

MENTAL HEALTH LITERACY, ATTITUDE TOWARDS HELP SEEKING, AND
HELP SEEKING BEHAVIOR AMONG AFRICAN AMERICAN COLLEGE
STUDENTS ATTENDING A HISTORICALLY BLACK COLLEGE AND
UNIVERSITY

by

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(Under the Direction of Rosemary Phelps)

ABSTRACT

Literature suggests that mental illness and psychological distress may be higher among African American college students than for their counterparts. However, researchers have found that higher rates of distress does not translate into increased utilization of psychological services. A number of studies have sought to gain a deeper understanding of this phenomenon and have cited attitude towards help seeking as a major contributor to engaging in seeking treatment or not (Duncan & Johnson, 2007; Obasi & Leong, 2009; So, Dominicus, & Gilbert, 2005; Williams & Justice, 2010). Research also suggests cultural variables (Brown et al., 2010; Gloria, Hird, & Navarro, 2001; Obasi & Leong, 2009) such as self-stigma, cultural mistrust, and spirituality provides insight into the

common finding that African Americans tend to possess negative attitudes towards help seeking. While attitude and cultural variables have been taken into consideration, researchers have yet to explore mental health literacy as a relevant component to help seeking behavior among African American college students. This study sought to examine the relationship among mental health literacy, attitude towards help seeking behavior, help seeking behavior, self-stigma, cultural mistrust, and intrinsic spirituality. Participants included 400 African American college students attending a historically black university. Results suggested self- stigma predicted attitude towards help seeking and help seeking behavior; and attitude towards help seeking mediated the relationship between self-stigma and help seeking behavior. These findings provide implications for outreach strategies and intervention on HBCU campuses. Future directions were discussed.

INDEX WORDS: African American, African American college students, Help-seeking behavior, Historically Black College and University, Mental Health Literacy

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DEDICATION

I dedicate this dissertation to the Lord God Almighty. It is only by the strength God and his grace and mercy that I have successfully made it this far in my academic achievement. This dissertation is a testament that God's will will always prevail and that he had, and continues to have, a plan for me larger than I can imagine. Thank you Lord for your protection, strength, encouragement, and love.

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CHAPTER 1

INTRODUCTION

Narrative

Alicia is a 21-year-old African American female. She is a junior Chemical Engineering major on academic scholarship at a four- year Historically Black College/University (HBCU). Adjustment to college life has been difficult. Before leaving for college, she remembered feeling overjoyed and excited about the independence she was about to experience being 16 hours away from home. Her freshman year, she lived in on-campus housing with two roommates whom she was able to establish meaningful relationships.

Halfway into her freshman year, Alicia began to feel extremely homesick. She often expressed missing her hometown family and friends and would isolate herself in her room leaving only to go to class. In an effort to cheer Alicia up, her roommates encouraged her to become more social and involved in campus life. Consequently, by the end of her freshman year and into her sophomore year Alicia seemed to be better adjusted to college life. She had found her social group, held a leadership position in a campus organization, maintained good academic standing, and was in a committed relationship of 6 months.

Alicia's emotional and psychological well- being seemed to be quite different from a year ago, but she would soon face one of the most challenging aspects of life one

could experience. During the summer of her sophomore year, Alicia learned that her father was tragically killed in a car accident back home. She was devastated. Her relationship with her father was close, loving, and supportive. The thought of him no longer living left a massive void in her life that was irreplaceable and painful.

Returning to school following the funeral was challenging. In the midst of ongoing feelings of sadness over the loss of her father, she also experienced regret and guilt for being away at college and not being able to spend quality time with her family. Alicia began to experience poor concentration; so she decided to sporadically attend class. She began to experience increased irritability and uneasiness; so she started smoking marijuana and consuming alcoholic beverages to take the edge off. Her temper also became an issue leading to the end of her intimate relationship. She isolated herself from friends and the organization she had been involved in. By the end of her sophomore year Alicia was on academic probation and no longer a scholarship recipient. Alicia's life was crumbling before her eyes, and she knew this was not what she wanted for herself.

Even though Alicia was in deep emotional pain she refused to seek professional help. In Alicia's mind, the idea of seeking help would confirm her inability to handle to emotions and possibly lead to increased feelings of shame. She would ruminate over thoughts such as, "Therapy is for crazy people. In the past when I experienced difficult times I was able to pull myself through the negative feelings. Why would this time be different?" Additionally, Alicia vividly recalled lectures from her African American history course about the mistreatment of African Americans in the American health care system. Due to this heightened awareness, Alicia feared being inappropriately diagnosed, unnecessarily placed on medication, and even sent to a psychiatric hospital. Moreover,

Alicia strongly believed that if she was going to talk to someone about her problems, it was going to be God. She would say to herself, “If God can’t help, then no one can.”

The above narrative sadly illustrates a common experience among African American college students. The student experiences a distressing and emotionally taxing event, suffers great internal turmoil, yet does not seek help due to cultural perceptions regarding treatment (i.e., stigma, cultural mistrust, and spirituality). Unknowingly, students can set the stage for prolonged distress which can lead to several negative outcomes. In fact, research shows that psychological stress has been linked to lowered academic performance (Eisend, Gollust, Golberstein, & Hefner, 2007), an increased likelihood of abusing alcohol (Weitzman, 2004), and increased risk of suicidality among college students, thus highlighting the importance of mental health help seeking. On the other hand, studies have found that students who do seek help experience a decrease in symptom severity (Mahon, 2009), improved social and emotional adjustment (DeStefano, Mellott, & Petersen, 2001; Sharf & Bishop, 1973), self-confidence, and locus of control (Devi, 2003).

College students in the United States experience psychological distress at a disturbing rate. According to the National Association of Mental Illness (2012), 10% of college students were diagnosed with depression within the last year. Approximately 30% reported feeling so depressed that they could barely function (American College Health Association, 2012). Even more, the Anxiety and Depression Association of America (2010) reported that 75% of adults who suffered from anxiety experienced their first episode at the age of 22.

Documentation of mental illness among African American college students is scarce. What is known is that 53% of African American adults over the age of 18 have experienced a depressive episode (Agency for Healthcare Research and Quality [AHRQ], 2010). African Americans are 20% more likely to report experiencing serious psychological distress than Whites (Office of Minority Health, 2012); and African Americans (15%) are more likely than White Americans (6%) to express somatic complaints, which is commonly thought to conceal or be symptomatic of psychiatric distress (Surgeon General, 2001). Moreover, in 2010 19.7 % of African American adults reported having suffered from some level of psychological distress within the past year; and 4.4% of African American adults having suffered from a serious mental illness (Substance Abuse and Mental Health Services Administration, 2010). Although research exclusively on African American college students is not readily available, it stands to reason that psychological distress may be a relevant issue among African American college students as well.

Considering the case of Alicia and a plethora of supporting research, it is evident that stigma (Cheng, Kwan, & Sevig, 2013; Masuda, Anderson, & Edmonds, 2012; Vogel, Wester, Wei, & Boysen, 2005; Williams & Justice, 2010), cultural mistrust (Duncan & Johnson, 2007; Nickerson, Helms, & Terrell, 1994; Terrell & Terrell, 1981; Whaley, 2001), and spirituality (Ayalon & Alvidrez, 2007; So, Gilbert, & Romero, 2005) play a significant role in attitude towards help seeking; and consequently, influence help seeking behavior in the African American community.

Mental health related stigma is defined as one's negative attitude informed by prejudice and misinformation towards the mentally ill and mental health treatment

(Sartorius, 2007). The fear of being stigmatized is one of the most widely researched deterrents to seeking professional help (Vogel, Wade, & Hackler, 2007). Specifically, African Americans have been found to possess more stigmatizing attitudes than other racial groups (Masuda et al., 2009). Stigma is often closely accompanied by feelings of shame and embarrassment, especially among those with no prior experience in treatment (Thompson, Akbar, & Bazile, 2002), which can further entrench negative attitudes toward help seeking.

Similarly, cultural mistrust represents another dimension of attitude that reflects a negative outlook on help seeking. The mistrust of health care professionals is deeply rooted in the history of the mistreatment of African Americans in America. The experiences of blatant racism on behalf of the government and providers in the healthcare system continue to be at the forefront of African Americans' consciousness and has left many with a sense of skepticism of White providers and a sure preference for African American clinicians (Kennedy, Mathis, & Woods, 2007). Individuals endorsing high levels of mistrust in seeking professional help are not only likely to exhibit a negative attitude towards help seeking (Duncan & Johnson, 2007; Nickerson, Helms, & Terrell, 1994) but are also more likely to prematurely terminate therapy with a White provider (Terrell & Terrell, 1981). However even in instances where African American or minority providers are largely available such as on many HBCU campuses, Wagner, Liles, Broadnax, and Nuriddin-Little (2006) noted the broad emphasis on a Euro-centric approach to therapy, which often minimally considers multicultural aspects of the individuals served can consequently account for the apprehensiveness African Americans may feel towards psychological help seeking. Moreover, the finding that individuals

demonstrating a high level of mistrust in one setting are likely to display mistrust across other social settings (Whaley, 2001) also supports African Americans' hesitation and negative attitude to use psychological services when minority providers are accessible.

One of the implications of cultural mistrust of the mental health providers is African Americans having to seek alternate means of addressing psychological distress, hence the reliance on religion and spirituality. Religion and spirituality play a major role in the lives of African Americans. Reportedly, 88% of African Americans acknowledge having a strong faith in God, 79% recognize their religion as an important part of their lives, and approximately 53% attend worship at least once a week. This is in contrast to approximately 71%, 56%, and 39% of the total US population respectively (Pew Forum on Religious and Public Life, 2009). Current statistics on religion and spirituality among African Americans closely align with preferences for pastoral counseling for mental health concerns. Because the traditional stance of the counseling profession as a neutral setting minimally accounting for multicultural aspects of individuals, some African Americans heavily involved in church may come to view traditional psychotherapy as “anti-spiritual” (Boyd- Franklin & Lockwood, 2009); whereas, seeking help from a minister or pastor is deemed more acceptable.

Like many other African Americans, Alicia's attitude towards counseling seems to be preventing her from seeking assistance from a mental health professional. However, it is also possible that Alicia's lack of knowledge about mental health may be influencing her attitude towards help seeking, which in turn impacts her actual help seeking behavior. For instance, she may be unaware of knowledge pertaining to the identification of symptoms of a disorder and/or unfamiliar with viable treatment options. Knowledge may

play an additional role in the relationship between attitude towards psychological help seeking and help seeking behavior among African American college students. This role is unknown and is in great need of further examination.

