling centers, counseling offices, advising offices, student groups, mental health student groups, text and direct messages to friends and family, posting flyers on Facebook, Instagram, LinkedIn, and TikTok.

Two of the participants I met in person, one before starting this study, several years ago when they were in high school. The other I met after starting the study, while they were a sophomore in college. The other three participants entered this study having never met me, and otherwise were open to putting their trust in me, as an academic person conducting research. I was a stranger to them, who want to discuss their experiences with mental health. Given what I considered a challenge in achieving participant saturation, which was slower than I would have preferred, future researchers may consider spending more time creating virtual and if possible physical spaces, to invite participants to learn about the research study. Similarly, identifying partners at the campuses who might help to introduce the researcher to potential research candidates could help with both future snowball and purposive sampling. Perhaps this approach could decrease the length of time needed to reach participant saturation.

Once candidates were identified and agreed to participate in the research study, it was important to give them the opportunity to connect with the researcher as needed, and as often as necessary to establish a rapport. Allowing participants to ask preliminary questions before the first interview, was vital to establishing a baseline for the interaction through the interview process. Inviting participants to be in touch, by email or text, throughout the interview process also helps to establish a strong rapport. Two of the participants connected with me before the first interview with a few preliminary questions before agreeing to participate in the study. They wanted to share a bit of their background, and discuss my research interest, as well as the positionality with which I approached this study.

Following up with participants via their preferred method of communication was also key in respecting their communication preferences and ensuring their participation in both interviews. These participants all choose their preferred method of communication as text

messages. Depending on the phone the participants were using (iPhone versus Android) and their phone's settings, confirming received messages was challenging. So, sending follow-up messages spaced out 12 to 20 hours apart, then two to five days apart, ensured good correspondence between myself and these participants without seeming incessant. Some participants were very responsive or timely between corresponding via their preferred method of communication, and others were less responsive and required more follow-up reminder messages. Texting in the evening hours (after 7:00 p.m. EST) seemed to produce the timeliest correspondence.

Once participants agreed to participate in the study, it was helpful to propose no more than two days in the same week at the same time for the interviews. Because of how willing these individuals were to participate, it was my experience they were amenable to proposing alternative times that might work for their schedules. Finding a balance between reconnecting and following up too often, was the most delicate step in setting up the first interview. Similarly, future researchers may want to keep in mind the importance of informing participants when an alternative method of communication, like email, might need to be used so participants can engage with that correspondence. I learned this was especially important when asking students to e-sign consent forms.

Checking in with the participants at the start and end of each interview, and just visiting with them after exhausting the interview questions helped me not appear as just a research questioning machine. While there were a few opportunities for dialog during the interviews, afterward is the best time to check back in with participants. The African American college students who chose to participate in this study had a strong desire to discuss their use of mental health services, to increase Black students' use of these services. They experienced firsthand the

value and tremendous benefits of using mental health services and believed they could be the best advocates for mental health use amongst their peers. These students wanted barriers to mental health access for people that look like them to be removed. These individuals all expressed a strong desire to add to the research on this topic and expressed how interested they were in participating in this study once they considered the long-term implications of this study for themselves and those around them.

Study Limitations

Although saturation for this study was achieved, and there was varied representation amongst the participants by gender or identity, more male candidates could have provided additional insight into describing experiences of mental health use from this perspective. African American males' underuse of primary care services is a problem (Ravenell et al., 2006), so having more opportunities for them to share their experiences would have been valuable for this study. Also, all participants attended academic institutions east of the Missouri river. Having more participants who attended institutions from across the country would have provided more representation, to describe the lived experiences with regular and active use of mental health services for African American college students, at a variety of academic institutions and geographic locations.

Recruitment for this study was difficult. It occurred near the end of a traditional spring semester term and moved into the later summer semester term. Starting recruitment at the start of a fall semester may have created different results in the time taken to achieve participant saturation. As mentioned in chapter 2, African American students are less likely to participate in research studies, in part because of a distrust in health care, but also having been conditioned in some way away from addressing their mental health needs. Given this added challenge, a longer

window to allow more participants the opportunity to get to know the researcher or familiarize themselves with the study before recruiting may have produced results beyond participant saturation, and also decreased the time needed to achieve saturation.

One of the participants misunderstood the length of time in therapy needed to be engaged in this research. So, I had to revisit interview questions from the first interview with this individual after they met the minimum requirement of two semesters/quarters of use with their therapist.