Despite the lack of literature on examinations on the relationship between mental health knowledge, attitude, and help seeking behavior among African American college students, a review of related literature does in fact reveal lack of knowledge as a barrier to treatment for African American adults. Ayalon and Alvidrez's (2007) qualitative study on barriers to treatment found that lacking information about various services and treatment options prevented many African Americans in their sample from seeking help. In a sample of African American women Ward, Clark, and Heidrich (2009) discovered that lack of knowledge about mental illness and available services in addition to poor recognition of symptoms were main barrier themes highlighted by the participants. Conner, et al (2010) found the inability to recognize depression symptoms to be a barrier to help seeking among older African American adults.

While there is a body of literature, we are still not certain what African American college students know about mental health and nor do we have an understanding of the relationship between knowledge, attitudes, and help seeking behavior among African American college students. This study intends to (a) explore the relationship between knowledge, attitude, and help seeking behavior and (b) investigate the impact of cultural variables on the relationship between attitude towards help seeking, and help seeking behavior in a sample of African American college students attending an HBCU.

Statement of the Problem

Prevalence of mental illness and lack of help seeking among African American college students are of great concern. Much of the research focuses on attitude towards help seeking as a predictor of help seeking behavior. African Americans' attitude towards seeking help is complex, consisting of specific factors related to the African American culture and experience. Exploration of these variables provides insight into the common finding that African Americans tend to possess negative attitudes (Brown et al., 2010; Gloria, Hird, & Navarro, 2001; Obasi & Leong, 2009). Mental health literacy may prove to be a component in the relationship that has gone unaddressed throughout the literature.

Purpose of the Study

The purpose of this study is to investigate the relationship among mental health literacy, attitude towards psychological help seeking, and help seeking behavior among African American college students attending an HBCU.

Significance of the Study

Given the high prevalence rates and the incongruent utilization of mental health services among African American college students more research needs to be focused on addressing this issue. Understanding the relationship between mental health literacy, attitude towards help seeking, and help seeking behavior is important because literacy and attitude represent constructs capable of change through purposeful intervention strategies (Hansson, & Markström, 2014). Studies indicate mental health literate individuals are more likely to seek professional psychological assistance for themselves

and are more likely to recommend others to treatment (Jorm, Kitchener, O’Kearner, & Dear, 2004), suggesting improvement of mental health literacy and the subsequent positive influence on attitude towards help seeking may improve help seeking behavior among African American college students.

Secondly, this area of research speaks directly to the identity of counseling psychologists. The training of counseling psychologists places emphasis on research endeavors focused on multiculturalism/diversity, advocating for underserved populations, and prevention interventions (Munley, Duncan, McDonnell, & Sauer, 2004). These foci enable counseling psychologists to make a special impact on the issue of underutilization by minorities. Likewise, counseling psychologists are overwhelmingly employed by university counseling centers (Neimeyer, Taylor, Wear, & Buyukgoze-Kavas, 2011) making them particularly suited to be consumers of the findings from this study and to be able to utilize results to facilitate the development of sound strategies to improve African American college students’ use of psychological services.

Lastly, this study is important because limited research is conducted at HBCUs and even fewer studies examine mental health help seeking on HBCU campuses. A search of library databases for the keywords ‘HBCU help seeking’ and ‘HBCU mental health’ revealed a search result of 13 articles, only 2 of which were applicable to the searched keywords. Of these 2 articles, only one was empirically based while the other was labeled a periodical. Research has shown HBCUs to provide a more academically nurturing and supportive environment than PWIs, where African American students demonstrate more gains in overall development (Nelson Laird et al., 2007). However, Nealy (2007) asserts that “students at HBCUs may be at more risk for suicides and other

mental illnesses, because we are not talking about them (para. 5).” Examining HBCU African American student mental health help seeking and related variables is essential to meeting the psychological needs of students on these particular campuses.

Research Questions and Hypotheses

This study will investigate the following research questions:

1. What is the relationship among mental health literacy, attitude towards psychological help seeking, and help seeking among African American college students at an HBCU as measured by the Mental Health Literacy Questionnaire, the Attitude Towards Seeking Psychological Help Scale- Short Form, and Help Seeking Behavior self- report?

Hypothesis: There will be a positive relationship between mental health literacy, attitude towards psychological help seeking, and help seeking behavior among African American college students.

2. To what extent do stigma, cultural mistrust, and spirituality affect attitude towards help seeking, which in turn impacts help seeking behavior among African American college students at an HBCU?

Hypothesis: Stigma, cultural mistrust, and spirituality will moderate the relationship between attitude towards help seeking and will negatively impact help seeking behavior.

3. To what extent do stigma, cultural mistrust, and spirituality affect help seeking behavior among African American college students?

Hypothesis: Stigma, cultural mistrust, and spirituality will negatively impact help seeking behavior among African American college students.

Definition of Key Terms

Attitude Towards Help Seeking: Attitudes toward professional help seeking are defined as “attitude and personality domains which applies to one's tendency to seek or resist professional aid during a personal crisis or following prolonged psychological discomfort” (Fischer & Turner, 1970, p. 79). Fischer and Turner (1970) characterize attitude toward psychological help seeking as consisting of 4 distinct components: stigma tolerance, interpersonal openness, recognition of need of psychological help, and confidence in mental health providers. Assessment of attitude will be measured using the Attitude Towards Psychological Help Seeking Scale- Short Form (Fischer & Turner, 1995).

Historically Black College and University (HBCU): The Higher Education Act of 1965 defines an HBCU as an educational institution established before 1964, whose mission was and is currently devoted to the education of African Americans, and is accredited or working towards accreditation by a nationally recognized accreditation agency (US Department of Education, n.d.). The first HBCU was founded prior to the Civil War during a time when African Americans were not able to seek a formal collegiate

education (US Department of Education, 1991). Today, there are 107 recognized HBCUs (US Department of Education, 1991).

Mental Health Literacy: Mental health literacy is defined as “knowledge and beliefs about mental disorders which aid their recognition, management or prevention” (Jorm et al., 1997a). It is comprised of the five main components: the ability to recognize early symptoms of a disorder, knowledge of mental health prevention, familiarity with community resources and available treatment options, knowledge of self-help strategies for milder symptoms, and knowledge of skills needed to support others in a mental health emergency (Jorm et al., 1997a).

Help Seeking Behavior: Help seeking represents individuals making the decision and taking the initiative to access a mental health provider for a mental health related concern.

Assumptions

Data will be collected under the following assumptions:

1. Participants will be able to comprehend each item and provide a thoughtful answer.
2. Participants will complete surveys in their entirety.
3. Participants will answer all items truthfully, according to their thoughts, beliefs, and experiences.
4. Mental health knowledge can be measured through self-report.

Limitations

There are several limitations associated with the present study:

1. An empirically validated instrument to assess mental health knowledge has yet to be established.
2. The sample will be collected from one HBCU, which may not allow generalizable results among other Africans Americans with similar demographics or African American students at Predominately White Institutions.
3. Assessment of attitudes and help seeking utilizing self-report measures could lead to inaccurate responding on behalf of participants due to social desirability.

CHAPTER 2

REVIEW OF THE LITERATURE

This chapter will begin with a discussion highlighting the burden of mental illness in America, specifically its impact on individuals and the economy. Next, I will direct the focus on mental health concerns among college students, then I will infer that the prevalence of mental illness among African American college students is closely related to prevalence rates among the general African American community due to limited research. Following the discussion on prevalence rates, I will discuss the underutilization of mental health services among African American college students and attitude towards help seeking as a barrier to help seeking behavior. To better understand attitude towards help seeking and lack of help seeking behaviors among African Americans, a historical context and resulting cultural barriers will be reviewed. These barriers include stigma, cultural mistrust, and spirituality. Lastly, I will propose mental health literacy as an important variable to consider in the relationship between attitude towards help seeking and actual help seeking behavior that has yet to be examined.

Prevalence of Mental Illness

The current state of mental illness in the United States is of serious growing concern. An estimated one in four adults suffer from a mental illness within any given year, roughly translating into 61.5 million Americans (National Institute of Health (NIH), 2013). Mental illness represents the leading cause of disability in this country (World

Health Organization (WHO), 2001) with approximately one in seventeen adults diagnosed with a serious mental illness (i.e., schizophrenia, bipolar disorder, major depression; NIH, 2013) that causes significant impediments to daily functioning. Close to half of clinically diagnosed individuals have an increased likelihood of meeting criteria for co-occurring conditions (Kessler, Chiu, Demler, Walters, 2005), such as substance abuse related disorders. Studies indicate that adults suffering from a mental health disorder are three times more likely to meet criteria for a substance abuse or dependence disorder than non-sufferers (Substance Abuse and Mental Health Services Administration (SAMHSA), 2012).

Mental illness is not only problematic for individuals but it is also a public health issue as mental illness is associated with many adverse physical health outcomes. According to the Centers for Disease Control (2013), mental illness was found to be closely associated with asthma, cardiovascular disease, obesity, diabetes, epilepsy, and cancer. This provides evidence of the connection between mental health and its physiological effects on the body. Individuals who suffer from mental illnesses are less likely to effectively utilize medical services (CDC, 2013) than their healthier counterparts. Mental illness also negatively impacts individuals' cognitive capacity, which may in turn affect their ability to make informed decisions regarding their overall health; thus, increasing the likelihood of succumbing to these diseases. Statistics indicate sufferers are at an increased risk of intentional and unintentional injury to self when unstable (Hiroeh, Appleby, Mortensen, & Dunn, 2001; Wan et al., 2006).

The prevalence of mental illness in the U.S. has an even broader negative impact on the systems in which these individuals live and work. Mood disorders account for the

majority of reported mental illnesses in America (Kessler et al., 2005) and represents the third most common cause for hospitalization for individuals ages 18 to 44 (Wier, 2009). Consistent with these findings, NAMI (n.d.) reported that individuals suffering from Major Depression had higher rates of work absenteeism and less work productivity than those diagnosed with other chronic diseases. Estimates of economic costs prove to be difficult due to the burden of calculating the direct and indirect costs of these conditions (Insel, 2011). Nonetheless, it is estimated that the economy absorbs an astounding cost of \$317 billion each year, not including most of the indirect costs such as homelessness, incarceration, and co-occurring conditions (Insel, 2008). Unlike medical ailments it is the indirect costs of mental illnesses that are most expensive (Insel, 2008).

Chronic conditions like mental illness tends to begin early in life (Insel, 2011). SAMHSA (2012) reported the rate of mental illnesses among individuals ages 18-25 was more than twice as high than persons age 50 and older. Three quarters of disorders are reported to manifest at age 24 (Kessler et al., 2005). Considering the 18 to 25 age cohort is traditionally the prime age of college students in the US, there are major implications for college and university campuses nationally. These institutions are experiencing an increase in mental health related incidences (NAMI, 2012), with some scholars calling this increase a “mental health epidemic among university students (Kim, Coumar, Lober, & Kim, 2011)”. Suicide is the third leading cause of death among 15 to 24 year olds (CDC, 2012); while 7% of college students haven seriously considered ending their life (American College Health Association (ACHA), 2012). Reportedly, more than 10% of college students have been diagnosed or treated for depression in the past year (NAMI, 2013), while 30% of students reported feeling so depressed it was difficult for them to

function (ACHA, 2012). Statistics show that depression can be linked to many negative outcomes such as lowered academic performance (Eisend, Gollust, Golberstein, & Hefner, 2007; NAMI, 2012), an increased likelihood of abusing alcohol (Weitzman, 2004), and an increased risk of suicidality (NAMI, 2013). All of these outcomes are of grave and growing concern for college and university officials.

Although there is a growing body of research that examines general college student mental health, few studies examine psychological distress among African Americans college students. The majority of the research available compares psychological distress between African American and White American adults. For instance, African Americans are 20% more likely to report experiencing serious psychological distress than Whites (Office of Minority Health, 2012); and African Americans are more likely than White Americans to express somatic complaints (15% and 6% comparatively). Somatic complaints are a common symptom believed to conceal psychiatric distress (Surgeon General, 2001). SAMHSA reports that 19.7 % of African American adults reported having suffered from some form of psychological distress within the past year; and 4.4% of African American adults having suffered from a serious mental illness (Substance Abuse and Mental Health Services Administration, 2010). These results indicate high levels of distress among African Americans, yet there is limited research being devoted to this vulnerable population.

Although there are higher prevalence rates of mental illness for African Americans than for Whites, there exists dissention among scholars about the reason for this discrepancy. Some studies assert that the differences initially observed are eliminated when demographic variables are controlled. For example, the National Comorbidity

Survey (Kessler et al., 1994) conducted a national survey of 666 African Americans and 4,498 White Americans representative of individuals living in the US. This study revealed that African Americans were actually less likely to experience a lifetime prevalence of mental illness than White Americans with or without controlling for demographics and socioeconomic status. Some scholars take issue with such findings citing that African Americans in general are overrepresented in high risk and vulnerable populations (e.g. the homeless) and tend not to take part in household surveys like the census (O'Hare et al., 1991; Davis, Wallace, Shanks, 2013). Additionally, experiences with racism and discrimination are an unfortunate common experience among minorities in America, and this may not have been accounted for in various studies examining prevalence rates. Grekin (2012) found that 90% of African American college students had experienced racism in their lifetime. Researchers indicate that racism and discrimination place all African Americans at a greater risk for depression and anxiety (Ajrouch et al., 2010; Taylor & Turner, 2002). Further, the rate of anxiety, depression, stress, and uncertainty about the future were significantly higher among African American students who reported higher levels of perceived racism and discrimination distress (Chao, Mallinckrodt, & Wei, 2012). These two factors (i.e., high risk vulnerable populations and exposure to racism/discrimination) provide substantial support to conclude that psychological distress and mental illness are high among African Americans. However, these rates do not equate to higher utilization of mental health services. This conclusion has significant implications for African American college students, a population that has historically faced barriers to success in academic environments (Cureton, 2003; Harper et al., 2011; Guiffrida & Douthit, 2010).

Help Seeking and African Americans

When examining underutilization of services within a health care setting including mental health settings among any population, consideration must be given to the historical background of that population in relation to that setting. For African Americans, the history of mistrust and maltreatment arguably began with the Eugenics Movement. Dr. Robert Gutherie chronicled the accounts of this movement and its effect on the African American community in his classic book, *Even the Rat was White* (2004). He described how Sir Francis Galton, a cousin of Charles Darwin, purported to illustrate that “genius and greatness followed family lines” with his experiments on basset hounds (p.43). Galton later expanded his research and applied his findings to humans. He asserted that great intellectual ability and talents were inherited. His proposed science on heredity prompted the notion of “racial improvement through selective mating and sterilization of feeble-minded, social undesirable, unfit individuals” (p.43). This premise was the birth of the Eugenics movement. The concept of Eugenics was accepted worldwide and subsequently was used to justify many racist policies, programs, and agendas (Okeagu et al., 2010). In the US, officials including White psychologists were great consumers of Galton’s research and utilized his ideas to rationalize segregation and sterilization of the incarcerated, mentally ill, and impoverished people (Gutherie, 2004; Okeagu et al., 2010). All of these events negatively and disproportionately impacted the African American community. The Eugenics movement set the stage and was the driving force for many other atrocities. The Tuskegee Experiment in which the United States Public Health Service withheld treatment for syphilis from 400 African American men from 1932 to 1972 (Kennedy, Mathis, & Woods, 2007); the Henrietta Lacks injustice

where doctors neglected to treat Lacks' pervasive cancer, instead opting to harvest her cells to expand medical research globally are just a few well known examples. The extensive history has had a significant and negative impact on health and mental health help seeking by African Americans; thus, these events fostered a sense of mistrust, fear of being misdiagnosed, and hospitalized (Whaley, 2001).

The underutilization of mental health services by African Americans is consistently found throughout the literature. African Americans are significantly less likely than White Americans to have sought mental health treatment in their lives (Brown et al., 2010). The Agency for Healthcare Research and Quality (2011) reported that 8.7 % of African American adults over 18 received counseling or treatment for a mental health disorder, compared to 16% of Whites in 2009. This same trend is seen within college and university settings. Minority students were found to have fewer direct and indirect experiences with help seeking than White students (Masuda et al., 2009). Kearney, Draper, and Baron (2005) examined 1,166 college students' utilization of counseling center services across 40- 50 colleges and universities. They found that African American students underutilized services and prematurely terminated therapy. Hays et al. (2011) more recently investigated counseling center use across the US and discovered that students of color presented with higher levels of psychological distress, suggesting that students of color underutilize services in comparison to their high distress levels.

Similarly, research at an HBCU indicated that even though there may be a need for seeking counseling services, African American males were less likely to seek services (Henderson, Geyen, Rouce, Griffith, & Kritsonis, 2007). In addition, more years of educational attainment was associated with increased likelihood of service utilization,

and prior experiences in counseling lessened the likelihood of continued use of services during college years (Henderson, et al., 2007). The authors hypothesized that the finding that more years in college increased the likelihood of help seeking behavior was potentially due to increased campus participation over the years and exposure to the counseling center through outreach and workshops. This exposure likely decreased stigma associated with the counseling center.

Extant literature classifies mental health help seeking behavior into two categories: formal and informal help seeking. Formal help seeking signifies an individual seeking assistance from a recognized professional source for “advice, support, and/or treatment of a psychological/ emotional concern (p.10)” (e.g., primary care physician, psychiatrist, psychologist) (Rickwood, Thomas, & Bradford, 2012). Informal help seeking represents pursuing assistance from a social network of individuals (e.g., family, friends) who have a “personal relationship not professional with the seeker (p. 11)” (Rickwood, Thomas, & Bradford, 2012). Consistent with the historical context of mistreatment, African Americans are more likely to utilize informal sources in an attempt to relieve symptoms (Chiang, Hunter, & Yeh, 2004), such as through religion and spirituality. This aspect of help seeking will be detailed later on. The overuse of informal help seeking strategies and underuse of formal help seeking services is an indicator of barriers and/or cultural preferences experienced by the population.

Attitude and Help Seeking

Several barriers to formal help seeking have been identified. These include instrumental barriers such as lack of insurance or inadequate insurance coverage, inaccessibility to services (Conner et al., 2010; Lasser, Himmelstein, Woolhandler,

McCormick, & Bor, 2002), and lack of quality of care (Kennedy, Mathis, & Woods, 2007). However, one possible reason for underutilization of mental health services is one's attitude towards psychological help seeking. Many scholars have found attitude to be relevant to the discussion on professional help seeking behaviors among African American college students (Duncan & Johnson, 2007; Obasi & Leong, 2009; So, Dominicus, & Gilbert, 2005; Williams & Justice, 2010)

Attitudes toward professional help seeking are defined as “attitude and personality domains which applies to one's tendency to seek or resist professional aid during a personal crisis or following prolonged psychological discomfort” (Fischer & Turner, 1970, p. 79). This multidimensional construct reflects an individual's ability to recognize a need for help, the ability to tolerate stigmatic views from others, confidence in the treatment provider, and the willingness to openly disclose personal matters (Fischer & Turner, 1970). A study investigating these dimensions of attitude among African American college students found that the more students were able to recognize their need for help, their stigma tolerance increased, along with their interpersonal openness, and confidence in the profession; when students' stigma tolerance increased, the more open and confident they felt with the profession; and lastly, as interpersonal openness increased, the more confident they felt with the profession (So, Dominicus, & Gilbert, 2005). The results of this study demonstrated the interconnectedness of each dimension of attitude as outlined by Fischer and Turner (1970); however, general assessments of African American college students have revealed a tendency of African American students to possess a negative help seeking attitude regardless of attending a Predominantly White Institution or an HBCU (Williams & Justice, 2010). Even more, as

African American college students experience increased psychological distress, attitude towards psychological help seeking became more negative (Obasi & Leong, 2009). Specifically, Obasi and Leong (2009) state that increased psychological distress was associated with negative stigma tolerance and willingness to disclose personal details of one's life to a mental health clinician.

Examinations of help seeking attitudes in relation to the historical and daily lived experiences of African Americans present an opportunity to better understand the negative attitudes and underutilization of services among this population. Cultural barriers play a critical role in influencing attitude and appear to provide insight into why African American college students tend to perceive psychological help seeking negatively (Brown et al., 2010; Gloria, Hird, & Navarro, 2001 as cited by So, Dominicus, & Gilbert, 2005). Additionally, cultural barriers must be evaluated throughout the discussion of psychological help seeking (Leong, Wagner, & Tata, 1995) and is found to be a multifaceted concept comprised of factors such as stigma, mistrust, and spirituality, which serve as significant contributors to overall attitude and help seeking behavior.

Stigma. Stigma is the most commonly cited deterrent to seeking professional psychological help among the general population (Vogel, Wade, & Hackler, 2007). Stigma is defined as “a negative attitude based on prejudice and misinformation triggered by a marker of illness” (Sartorius, 2007, p. 810). Stigma has a significant effect on help seeking behaviors among African Americans due to the potential of falling under two stigmatizing labels (i.e., race and mental illness). This is known as double stigmatization (Cheng, Kwan, & Sevig, 2013; Pescosolido et al., 2008). The literature establishes two

dimensions of stigma, public stigma and self-stigma. It is important to establish the distinction between the two.