Creative Closure

I am deeply grateful for the honor and privilege to have been given the opportunity, to spend this time with these individuals, to learn about their experiences, and give them a different space to have some self-reflection on their mental health journey. I remain humbled by their willingness to take their time and energy, to discuss such a personal part of their lived experiences with me. I am also envious of the emotional maturity they have now, and the personal issues I imagine they will be able to avoid or better navigate over their lifetime, because of accessing therapy today. It gives me pause to think about the overall positive benefits they've shared that therapy has had on them and their relationships. I am also emotionally moved by their courage to choose to talk to me, a stranger, and be advocates for therapy through their involvement in this study. I cannot get over the level of self-motivation they have mustered at their age, to be fully engaged in counseling, and the agency they are taking with their lives. As a person who has come to use therapy more recently in life, I am happy that they can do this work for themselves right now and see the value in this work long term for themselves. Every time, they visit their therapist, they are declaring their intent to make their health and mental well-being a priority. I see them, and I am very happy I did this study. I have been thinking about this

topic for a long time, well before I began my candidacy as a Ph.D. student. I also make no qualms about selfishly wanting to study this topic. I am a Black man, I have a Black wife, and four Black children within my personal influence. As sure as I know the sum will rise, I know they will all face life challenges, and they will need to have and/or develop the tools, to manage their life challenges. Sure, they might choose or even need to talk to me, their mom, or their siblings, but they will need to talk to someone. And as one of the participants said, some people paid for this. Positive mental health needs to be a priority, and I need them to know I believe in using mental health services. So, when I was looking into the topic of mental health use for African American college students, I kept running into quantitative studies about how Black and African American people, or college students, do not use mental health. Article upon article, and study on study talked about how they underuse mental health, or how they use it less than white students and do not use it at all. I kept running into this research saying less use, no use, underuse, stigma to using, distrust, mistrust, and I wanted to know, is anyone having conversations with the students that are using these services? Where is the research discussing their experiences? Does anyone care to know if or how they overcome the stuff that otherwise might have kept them from using a therapist? What about them? What about their stories? I knew these people were out there because I struggled with my mental health and choose to seek and use mental health support. If I am doing it at my age, and I have family members younger than me using these services, then surely African American and Black college students are also using them too. There are Black people out here seeking and regularly using mental health services. There are Black and African American college students who see, understand, and have witnessed the value in these services, and how they do save lives. I hope that whoever might choose to take the time with this study, will see this is just the tip of the iceberg, in our understanding of and

describing these experiences with regular and active mental health use for African American college students.

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APPENDIX A: IRB APPROVAL

PROTOCOLS

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COLORADO STATE UNIVERSITY

The protocol listed below has been approved by the CSU IRB SBER Fort Collins on Tuesday, June 28th 2022.

PI: Carlson, Laurie A
Submission Type and ID: Amendment 3252
Title: Exploring the Phenomena of African American College Students Active Use of Mental Health Resources
Approval Date: Tuesday, June 28th
2022 Continuing Review Date: no
date provided Expiration Date:
Friday, February 28th 2025

The CSU IRB (FWA0000647) has completed its review of protocol 3252 Exploring the Phenomena of African American College Students Active Use of Mental Health Resources. In accordance with federal and state requirements, and policies established by the CSU IRB, the committee has approved this protocol under Expedited review.

Any additional comments regarding this approval are included below. If you have additional questions about this please contact RICRO IRB Staff.

Please note:

- This protocol will need to undergo Continuing Review and approval prior
- to no date provided. Any additional changes to this approved protocol must be obtained prior to implementation of those changes, by submitting an amendment request to the

APPENDIX B: INFORMED CONSENT

Colorado State University
Consent to Participate in Research

Exploring the Phenomena of African American College Students Active Use of Mental Health Resources

Introduction and Purpose

My name is Marvin Burns. I am a doctoral candidate at Colorado State University working with my faculty advisors, Laurie Carlson, Ph.D. and Jessica Gonzales-Voller, Ph.D. in the School of Education. I would like to invite you to take part in my research study, which explores the phenomena of African American college students active use of mental health resources. This study will be using phenomenological research methods (Stevick-Colaizzi-Keen Methodology) within a culturally relevant framework (Model of Health Seeking Behavior).

Procedures

If you agree to participate in my research, I will conduct two interviews with you on a secure ZOOM account at a time of your choice. The first interview will involve questions about your varied experiences starting your journey with mental health counseling. It should last about 60-90 minutes. The second interview will involve questions about your experience with your counseling sessions and allow you to share any final thoughts about your experience using mental health resources. It should last about 60-90 minutes. The primary source of data collection will be two interviews scheduled for one and a half hours over the course of four consecutive weeks. Meetings will be allotted a total of three hours but may end earlier if the topic has been sufficiently explored before the three-hour limit. Participants must participate in both interviews.