Public stigma refers to society's negative beliefs and attitudes towards individuals who suffer from mental illness (Corrigan, 2006). Individuals suffering from mental illness, who are often considered outsiders of the group, are often viewed by others as incompetent, unpredictable, threatening (Kurzban & Leary, 2001) or socially unacceptable (Vogel, Wade, & Haake, 2006), resulting in common experiences of social alienation and discrimination (Corrigan & Shapiro, 2010; Dickerson, Sommerville, & Origoni, 2002). African Americans are more likely to perceive individuals with mental disorders as dangerous and violent (Anglin, Link, & Phelan, 2006) and these perceptions persist even after having increased contact with individuals who have sought counseling (Whaley, 1997). Conner et al.'s (2010) qualitative study on barriers to treatment highlights one man's experience with depression and stigma.

“Think they ain't trustworthy, you know. This whole thing like, “You crazy or something.” You ain't crazy, but they think you're crazy, because you might act different . . . They think you're going to harm them or something like that or . . . Dangerous or something like that” (Mr. W, a 75 year-old man) (p. 976).

In other words, the participant is explaining being stigmatized and perceived as dangerous due to his depression diagnosis.

In a study of racial and ethnic minority college students (Cheng, Kwan, & Sevig, 2013), higher levels of psychological distress predicted increased perceived stigmatization by their peers and increased self-stigma associated with help seeking. Many feel that seeking

professional help is not considered socially acceptable among family and friends (Cooper-Patrick et al., 1997). According to Masuda et al. (2009), African American college students possessed greater stigmatizing attitudes and lower stigma tolerance toward people diagnosed with a mental illness in comparison to other students.

Self- stigma represents “the internalized psychological impact of possessing a stigmatizing characteristic” (Bathje & Pryor, 2011, p. 163). In other words, it is the application of the negative beliefs and stereotypes to oneself (Corrigan & Shapiro, 2010). The impact of self- stigma on a personal level can lead to lowered self-esteem, decreased self-efficacy (Corrigan & Shapiro, 2010), shame, embarrassment (Thompson, Akbar, & Bazile, 2002), and overall lowered psychological well- being (Owen, Thomas, & Rodolfa, 2013). Unlike public stigma, only self- stigma among African Americans has been directly linked to attitude towards treatment (Brown et al., 2010). This finding is consistent with multiple studies that declare self- stigma to be significantly more influential in attitude towards help seeking and help seeking behavior (Topkaya, 2014; Vogel, Bitman, Hammer, & Wade, 2013; Vogel, Wade, & Hackler, 2007). Cauce et al. (2002) argues that an individual’s social network can determine which behaviors are deemed culturally acceptable. Cultural values and teachings such as self- reliance and keeping personal conflicts to oneself and close others (Boyd-Franklin, 2003) may contribute to concealment of symptoms. It has been shown that racial and ethnic minorities who are concerned with being publically stigmatized by others for seeking help are more likely to internalize the stigmatizing messages (Cheng, Kwan, & Sevig, 2013). African Americans’ beliefs about mentally ill persons emphasizes a culturally-specific stigma unique to other racial groups.

Cultural Mistrust. Cultural mistrust, also known as healthy cultural paranoia, was a term developed by Terrell & Terrell (1981) to capture African Americans' suspiciousness and distrust of White institutions, systems, and interpersonal interactions. Cultural mistrust signifies an attitudinal manifestation of historical (Irving & Hudley, 2005) and continued mistreatment of African Americans in the US that is never forgotten (Gardner, 2008; Kennedy, Mathis, & Woods, 2007; Terrell & Terrell, 1981). Individuals endorsing higher levels of mistrust are more likely to prematurely terminate therapy with White therapists (Terrell & Terrell, 1984) and are at an increased risk of lowered psychological well-being (Bell & Tracey, 2006). The notion of mistrust was captured in Avalon and Alvidrez's (2007) study on African American barriers to treatment:

“Any time a Black American goes to one of the systems in America, he has suspicions. He has anxieties . . . if you don't know, you're going to be afraid” (Avalon, & Alvidrez, 2007, p. 1329).

Nickerson, Helms, and Terrell (1994) suggested cultural mistrust to be the most reliable and significant predictor of help seeking attitudes at predominately White clinics. In their study, 105 African American college students at a predominately White institution were evaluated to investigate the relationship between cultural mistrust, opinions about mental illness, and attitude toward help seeking staffed primarily by White counselors. Results showed that an increased level of mistrust of White providers was associated with a more negative attitude, while opinions about mental illness demonstrated no consistent relationship. Duncan and Johnson (2007) found demographic variables and mistrust combined significantly predicted attitude towards help seeking among African American college students.

Researchers also have suggested that the relationship between mistrust and attitude is further hindered by poor patient-provider relationships, lack of cultural competence and sensitivity, and a sure preference for a racially similar clinician (Kennedy, Mathis, & Woods, 2007). It would appear that African American students attending an HBCU would not be as concerned with mistrust of providers due to the fact that most counselors on these campuses tend to be minorities as well and counselor preference would likely be met. However, Whaley (2001) argued that the construct of cultural mistrust reflects a broader cultural experience that is not just restricted to clinical settings. His review of related literature provided evidence that levels of mistrust regarding counseling closely parallels levels of mistrust in other social settings. Watkins and Terrell (1988) add to the finding indicating that highly mistrusting African American college students have lower expectations of counseling than less mistrustful African American students and the associated trend persists regardless of the counselor identifying as African American. Furthermore, Wagner, Liles, Broadnax, and Nuriddin-Little (2006) hypothesized underuse of services among African American college students, even on HBCU campuses where African American clinicians are likely employed, may be due to the broad use of Euro-centric approaches to counseling that ignore multicultural competencies and sensitivity. Essentially the findings suggest students may feel a lack of connectedness to the profession and their values.

Spirituality. One institution where African Americans have been able to experience a cultural connection is church. Spirituality and religion serve as a prominent function in the lives of African Americans (Cheug & Snowden, 1990; Sherkat, 2002; Taylor & Chatter, 1988). The church has provided a refuge for African Americans to thrive

amongst persistent oppression, economic hardships, and the consequences of these events for many generations (Hardy, 2012).

Traditionally, African American churches have demonstrated a sensitivity to the needs of the African American community; whereas, formal sources of assistance have been, and continue to be, out of reach (Farris, 2006). A recent national poll indicated that 88% of African American adults acknowledge having a strong faith in God, 79% endorse religion as an important part of their lives, and approximately 53% attend worship at least once a week, as opposed to approximately 71%, 56%, and 39% of the total US population respectively (Pew Forum on Religious and Public Life, 2009). Likewise, African American college students have been found to be more religious than other racial groups (Cokley, Garcia, Hall-Clark, Tran, & Rangel, 2012). Cokley et al. (2012) noted 82% African American college students in their sample identified as being religious, as compared to 64% of Hispanic participants, and 57% of Asian American participants.

While spirituality and religion appear to be used interchangeably throughout literature, researchers conceptualize the terms as separate constructs. Spirituality has been defined as having an intrinsic relationship with God or a divine being that is expressed through beliefs and behaviors (Cascio, 1999), whereas religion represents the following of specific rituals and practices (Boyd-Franklin & Lockwood, 2009). Evidence suggests that both spirituality and religion can have positive impacts on people's lives.

Identification and practice of religious activities is found to promote higher self-esteem (Le, Tov, & Taylor, 2007), improve academic performance (Phillips, 2000), increase life satisfaction, and enhance overall psychological well-being (Gartner, 1996). Spirituality can also function as a protective factor against depression (Balbuena, Baetz, & Bowen,

2013) and enhance resilience and sense of purpose for African American (Hendon, 2003). For many African American college students, spirituality and religion are a salient part of adjustment to college (Phillips, 2000), however more African American college students identify as spiritual than religious (Cokley et al., 2012).

Due to their prominent community roles and levels of comfort experienced with spiritual leaders, some African Americans seek their support from pastors rather than a traditional mental health professionals (Chatter et al. 2011; Wimberly, 1997). Neighbors, Musick, and Williams (1998) noted African Americans who sought help from a spiritual resource first were less likely to seek help from other professionals. Some contemporary research suggest spiritual help seeking to be an act of faith in itself citing,

“For true believers seeking help within the Christian community should always be our first line of defend [sic] against and [sic] attack. It is recognized that not every church community is prepared to handle all situation [sic] and when this occurs then prayerfully we may have to seek help outside of the church such as legal matters and some financial situations (Hardy, 2014, p. 214).”

This quote highlights culturally endorsed strategies (Conner et al., 2010) to handling psychological distress and implies a lack of faith if one does not subscribe to these practices.

Researchers have referred to pastors as gatekeepers and key referral agents in linking people to vital resources in their community (Farris, 2006; Poole & Salgado de Snyder; 2002), especially during times of crisis. Boyd-Franklin and Lockwood (2009) asserted that the community of counseling professionals has traditionally presented itself

as a neutral forum, which unfortunately ignores a large component of the African American value system. Consequently, this stance may not only prevent African Americans from seeking services but may also lead some deeply religious African Americans toward viewing therapy as anti-spiritual.

In summation, attitude towards psychological help seeking is an important factor to examine in relation to help seeking behavior. The research also implies the crucial impact of stigma, cultural mistrust, and spirituality on attitude towards help seeking among African American college students, which in turn can impact help seeking behavior. These factors must be taken into consideration; however, there is a shortage of research illustrating the role stigma, cultural mistrust, and spirituality play between attitude and help seeking behavior among African American college students attending an HBCU.

It has been stated that, “clients who are unprepared for counseling or who have negative attitudes toward this service may simply be unaware of what counseling is, its objectives, and its benefits” (West et al., 1991, para. 15). In other words, authors suggest negative attitudes towards counseling may be influenced by an insufficient knowledge of mental health. This presents another possible factor related to the underutilization of mental health services by African American college students. For this reason, the researcher proposes a closer look at knowledge of mental health as a variable in the current study.

Mental Health Literacy

The concept of mental health literacy was first introduced by Australian researcher Dr. Anthony Jorm to draw attention to a neglected area of research and public health intervention in the late 90s (Jorm, 2012). Jorm et al. (1997a) defined mental health literacy as “knowledge and beliefs about mental disorders which aid their recognition, management or prevention (p. 182)”. He emphasized that mental health literacy is “knowledge that is linked to the possibility of action to benefit one's own mental health or that of others” (Jorm, 2012, p. 213). Jorm et al. (1997a) outlines mental health literacy as consisting of five main components: the ability to recognize early symptoms of a disorder, knowledge of mental health prevention, familiarity with community resources and available treatment options, knowledge of self-help strategies for milder symptoms, and knowledge of skills needed to support others in a mental health emergency.

Research regarding mental health literacy has been largely conducted in Australia. Early studies revealed low literacy among Australian adults in the general public (Jorm et al, 1997a; Jorm, 2000). In response to the disturbing observation, Jorm and colleagues enthusiastically pushed for more attention around the mental health literacy and was able to garner support from the Australian government and many researchers around the world (Dahlberg, Waern, & Runeson, 2008; Jorm, 2000). His work sparked national campaigns to enhance mental health literacy in a number of countries including Australia (Dumesnil & Verger, 2009; Evans-Lacko, London, Little, Henderson, Thornicroft, 2010).

Although mental health literacy has a brief 17 year history, researchers have identified, the ability to recognize disorders and familiarity with available treatment options, as two essential components of literacy most associated with help seeking

(Hugo, Boshoff, Traut, Zungu-Dirwayi, & Stein, 2003; Rusch, Evans-Lacko, Henderson, Flach, & Thornicroft, 2011). Specifically, data shows Americans are able to identify mental health disorders at a high rate, with recognition of depression as most commonly observed while others tend to have lower rates of recognition. For example, 58% of adults correctly identified depression and 41% correctly identified ADHD in children (Pescosolido et al., 2008). Correct labeling of disorders is significant because it has been associated with an increased likelihood of participants seeking professional assistance; whereas, incorrectly labeling a mental illness as stress or a life problem can lead to delays in treatment and/or informal less effective strategies to relieve symptoms (Jorm, 2000). Disorder recognition is often said to be the necessary first step towards facilitating psychological help seeking (Reavley & Jorm, 2011).

Furthermore, inaccurate beliefs about helpfulness of treatment interventions such as medications are likely to impact help seeking and treatment compliance (Reavley & Jorm, 2011). According to Jorm, Mackinnon, Christensen, and Griffiths, (2005) Australians were shown to possess negative attitudes towards psychotropic medications and a more positive attitude towards therapy and self-help strategies. Contrary to international studies, Americans reported a general positive attitude towards treatments and belief in effectiveness, but also indicated an unwillingness to engage in certain treatments (Croghan et al., 2003) eluding to stigma associated with being classified as mentally ill. More recent surveys have suggested beliefs about treatment interventions can be improved over time (Reavley & Jorm, 2011), however there is still room for additional improvement in the US.

Studies have made connections between mental health literacy and attitudes towards persons diagnosed as mentally ill. Higher levels of mental health literacy have been linked to decreased stigma towards the mental ill and are more likely to seek professional help for themselves and/or recommend help to others (Jorm, Kitchener, O’Kearney, & Dear, 2004). Similarly, higher literacy scores are significantly associated with lower stigmatizing attitudes and a stronger belief in mental illness as an illness as opposed to a weakness (Reavley, Morgan, & Jorm, 2014). The connection between mental health literacy, attitude towards help seeking, and help seeking behavior has not been examined among African American college students.

To the present researcher’s knowledge, only one study has examined mental health literacy and stigma attitude among African American college students underscoring a void in the literature. Stansbury et al’s (2011) explored depression mental health literacy among African American college students. Their results showed 62% of the sample was able to correctly identify depression as the depicted disorder; of those who identified depression, 41% supported seeking professional help. Participants also rated medications as a harmful treatment option for depression. Of those who incorrectly labeled depression, 35% of the group supported professional help seeking and endorsed pain relievers, antibiotics, and tranquilizers as a helpful treatment intervention. Lastly, one-third of all participants perceived mental illness to be a sign of personal weakness.

These findings demonstrate three major points: (a) African American students demonstrated a lower ability to recognize depression in comparison to other college students (62% to 74%, respectively) (Reavley, McCann, & Jorm, 2012), (b) disorder recognition impacted beliefs about appropriate treatment options and the likelihood of

viewing professional help seeking as a necessary recommendation, (c) higher mental health literacy may have influenced stigma attitude considering majority of the students were able to identify depression, however empirical supports for this observation was lacking, and finally (d) we still do not have a clear understanding of how mental health literacy impacts actual help seeking behavior. The connection between mental health literacy, attitude towards help seeking, and help seeking behavior have not been thoroughly explored among African American college students.

Conceptual Framework

The conceptual framework driving the underpinning of the present study is the Theory of Reasoned Action (TRA). TRA represents 4% of studies that have utilized a conceptual framework to explain help seeking behavior making it one of the most frequently cited theories for this type of research (Rickwood & Thomas, 2012). TRA was also chosen for its simplicity and previous use with minority populations (Kim & Park, 2009; Mesidor & Sly, 2014).

TRA proposes that an individual's behavior is based on their intentions to perform the behavior, which is in turn influenced by the individuals' attitude towards the behavior and subjective norms (Ajzen & Fishbein, 1980). Attitude and subjective norms are defined as the following: attitude towards the behavior are "the person's judgment that performing the behavior is good or bad" (Ajzen & Fishbein, 1980, p.6) and subjective norms are "the person's perception of the social pressure put on [them] to perform or not perform the behavior in question" (Ajzen & Fishbein, 1980, p.7). Intentions to perform a

behavior have been defined in other studies as a “willingness to perform the behavior” (Albarracín, Johnson, Fishbein, & Muellerleile, 2001, p.143).

The present researcher operationalized attitude as “attitude towards help seeking” and performance of the behavior as “psychological help seeking behavior.” While subjective norms have been proven to be an asset to predicting help seeking behavior, the inclusion of subjective norms is beyond the scope of this study. Behavioral intentions was also excluded from the study as some research suggests the relationship between intentions and behavior to be weak and not as important as initially thought (Hardeman et al., 2002). For this reason, the present researcher chooses to focus on understanding the relationship between the added variable of mental health literacy, attitude towards help seeking, and help seeking behavior as a modification to the TRA. According to the definition of attitude as “the person’s judgment that performing the behavior is good or bad”, it is hypothesized that an individual will most likely rely on what they know and understand about the behavior (i.e. mental health literacy), which will influence their attitude toward the performance of the behavior (i.e. attitude towards help seeking), and subsequently influence their behavior (i.e. help seeking behavior). The present study will be the first of its kind, to the researcher’s knowledge, to utilize TRA as a conceptual framework to gaining deeper insight into the help seeking behavior of African American college students attending an HBCU.

Conclusion

The prevalence of mental health concerns and the underutilization of services among African American students is a cause for great attention. The present study will explore the relationship between mental health literacy, attitude towards help seeking, help seeking behavior, and how stigma, cultural mistrust, and spirituality impact attitude and help seeking behavior. Individuals demonstrating higher levels of mental health literacy have been linked to decreased stigma attitudes towards the mental ill and are more likely to seek professional help for themselves and/or recommending help to others (Jorm, Kitchener, O’Kearney, & Dear, 2004) provides some indication that the variables of interest are related among African American college students attending an HBCU. It is the researchers hope that results from the study will shed insight to the development of outreach strategies to increase mental health help seeking among African American college students.

CHAPTER 3

METHODOLOGY

Description of the Sample

The sample included individuals who self- identify as African American or Black; were currently enrolled as a full or part time undergraduate student; and were between the ages of 18-25. The power analysis for conducting a mediator analysis using 5 predictors, assessing for a small-to-medium effect size (.08-.10), and a power of .95, established a sample size of 140-260 participants.

Recruitment of Participants

Setting. The present study was conducted at a four-year, public, HBCU located in the southeastern region of the United States. To date, this university remains the only HBCU among 11 state universities to hold membership within this state's State University System. The ethnic profile of the campus is made up of 90% African American students with an approximate enrollment 11,000 students in the fall of 2013. Students have access to a counseling center located at the heart of campus. The counseling center has International Association of Counseling Services (IACS) accreditation dating back to 2009. IACS accreditation represents a staple of high professional standards and excellence in service delivery on university campuses (IASC,

2015). Currently, this HBCU is one of only 5 HBCUs who hold this prestigious recognition. The counseling center employs 4 licensed mental health professionals, one of which possesses a doctorate degree in clinical psychology. A variety of services are offered to enrolled students including individual counseling, group counseling, outreach, consultation, and psychiatric services at no fee.

According to the university webpage, the counseling center did not have any initiatives specifically targeting help seeking behavior, attitude toward help seeking behavior, or knowledge of mental health. However, the center oversaw Active Minds, a student led organization dedicated to increasing mental health knowledge and awareness on college campuses. The center also devoted resources towards increasing knowledge and awareness around HIV/STIs. Both such activities, in addition to the variety of services offered have the potential to increase visibility and therefore, impact help seeking behavior, attitude towards help seeking, and mental health knowledge and awareness.

Data collection took place during spring 2015 over the course of 5 days. Participants in the study were recruited through the Psychology, Criminology/ Sociology, Education, School of Business and Industry, and Allied Health departments. Contact with professors was established via email requesting their assistance in the recruitment of participants. The recruitment email to the professors outlined the purpose of the study, inclusion criteria for study participation, and the approximate survey completion time (i.e., 20-30 minutes). Professors willing to allow the researcher to collect data during their classes were then scheduled for specific dates and times for data collection.

Procedure

The researcher was the sole data collector. The researcher explained the purpose of the study and estimated time of completion prior to the distribution of the survey packets to potential participants. Students who elected to participate were presented with an informed consent waiver describing the purpose of the study, benefits to participation, involvement risks, procedure, confidentiality, and the researcher's contact information. The researcher also indicated that participation is voluntary. Written confirmation of consent was waived and willingness to participate in the study was assumed by student's opting to complete the survey packet. Students were allowed to terminate their involvement at any time. Participation was considered confidential due to the nature of the data collection setting. To control for ordering effects, students were given one of two versions of the survey packet. After completion of the survey packet, students were instructed to hand submit their packet to the examiner. All collected materials were securely placed into a folder.

Students were incentivized to participate in the study with the opportunity to win one of five \$25 gift cards in a raffle. Students had the opportunity to enter the drawing regardless of the degree of completion of the survey. To enter the drawing, students were instructed to place their name and email address in a drawing box provided by the examiner. Winners were randomly drawn from the raffle box and notified within four

days of their participation. Following the drawing of winners, all raffle entries were shredded.

Instruments

Demographics. Using a researcher-developed demographic questionnaire, participants were asked to report race/ethnicity, age, gender, major, and classification.

Mental Health Literacy. The following method of assessing mental health knowledge was closely modeled after Reavley, Morgan, and Jorm's (2014) Australian national tele-survey of 6019 respondents. Their mental health literacy scale was designed to measure the mental health knowledge of "affective disorders, anxiety disorders, and schizophrenia/psychosis" (p.61) through assessing ability to recognize the disorders and "beliefs about the helpfulness of interventions" (p. 61). Participants read one of six case vignettes (e.g. depression, depression with suicidal thoughts, early schizophrenia, chronic schizophrenia, social phobia, and PTSD) then asked, "What, if anything, would you say is wrong with (John/Jenny)?" Next, they were asked follow up questions pertaining to helpfulness of interventions. Participants were asked how the person could best be helped from a list of professionals and medical/behavioral interventions. They were asked to rate each professional and intervention as either helpful, harmful, or neither. A sample of options from the list included, but was not limited to: General Practitioner, Pharmacist, Psychiatrist, Psychologist, vitamins/minerals, pain relievers, sleeping pills, antipsychotics, become physically active, cut out alcohol, psychotherapy, meditation, etc. Additional information was gathered pertaining to contact with individuals as described in the vignettes, personal struggles similar to those described in the vignette, and stigma attitudes to support validity for the scale. Reavley, Morgan, and Jorm (2014) surveyed

over 1500 health and mental health professionals with the same survey items prior to administration to the public to determine acceptable versus unacceptable responses. A consensus of at least 66% of the profession was reached in order to rate an intervention as helpful and at least 50% of the profession had to agree for an intervention to be labeled as harmful. The authors of the study found the consensus of helpful interventions to reflect evidence based and clinical practice guidelines. Participants were given 1 point for every correctly identified disorder, 1 point for each intervention listed as helpful, and 1 point for every intervention listed as harmful. Confirmatory factor analyses have been not conducted on the scale further demonstrating that the development of the scale is still in its infancy.