Benefits

There is no direct benefit to you from taking part in this study. However, I hope that by participating in this study you feel seen and are empowered by sharing your experience starting and continuing your journey with mental health services. Ideally, the information you and other participants share will ultimately be used by expand upon research related to mental health use by Black African American college students.

Risks/Discomforts

Some of the research questions may make you uncomfortable or upset. You are free to decline to answer any questions you don't wish to, or to stop the interview at any time. If you find yourself triggered by participation in any part of this research study and you experience mental distress you should reach out for support. Options for support include local community mental health

centers, hospitals, or in case of immediate crisis, 911. As with all research, there is a chance that confidentiality could be compromised; however, we are taking precautions to minimize this risk.

Confidentiality

Your study data will be handled as confidentially as possible. When this study is published or presented, individual names and other personally identifiable information will not be used. You will be asked to choose a pseudonym to be used in the study. Institution types (i.e.- four-year public/private, community college) and geographic locations (i.e.- east coast, Midwest, northwest) may be named in the study, however individual institutions will not. Additionally, some of the data gathered for this study will be analyzed in an aggregate form representing the collective voice of Black African American college students, further anonymizing participants.

To further minimize the risks to confidentiality, I will use the waiting room feature on secure ZOOM that allows me to control who can enter the meeting. Additionally, all zoom recordings, transcripts, data notes, and data analysis will be stored on a password protected drive on a password protect laptop.

All subject's information collected as part of the research, even if identifiers are removed, will not be used or distributed for future research studies.

Compensation
Participants must complete both interviews to receive a $25 VISA gift card.

Rights

Participation in research is completely voluntary. You are free to decline to take part in the project. You can decline to answer any questions and are free to stop taking part in the project at any time. Whether or not you choose to participate in the research and whether or not you choose to answer any questions or continue participating in the project, there will be no penalty to you or loss of benefits to which you are otherwise entitled.

Questions
If you have any questions about this research, please feel free to contact me at 573-397-1564 or marvin.burns@colostate.edu.

If you have any questions about your rights or treatment as a research participant in this study, please contact the Colorado State University Institutional Review Board (IRB) at: 970-491-1381, or e-mail RICRO_IRB@mail.colostate.edu .

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Consent

If you wish to participate in this study, please sign and date below. You will be given a copy of this consent form to keep for your own records.

_____

Participant's Name *(please print)*

_____ _____

Participant's Signature Date

[Optional/If applicable]

If you agree to allow your name or other identifying information to be included in all final reports, publications, and/or presentations resulting from this research, please sign and date below.

_____ _____ Participant's Signature

Date

APPENDIX C: RECRUITMENT FLYER

EXPLORING THE PHENOMENA OF AFRICAN AMERICAN COLLEGE STUDENTS ACTIVE USE OF MENTAL HEALTH RESOURCES

SCAN ME

ELIGIBLE PARTICIPANTS MUST

- Currently a regular and active user of mental health counseling services
- Identify as Black / African American,
- Attend a PWI
- Identify as an active undergraduate student that is not currently on any academic or medical leave
- Be between the age 18 – 24,
- Have reliable internet access through a web

SELECTED PARTICIPANTS WILL RECEIVE A $25 VISA GIFT CARD AT THE END OF THE STUDY. MARVIN.BURNS@COLOSTATE.EDU. MARVIN IS A PHD CANDIDATE AT COLORADO STATE UNIVERSITY.

APPENDIX D: DEMOGRAPHIC QUESTIONNAIRE

Exploring the Phenomena of African American College Students Active Use of Mental Health Resources

Introduction

The following information is being asked of you to determine if you meet the criteria to participate in this study. Participants selected for the study will need to be available between February 18th through April 29th for interviews. A minimum of 5 participants including me will contribute to this research study.

To be eligible for participation in this process individuals must meet the following criteria: a) they must be a currently regular active users of mental health counseling services through either a practiced licensed provider or a license eligible provider of counseling services (the current services used do not need to be on their current college campus, and can be remote or in person), a-1) regular active use as defined here is, regular participation in counseling services starting with no fewer than two consecutive academic semesters of collegiate use prior to current use, or regular participation in counseling services starting with no fewer than two out of three consecutive academic quarters of collegiate use prior to current use, b) participants must identify as Black and African American, c) must attend a predominately white institution, d) must identify as an active undergraduate student that is not currently on any academic or medical leave, e) must identify as an individual between the age 18 – 24, f) must have reliable internet access through a web device that has a camera and microphone for data collection.