The present researcher modified Reavley, Morgan, and Jorm's (2014) mental health literacy scale with hopes of tapping into a more distinct construct of knowledge rather than beliefs, hence the renaming of the scale to Mental Health Literacy Questionnaire. Consequently, the researcher with statistical consultation developed a 16-item questionnaire where participants are scored based on right or wrong answers. The modified scale was piloted with 10 African American college students (2 males, 8 females) in which participants were given 2 male and 2 female vignettes depicting an individual suffering from a clinical disorder as outlined in the DSM-V (i.e., Major Depression Disorder, Schizophrenia, Anxiety Related Disorder, and Substance Abuse Disorder) and asked to identify the disorder. Prior research has found little to no difference in responses based on sex of the vignette (Jorm et al., 1997b). The researcher developed each vignette to reflect DSM-V criteria and common African American collegiate experiences. A sample case vignette is, "Shay is a 24-year-old female. For the

last 15-21 days, Shay has been feeling like she can't do anything right. She has decided to no longer continue volunteering as a mentor/tutor. She also has stopped participating in her church choir which she used to love. Shay has seen an increase in her appetite which has resulted in significant weight gain. Further, she has been sleeping more than usual and has been missing classes. Shay often describes feeling discouraged and worthless and has most recently begun to experience thoughts of death." Next, participants were asked 3 subsequent questions pertaining to identification sets of mental health/ health professionals and treatment options that would be most helpful, and identifying appropriate self- help strategies. Professional choices were as follows: No professional would be helpful; General Physician / Family Doctor; Pharmacist; Psychiatrist; Counselor, Social Worker, or Psychologist; Spiritual Healer/Religious Leader (i.e., Pastor, Minister, Priest, Rabbi, Imam); and/or an Herbalist or Naturopath. One choice was permitted. Treatment option choices consisted of the following: there are no effective treatments for these types of problems; sleeping pills; psychotherapy/ counseling; take a daily multivitamin; medication (i.e, antidepressant, antipsychotic, etc.); and/or antibiotics. Multiple answers were allowed if desired. Lastly, self- help strategy options were: Becoming more physically active; drinking more alcohol and/ or smoking more marijuana; going on a special diet; watching more television; reading about people with similar problems and how they dealt with them; attending workshops on relaxation, stress management, or yoga; and cutting out alcohol and marijuana all together. Multiple answers were allowed in response to this question.

The following were considered appropriate answers for each assessed area of knowledge: Correctly identifies appropriate disorder as depicted in the case vignette;

Identifies the appropriate professional (General Practitioner; Psychiatrist; Counselor, Social Worker, or Psychologist); Identifies the appropriate treatment option (psychotherapy/ counseling; medication [i.e., antidepressant, antipsychotic, etc.]); and identifies appropriate self-help strategies (Becoming more physically active; reading about people with similar problems and how they dealt with them; attending workshops on relaxation, stress management, or yoga; and cutting out alcohol and marijuana all together). Respondents were given a score of 1 for each correctly identified disorder and each correct treatment option. Respondents were given a score of 0 for each incorrect selection of disorders and treatment options. Potential scores ranged from 0 to 40. Higher scores on the questionnaire indicated greater mental health knowledge. On this first version of the Mental Health Literacy Questionnaire, participants were only permitted one possible answer to identify a professional. This item was not included in the calculation of reliability due to this error. However, Cronbach's alpha revealed an internal consistency of .49 for the remaining items, indicating poor reliability for items assessing identification of disorders, treatment options, and self-help strategies. Cronbach's alphas were obtained for each component of literacy separately revealing self-help strategies negatively impacted on the overall reliability for the scale. Subsequently, self-help strategies was removed and Cronbach's alpha was recalculated yielding a slight increase in consistency (.53). The resulting poor internal consistency of .53 is believed to be the result of a small pilot sample size. The researcher remained optimistic about item consistency improvement with a larger sample.

The final version of the mental health knowledge questionnaire consisted of 12 items assessing disorder recognition, knowledge of appropriate professionals and the

ability to identify appropriate treatment options. The same four vignettes were used to assess participants' ability to identify Major Depression Disorder, Schizophrenia, Anxiety Related Disorder, and Substance Abuse Disorder. The professional item was modified to allow for multiple answers, only 3 of which were considered acceptable responses (i.e., General Physician / Family Doctor; Psychiatrist; and Counselor, Social Worker, or Psychologist).

The following were considered appropriate answers: Correctly identifies disorder; General Practitioner; Psychiatrist; Counselor, Social Worker, or Psychologist, psychotherapy/ counseling; and medication (i.e., antidepressant, antipsychotic, etc.). Respondents were given a score of 1 for each correctly identified disorder and treatment options. Respondents were given a score of 0 for each incorrect selection of disorders and treatment options. Potential scores ranged from 0 to 24. Higher scores on the questionnaire indicated greater mental health knowledge.

Help Seeking Attitude. The Attitudes Toward Seeking Professional Psychological Help Scale- Short Form (ATSPPH-SF; Fischer and Farina, 1995) measured help seeking attitude. The ATSPPH was originally designed to measure attitude and personality characteristics associated with tendencies to pursue or avoid professional aid during psychological distress (Fischer & Turner, 1970). The original instrument consisted of 29 items and was comprised of four subscales (i.e., Recognition of Need, Confidence in the profession, Stigma Tolerance, and Interpersonal Openness). Fischer and Farina (1995) revised and reduced the scale to include 10 items to improve its' utility. The revised version no longer includes subscales. Items are summed to yield a single attitude score.

Participants were asked to rate the degree to which they agree with statements on a 3 point Likert scale (0=disagree, 3=agree). Items included are, “Personal and emotional troubles, like many things, tend to work out by themselves” or “I would feel inadequate if I went to a therapist for psychological help.” Half of the items are reversed scored and the summation of the participants’ responses were used to determine their overall attitude towards help seeking. Higher scores on the scale were indicative of a more positive attitude towards psychological help seeking.

Fischer and Farina (1995) reported that both the short and longer versions of the scale were equivalent in nature (correlation of .87). The authors also reported good internal consistency of .84 and successful test-retest reliability (.80) over a 4-week span among college students. Other related studies have found the ATSPPH-SF to have with Cronbach’s alphas ranging from .73 to .82 (Elhai, Schweinle, & Anderson, 2008; Topkaya, 2014; Vogel, Wade, & Haake, 2006). In addition, two studies have also found the scale to be internally consistent among African American college students with Cronbach’s alphas of .73 (Townes, Chavez-Korell, & Cunningham, 2009) and .83 (Wallace & Constantine, 2005). The ATSPPH-SF was chosen over the original version for its brevity, sound psychometric properties, and its ability to discriminate between those who have sought help versus those who have not (Fischer & Farina, 1995).

Stigma. The Self Stigma of Seeking Psychological Help Scale (SSOSPH; Vogel, Wade, & Haake, 2006) was used to assess internalized stigmatizing attitudes towards oneself. This 10-item scale asked participants to rate the degree to which they agree with statements on a 5-point Likert scale (1=strongly disagree, 5= strongly agree). A sample item is, “I would feel inadequate if I went to a therapist for psychological help.” Five of

the 10 items are reverse scored generating scores that can range from 10 to 50. Higher scores indicate a higher level of self-stigmatizing beliefs about seeking help. The SSOSPH is also able to distinguish between individuals who have sought help from those who have not (Vogel, Wade, & Haake, 2006). Vogel, Wade, and Haake (2006) found the internal consistency of the scale to range from .86-.91 with test-retest reliability demonstrating good consistency over 2 months (.72) among college students. Cheng, Kwan, & Sevig (2013) reported a Cronbach's alpha of .86 in a study of minority college students.

Cultural Mistrust. The Cultural Mistrust Inventory (CMI; Terrell & Terrell, 1981) was used to assess the degree to which African Americans are distrustful of White society. The inventory consists of 48 items divided into four domains (i.e., Interpersonal Relationships, Business, Political, and Educational). Participants were asked to rate statements on a 7 point Likert scale (1=strongly agree, 7= strongly disagree). The inventory includes statements such as, "Whether you should trust a person or not is based on his/ her race." Higher scores on the scale indicated a heightened level of mistrust towards Whites. The overall scale demonstrated good internal consistency of .89 (Nickerson, Helms, & Terrell, 1994). Terrell and Terrell (1981) report a test-retest reliability of .86 over a 2-week span. More recent studies have continued to find that the CMI demonstrates good internal consistency among college students, with Cronbach's alphas of .95 (Bell & Tracey, 2006), .91 (Bullock-Yowell, Andrews, & Buzzetta, 2011), and .89 (Mizock & Harkins, 2009).

Spirituality. The Intrinsic Spirituality Scale (Hodge, 2003) was used to measure the degree to which spirituality is a salient motivating influence in one's life.

Specifically, Hodge (2003) designed the instrument to “measure spirituality in both theistic and non-theistic populations regardless of whether respondents express their spirituality within or outside of religious frameworks (p. 57).” This 6-item scale was developed as a revised version of Allport and Ross’s (1967) measure of intrinsic religion after a series of confirmatory factor analyses revealed the 6 most meaningful items of the original 17 items. Participants were presented with a sentence stem then asked to rank the degree to which they agree with varying anchors on a 10-point Likert scale. For example, “Growing spirituality is ... (10= more important than anything else in my life, 0= of no importance to me)”. The author noted the chosen Likert format was selected to avoid response set bias. An aggregate score was calculated by summing responses and dividing by 6. Scores range from 0 to 10, higher scores indicated a higher degree of motivation and decision-making guided by spiritual beliefs. Hodge (2003) reported an internal consistency of .96 among university students. To the researcher’s knowledge, this instrument had not been used with African American students.

Help Seeking Behavior. Help seeking behavior was assessed using individual self-report of having ever sought professional help for a mental health, emotional, relational, or substance abuse related concern. Additional information will be collected on the type of help sought (i.e., Counselor, Clinical Social Worker, Psychologist, Psychiatrist, Spiritual Healer/Religious Leader, or Other) and whether help seeking took place during college years or prior to entering college.

Data Analysis

To assess research question 1 (What is the relationship between mental health knowledge, attitude towards help seeking and help seeking behavior among African American college students attending an HBCU?) and research question 3 (To what extent does self-stigma, cultural mistrust, and intrinsic spirituality affect help seeking behavior among African American college students attending an HBCU?) binary logistic regressions were performed. A logistic regression was the appropriate statistical analysis for the aforementioned research questions due to the categorical nature of the dependent variable. Categorical variables violate the assumption of linearity in a normal regression (Zeigler-Hill, 2013). A logistic regression applies a logarithmic transformation to the dependent categorical variable to allow for a linear expression of the variable (Zeigler-Hill, 2013). To assess research question 2 (To what extent does self-stigma, cultural mistrust, and intrinsic spirituality affect attitude towards help seeking, which in turn impacts help seeking behavior among African American college students at an HBCU?) a path analysis was performed. Path Analyses allows for many multiple regressions to be performed at once (Streiner, 2005). In other words, it allowed for a more complex understanding for how variables are related in one model. Mental health literacy, attitude towards help seeking, self-stigma, cultural mistrust, and intrinsic spirituality are considered predictor variables, while help seeking behavior was the response variable.

CHAPTER 4

RESULTS

The purpose of the current study is to investigate the relationship among mental health literacy, attitude towards psychological help seeking, and help seeking behavior and examine how cultural factors (i.e. cultural mistrust, intrinsic spirituality, and self-stigma) impact help seeking behavior among African American college students attending an HBCU. Each variable was defined and examined by scores on the Mental Health Literacy questionnaire, Attitude towards Professional Psychological Help Seeking scale, Self-Stigma of Seeking Professional Help scale, Cultural Mistrust Inventory, the Intrinsic Spirituality scale, and self-reported help seeking behavior. The author used SPSS and Amos (Analysis of Moment Structures) to analyze the data to address the research questions in this project. This chapter will provide the statistical findings of the study through reporting the demographic data, instrumentation reliability, relationship among variables, and results from each research question.

Demographic Data

A total of 441 completed surveys were collected as raw data, however 41 surveys were excluded based on race (n=31), age (n=8), and missing data (n=2). As a result, the author included the remaining 400 surveys in the analysis for the study, all of which

identified as African American. Majority identified being between the ages of 18-21 (n=263, 70.6%), women (n=280, 70.5%), seniors (n=139, 34.8%), and Allied Health majors (n=138, 28%). Demographic data is presented in Table 1.

Table 1. *Demographics of Study Participants*

<u>Characteristics</u>	<u>N</u>	<u>%</u>
Race		
African American	400	100
Gender		
Male	116	29.3
Female	281	70.7
Age		
18-21	262	70.6
22-25	109	29.4
Classification		
Freshman	103	25.8
Sophomore	55	13.8
Junior	102	25.6
Senior	139	34.8
Major		
Allied Health	113	28.8
Business and Industry	70	17.9
Education	63	16.1

Psychology	40	10.2
Journalism	35	8.9
Sociology/Criminal Justice	22	5.6
Biology	15	3.8
Engineering	13	3.3
Pharmacy	7	1.8
Social Work	3	.8
Music	3	.8
History	2	.8
Mathematics	2	.5
Food Science	2	.5
Animal Science	2	.5

Preliminary Analysis

The Mental Health Literacy (MHL) questionnaire was used to measure mental health knowledge related to disorder identification, correct identification of appropriate professionals, and treatments. Participant's scores had the potential to range from 0 to 24. Higher scores on the questionnaire indicated greater mental health knowledge. A total of 395 participants completed the measure in which all correctly identified items were summed for a total score ($M= 14.05$, $SD= 3.72$). The measure demonstrated good internal reliability ($\alpha= .71$).

Attitude towards help seeking was assessed by using the Attitude Towards Professional Psychological Help Seeking Scale-Short Form (ATSPPH-SF; Fischer and Farina, 1995). A potential score could range from 0 to 30. Scores were obtained by summing each participant's endorsed items. Higher scores on the scale represented a more positive attitude towards help seeking ($M= 17.08$, $SD=5.54$). This instrument demonstrated good internal reliability for the current population ($\alpha= .75$) as compared to previous studies concerning African American students ($\alpha= .73$; .83) (Townes, Chavez-Korell, & Cunningham, 2009; Wallace & Constantine, 2005).

The Self -Stigma of Seeking Psychological Help Scale (SSOSPH; Vogel, Wade, & Haake, 2006) was used to assess internalized stigmatizing attitudes towards oneself. Participants had the potential to score between 10 and 50. Three hundred and ninety seven participant scores were obtained by summing each endorsed item ($M= 22.72$, $SD=5.76$). This scale demonstrated good internal reliability ($\alpha= .78$) as compared to previous research with minority participants ($\alpha= .86$) (Cheng, Kwan, & Sevig, 2013).

The Cultural Mistrust Inventory (CMI; Terrell & Terrell, 1981) was used to measure the degree of an individual has for White society. Each item was summed and divided by 48 to achieve a total score. Three hundred ninety-three participants completed measure. Potential scores ranged from 1 to 5 ($M=3.91$, $SD=.55$). The internal reliability for this measure demonstrated good results ($\alpha= .88$) which was consistent with past research ($\alpha= .89$ -.95) (Bell & Tracey, 2006; Bullock-Yowell, Andrews, & Buzzetta, 2011; Mizock & Harkins, 2009).

Spirituality was assessed utilizing the Intrinsic Spirituality Scale (Hodge, 2003). Scores can range from 0 to 10 by summing the endorsed items and dividing by 6 ($M=$

7.87, $SD= 1.77$). This instrument demonstrated good internal reliability at measuring spirituality ($\alpha= .87$) which was consistent with previous research among university students ($\alpha=.96$) (Hodge, 2003).

Help Seeking Behavior was assessed via individual self- report of having ever sought professional help for a mental health, emotional, relational, or substance abuse related concern. One hundred twenty-one participants (30.5%) indicated they had sought help versus 278 (69.5%) participants who had not. Additional information was collected on the type of help sought (i.e., Counselor, Clinical Social Worker, Psychologist, Psychiatrist, Spiritual Healer/Religious Leader, or Other) and whether help seeking took place during college years or prior to entering college, which demonstrated that majority saw counselors and sought help prior to college.

Table 2. *Descriptive Statistics for Main Variables*

<u>Measures</u>	<u>M</u>	<u>Median</u>	<u>SD</u>	<u>N</u>
MHL	14.05	14.00	3.72	395
ATSPPH-SF	17.08	17.00	5.54	399
SSOSPH	22.72	22.00	5.76	397
CMI	3.91	3.89	.55	393
Intrinsic Spirituality	7.87	8.33	1.77	395
Help Seeking Behavior	1.30	1.00	.46	400

MHL=Mental Health Literacy; ATSPPH-SF= Attitude Towards Seeking Professional Psychological Help-Short Form; SSOSPH= Self Stigma of Seeking Psychological Help; CMI=Cultural Mistrust Inventory

Table 3. *Descriptive Statistics for Help Seeking Behavior*

	<u>N</u>	<u>%</u>
Help Seeking Behavior		
Yes	121	30.5
No	278	69.5
Type of Help Sought		
Counselor	55	45.5
Psychiatrist	22	18.2
Both Counselor and Spiritual Leader	12	9.9
Spiritual Leader	7	5.8
Other	7	5.8
Both Psychiatrist and Psychologist	6	5.0
Both Counselor and Psychologist	5	4.1
Both Social Worker and Spiritual Leader	2	1.7
Psychologist	1	.8
Both Psychiatrist and Spiritual Leader	1	.8
Psychologist, Counselor, Spiritual Leader	1	.8
When Help Was Sought		
Prior to College	57	47.1
During College	48	39.7
Both	16	13.2

Relationship Among Variables

Pearson correlations were conducted to determine the extent of the relationships among the project variables. Statistically significant relationships were observed between the following variables: MHL and ATSPPH ($r=.24, p<.01$) were positively correlated indicating greater mental health literacy was associated with a more positive attitude towards help seeking; MHL and SSOSPH ($r= -.22, p<.01$) were negatively correlated indicating greater mental health literacy was associated with less self-stigma; MHL and Intrinsic Spirituality ($r= -.23, p<.01$) were negatively correlated indicating greater mental health literacy was associated with less spirituality ; ATSPPH and SSOSPH ($r= -.38, p<.01$) were negatively correlated indicating a more positive attitude towards help seeking was associated with less self-stigma; ATSPPH and Help Seeking Behavior ($r= .24, p<.01$) were positively correlated indicating a more positive attitude towards help seeking was associated with help seeking behavior; SSOSPH and CMI ($r= .13, p<.01$) were positively correlated indicating greater self-stigma was associated with greater cultural mistrust; SSOSPH and Intrinsic spirituality ($r=.15, p<.01$) were positively correlated indicating greater self-stigma was associated with greater intrinsic spirituality; and SSOSPH and Help Seeking Behavior ($r= -.12, p<.05$) were negatively correlated greater self-stigma was associated with help seeking behavior. Additional information regarding the relationship between the variables is reported in Table 4.

Table 4. *Correlation Matrix for Main Variables*

<u>Variables</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>
1. MHL	1					
2. ATSPPH-SF	.236**	1				
3. SSOSPH	-.224**	-.380**	1			
4. CMI	-.029	-.083	.130**	1		
5. Intrinsic Spirituality	.232**	-.044	-.145**	.077	1	
6. Help Seeking Behavior	.072	.241**	-.123*	.056	-.013	1

Note. ** $p < .01$; * $p < .05$; MHL=Mental Health Literacy; ATSPPH-SF= Attitude Towards Seeking Professional Psychological Help-Short Form; SSOSPH= Self Stigma of Seeking Psychological Help; CMI=Cultural Mistrust Inventory

Study Results

This section will focus on the results with regard to each research question.

Research Question 1: What is the relationship among mental health literacy, attitude towards psychological help seeking, and help seeking among African American college students attending an HBCU?

Null Hypothesis: Mental health literacy and Attitude towards Psychological Help Seeking will not predict help seeking behavior among African American college students attending an HBCU.

A logistic regression was conducted to examine the relationship between the aforementioned variables. Mental health literacy and Attitude towards Help Seeking were entered into the model as predictors and help seeking behavior served as the dependent variable.

The author used the Hosmer & Lemeshow test to the fit of the model to the data. Well-fitting models demonstrate non-significance on the goodness-of-fit test (Hosmer & Lemeshow, 2000). The current model, as shown in Table 5, yields a non-significant Hosmer & Lemeshow test indicating the model prediction is not significantly different from observed values. Therefore, the data demonstrated a good fit for the model.