I appreciate you taking the time to answer the following questions. All questions are required. If you have any questions, please contact me at marvin.burns@colostate.edu.

1. What is your preferred name?
2. What do you want your pseudonym to be? This name helps ensure your privacy throughout the study. This will be your name that identifies you as it relates to all aspects of the study.
3. What is your racial identity?
4. What is your gender identity?
5. What is your sexual orientation?

Approved | Protocol #3252 | v8 | Approved: Mar 01, 2022 10:11 AM MST

1. What do you consider to be your socioeconomic status? (High, Middle, or Low)
2. What other salient identities do you want to share?
3. What semester did you start using counseling services?
4. Is your current mental health provider a practiced licensed provider or a license eligible provider?

5. Are you currently using counseling services through your college?

There will be a first interview that will last between 60-90 minutes and a second interview that will last approximately 60-90 minutes. First interviews will be conducted between Feb 18 – March 4th. Second interviews will be scheduled between February 23rd and March 19th. Are you willing to take part in both the 1st and 2nd interviews?

Please provide the following information related to our communication throughout this study:

Preferred cell phone number:

Preferred email:

What is your preferred way to be in communication within this study? (Text, email, cell phone, video chat) Please provide contact information:

Do you have access to a webcam as the study will be conducted using Zoom?

Thank you for taking the time fill out this survey. In the event you are selected to participate in this study, I will follow up with you through your preferred communication media. In the event, you have not been selected to participate in the study, you will receive an email letting you know.

APPENDIX E: INTERVIEW PROTOCOL 1

Part One:

Step One: Welcome/Start Zoom Recording

[Start Zoom Recording]

Hello [participant]! Thank you for taking the time to participate in the first of our two interviews together. First, let me just say thank you for allowing me to explore the use of mental health services with you. I want to acknowledge that I come to this conversation humbled by your willingness to have what I hope is a reflexive conversation about your experiences and journey towards managing your overall personal wellbeing.

I recognize three hours is a lot of time for two interviews in total. Given that, I am mindful of staying within the allotted three-hour time limit and fully respect the time you have offered to me in this space. So, if there is the need for continued discussion beyond the three-hour time, we will decide how to move forward accordingly. If you need to leave our time at any given point, please let me know and we can reschedule the remainder of our time for that interview accordingly. Additionally, I will be recording our time together through zoom. The recording of our time together is necessary to the most authentic and accurate space possible to share your experiences. Similarly, this format ensures that an accurate transcription of our time together can be documented. You may choose to either use your camera or not.

Data collected in this study will be confidential. I will use pseudonyms that you choose when providing direct quotes from your stories within the research. Additionally, I will use pseudonyms of institutions you might refer to. My hope is that you trust me enough to show up genuinely through our conversations to explore your journey and use of mental health services. However, if at any time you do not feel comfortable answering a question, please do not feel pressured to do so.

Step Two: My Positionality

Briefly, I'd like to share my positionality with which I come to this research. I am a cis gendered African American male, I use he/him pronouns. I am married with 4 children and currently use mental health services. So, while I come to this research with experiences and my own journey towards mental health use, I also acknowledge that while we may have similar ethnic and racial backgrounds, I know we have our own cultural, familial, and life experiences that uniquely shape us. Your voice is most important through this entire process. I know my voice but want to truly be present here in this space to hear yours. This is important to me.

Step Three: Interview

Shall we begin our first interview?

[Start asking interview 1 questions]

[End interview questions]

Thank you again for your participant in this research and taking the time to share your experiences with me. I want to remind you that a copy of your transcribed interview will be available 72 hours after the conclusion of the zoom recording. Please be in touch with me directly if you have any questions, comments, or concerns.

[End Zoom Recording]

Step Four: Thank you note

Within 24 hours after the conclusion of the first interview, participants will be emailed to thank them for their participation.

Step Five: Preparation for Member Checking

To ensure authenticity, participants are invited to review the transcript of their interview within 72 hours after the interview is completed.

Part Two:

Step One: Welcome/Start Zoom Recording

[Start Zoom Recording]

Hello [participant]! Thank you for taking the time to participate in the first interview and thank you for returning for the 2nd interview which will be our final time together.

As a reminder, one and a half hours is what we scheduled for our time together today. I remain mindful of staying within the allotted one and a half hour limit and fully appreciate the time you continue to offer to me in this space. So, if there is the need for continued discussion post the hour and a half time, we will decide how to move forward accordingly. If you need to leave our time at any given point, please let me know and we can reschedule the remainder of our time for that interview accordingly. Additionally, I will be recording our time together through zoom. The recording of our time together is necessary to the most authentic and accurate space possible to share your experiences. Similarly, this format ensures that an accurate transcription of our time together can be documented. You will have the choice to actively use your camera or not.

Data collected in this study will be confidential. I will use pseudonyms that you choose when providing direct quotes from your stories within the research. Additionally, I will use pseudonyms of institutions you might refer to. My hope is that you trust me enough to show up genuinely through our conversations to explore your journey and use of mental health services.

However, if at any time you do not feel comfortable answering a question, please do not feel pressured to do so.

Step Two: Interview

Shall we begin our final interview?

[Start asking interview 2 questions]

[End interview questions]

Thank you again for your participant in this research and taking the time to share your experiences with me. I want to remind you that a copy of your transcribed interview will be available 72 hours after the conclusion of the zoom recording. Please be in touch with me directly if you have any questions, comments, or concerns.

[End Zoom Recording]

Step Three: Thank you note

Within 24 hours after the conclusion of the first interview, participants will be emailed to thank them for their participation.

Step Four: Preparation for Member Checking

To ensure authenticity, participants are invited to review the transcript of their interview within 72 hours after the interview is completed.

Step Five: Additional Member Checking

Participants are invited to review the thematic analysis of their two interviews by March 30th 2022.

APPENDIX F: INTERVIEW PROTOCOL 2

Interview 1

1. Tell me about your current experiences with individual counseling. Tell me what sparked the idea or thought that you might need to seek an individual counselor.
    a. How have things progressed through this counseling experience from your first session to now? Please tell me about your previous experiences in counseling or with a counselor before college. Tell me about some things you have considered that you wanted to work on or address through a counselor?
    b. How were you referred to or how did you identify your individual counseling resource? c. What are your thoughts and feelings about your current counseling?
    c. What are your thoughts and feelings about your counselor? Have those thoughts and feelings changed over time?
    d. As you reflect on both the race or gender of your counselor how has their race or gender factored into your feelings about your counselor?
2. How does family factor into your counseling experiences? How do friends' factor into your counseling experiences? How does religion or spirituality factor into your counseling experiences? Regarding the people that are closest to you (family/friends/spiritual), what are their perceptions of counseling services?
    a. Tell me about their perceptions of seeking help for mental health specifically? How would you describe their attitudes about counseling? How would you describe their attitudes about help seeking? How have you leaned into or away from counseling through these connections?
    b. Have you always been amenable to pursuing counseling? What changes have you experienced in your overall personal wellbeing that you can attribute to being in counseling?
    c. What were your expectations of counseling before you started coming to sessions?
    d. Have your expectations changed since you have been receiving counseling services? i.e.. What do you think people in your family/the local African American community/the community as a whole think about mental illness and mental health care?
3. Share with me about how you have made the decision to come to counseling? Has your decision to seek mental health always been voluntary? Has seeking mental health ever been involuntary?
4. Have you told anyone about the fact that you are going to counseling?
    a. What did you tell them about your experience?
    b. What was their reaction?
    c. Have you noticed a difference in their interactions with you after sharing with them?
    d. How has stigma about mental health factored into your decision to use counseling services?
    e. Tell me about any personal hurdles you have faced in your journey towards using counseling services.

    f. Have your academic goals been impacted by your mental health? If so, how have you worked to overcome those challenges?
5. Is there anything else you would like to add about your experience in counseling that you didn't get a chance to say before?

APPENDIX G: INTERVIEW PROTOCOL 3

Interview 2

1. Describe a typical counseling session.
    a. What are your thoughts or feelings at the end of your session?
2. What are some of the positive experiences you have had while in counseling?
3. What are some of the negative experiences you have had while in counseling?
4. What has the experience of being in counseling taught you about yourself?
5. What has the experience of being in counseling taught you about others?
6. What are your thoughts about psychiatric medications?
7. Can you tell me about any mental health issues you have experienced within your own family and friends?
8. What do you think about the connection between your mental and physical health?
9. Can you tell me how finances or the ability to afford access to counseling played a role in your mental health journey?
10. If you could change anything about your counseling experience what would it be?
11. Please share any final thoughts about your counseling experience that you would like to share that we did not cover?