Table 5. *Hosmer & Lemeshow Test*

Step	<i>Chi-Square</i>	<i>df</i>	<i>p</i>
1	11.96	8	.15

Cox & Snell R² and Nagelkerke R² indicates how much the two independent variables in the logistic model together account for the explanation for the dependent variable. Nagelkerke R² is a correction for Cox & Snell R² and more closely resembles the R² in an ordinary linear regression, allowing for a full range from 0 to 1. Table 6 indicates Nagelkerke R² is .08, suggesting the model explains 8% of the variance observed in the dependent variable. Therefore, mental health literacy and attitude towards help seeking account for 8% of the variance observed in help seeking behavior.

Table 6. *Model Summary*

Step	<i>-2 Log Likelihood</i>	<i>Cox & Snell R²</i>	<i>Nagelkerke R²</i>
1	457.79	.06	.08

Binary logistic regressions are interpreted by examining the beta coefficients, standard errors, the Wald Statistic, p values, and the Odds ratio Exp(B). As shown in Table 4b only attitude towards help seeking serves as a significant predictor to help

seeking behavior. Thus, results are interpreted as one unit increase in attitude is associated with a .099 increase in help seeking behavior. Those possessing a positive attitude towards help seeking are 1.1 times more likely to seek help. Based on the outcome of results, the null hypothesis was rejected indicating the mental health literacy to predict help seeking behavior.

Table 7. Logistic Regression Results

Variable	β	<i>S.E.</i>	<i>Wald</i>	<i>df</i>	<i>p</i>	<i>Exp(B)</i>
MHL	.01	.31	.08	1	.77	1.01
ATPPHS-SF	.09	.02	19.44	1	.00	1.10
Constant	-2.73	.55	24.91	1	.00	.07

MHL=Mental Health Literacy; ATSPPH-SF= Attitude Towards Seeking Professional Psychological Help-Short Form

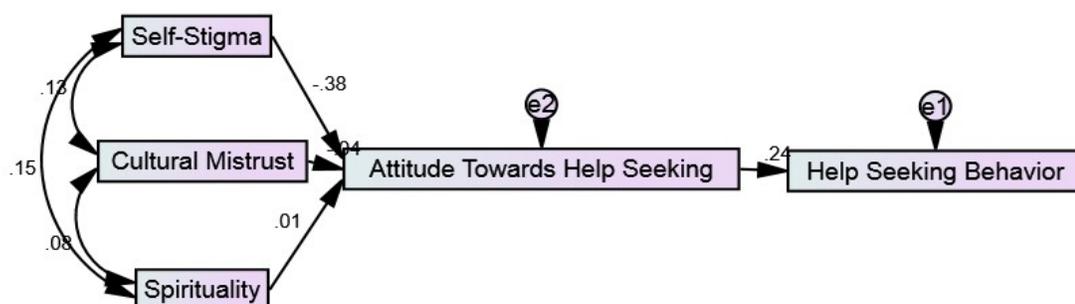
Research Question 2: To what extent does self-stigma, cultural mistrust, and intrinsic spirituality affect attitude towards help seeking, which in turn impacts help seeking behavior among African American college students attending an HBCU?

Null Hypothesis: The model will not fit the data. Attitude towards help seeking will not mediate the relationship between the three variable (i.e. stigma, cultural mistrust, and spirituality) and help seeking behavior.

To test for mediation, the author conducted a path analysis and entered self-stigma, cultural mistrust, and intrinsic spirituality as predictor variables, attitude towards help seeking as the mediator variable, and help seeking behavior as the outcome variable. The relationship between self-stigma and help seeking behavior was mediated by attitude towards help seeking behavior. Table 8 and Figure 1 illustrates this relationship. Normed

Fit Indices (NFI), Compared Fit Indices (CFI) and Root Mean Square Error of Approximation serve as indications of model fit for path analyses. NFI and CFI coefficients indicating .90 or higher suggest appropriate model fit, while coefficients less than .05 indicate ideal model fit for RMSEA. The fit indices for NFI, CFI, and RMSEA were .97, .99, and .013, respectively indicating the model was a good fit of the data. Overall, these results suggest a partial mediation, in which our mediational null hypothesis was not supported indicating the model did fit the data.

Figure 1. *Depicted Path Analysis*



MHL=Mental Health Literacy; ATSPPH-SF= Attitude Towards Seeking Professional Psychological Help-Short Form; SSOSPH= Self -Stigma of Seeking Psychological Help; CMI=Cultural Mistrust Inventory

Table 8. *Path Analysis Regression Weights*

Variables	Estimates	SE	Critical Ratio	p
ATSPPH<- SSOSPH	-.36	.05	-7.9	***
ATSPPH<- CMI	-.37	.48	-.77	.44
ATSPPH<- Spirituality	.27	1.07	.26	.78
Help Seeking Behavior<- ATSPPH	.20	.004	4.9	***

Research Question 3: To what extent does self-stigma, cultural mistrust, and intrinsic spirituality affect help seeking behavior among African American college students attending an HBCU?

Null Hypothesis: Self-Stigma, cultural mistrust, and Intrinsic spirituality will not predict help seeking behavior among African American college students attending an HBCU.

Similar to research question 1, a logistic regression was conducted to determine the predictive relationship between aforementioned variables and help seeking behavior. Self-Stigma, cultural mistrust, and intrinsic spirituality were entered into the model as predictors and help seeking behavior served as the dependent variable. The Hosmer and Lemeshow goodness-to-fit test, as seen in Table 9 demonstrated an insignificant value indicating the model is a good fit for the data. Table 10 displays how much the predictors account for the variance in help seeking behavior. Nagelkerke R² indicated self-stigma, cultural mistrust, and intrinsic spirituality account for 3.1% of the variance in help seeking behavior. Lastly, Table 11 shows the final result of the logistic regression, which demonstrated self-stigma to be the only significant predictor of help seeking behavior. Results are interpreted as one unit increase in stigma is associated with a -.055 decrease

in help seeking behavior. Those possessing higher levels of self-stigma are .946 times less likely to seek help. Given this outcome, the null hypothesis was rejected indicating self-stigma did predict attitude and help seeking behavior.

Table 9. *Hosmer & Lemeshow Test*

<u>Step</u>	<u>Chi-Square</u>	<u>df</u>	<u>Sig.</u>
1	5.13	8	.743

Table 10. *Model Summary*

<u>Step</u>	<u>-2 Log Likelihood</u>	<u>Cox & Snell R²</u>	<u>Nagelkerke R²</u>
1	469.07	.02	.03

Note: Estimation terminated at iteration number 4 because parameter estimates changed by less than .001.

Table 11. *Logistic Regression Results*

<u>Variable</u>	<u>β</u>	<u>SE</u>	<u>Wald</u>	<u>df</u>	<u>Sig.</u>	<u>Exp(B)</u>
SSOSPH	-0.5	.02	7.22	1	.00	.946
CMI	.27	.21	1.80	1	.18	1.31
Intrinsic Spirituality	.05	.46	.01	1	.92	1.04
Constant	-.66	.88	.56	1	.45	.51

SSOSPH= Self -Stigma of Seeking Psychological Help; CMI=Cultural Mistrust Inventory

CHAPTER 5

DISCUSSION

This chapter will present the summary, conclusion, limitations, and recommendations for future research.

Summary

This study examined the relationship between mental health literacy, attitude towards psychological help seeking, and help seeking behavior, in addition to investigating how cultural factors (i.e. cultural mistrust, intrinsic spirituality, and self-stigma) impact attitude toward help seeking and help seeking behavior among African American college students attending an HBCU. The literature suggests that mental illness and psychological distress may be higher among African American college students than for their counterparts. However, researchers have found that higher rates of distress does not translate into increased utilization of psychological services. A number of studies have sought to gain a deeper understanding of this phenomenon and have cited attitude towards help seeking as a major contributor to the act of engaging in seeking treatment or not. Research also suggests cultural variables such as self-stigma, cultural mistrust, and spirituality provides insight into the common finding that African Americans tend to possess negative attitudes towards help seeking (Brown et al., 2010; Gloria, Hird, & Navarro, 2001; Obasi & Leong, 2009). While attitude and cultural variables have been

taken into consideration, researchers have yet to explore mental health literacy as a relevant component to help seeking behavior among African American college students. The goal of this study was to investigate the relationship between these variables.

This research study examined (1) the relationship among mental health literacy, attitude towards psychological help seeking, and help seeking; (2) the extent to which self-stigma, cultural mistrust, and intrinsic spirituality affected attitude towards help seeking, which in turn impacted help seeking behavior; and (3) the extent to which self-stigma, cultural mistrust, and intrinsic spirituality affected help seeking behavior among African American college students attending an HBCU. The hypothesized model for how all aforementioned variables relate to help seeking behavior was based on the Theory of Reasoned Action (Ajzen & Fishbein, 1980).

The sample consisted of 400 African Americans who attended a southeastern historically black university. Most participants were between the ages of 18-21, women, seniors, and Allied Health majors. Participants completed a survey packet consisting of the following measures: Demographic Questionnaire, Mental Health Literacy Scale (MHL), Attitudes Toward Seeking Professional Psychological Help Scale- Short Form (ATSPPHS-SF), Self-Stigma of Seeking Psychological Help Scale (SSOSPH), Cultural Mistrust Inventory (CMI), and the Intrinsic Spirituality Scale. All measures demonstrated acceptable internal reliability.

A preliminary analysis was conducted to examine the relatedness among the variables using a Pearson Product Moment Correlation. Significant relationships were

found between the following variables: MHL and ATSPPHS-SF, MHL and SSOSPH, MHL and Intrinsic Spirituality; ATSPPHS-SF and SSOSPH; ATSPPHS and Help Seeking Behavior, SOSSPH and CMI; SOSSPH and Intrinsic Spirituality, and SOSSPH and Help Seeking Behavior.

Discussion

Mental Health Literacy, Attitude Towards Psychological Help Seeking, and Help Seeking Behavior

Research question 1 was addressed by conducting a binary logistic regression analysis among MHL, ATSPPHS-SF, and help seeking behavior. When examining this relationship, results indicated that attitude towards help seeking positively predicted help seeking behavior, whereas mental health literacy did not. Students who indicated a positive attitude towards help seeking were more likely to seek help. Vice versa those who indicated a negative attitude were less likely to seek treatment.

The finding that attitude towards help seeking predicted help seeking behavior among African American college students is supported based on the Theory of Reasoned Action (TRA) literature. TRA states that an individual's behavior is based on their intentions to perform the behavior, which is in turn influenced by the individuals' attitude towards the behavior and subjective norms (Ajzen & Fishbein, 1980). In the present study, subjective norms and intention were not examined. While little to no research has looked at actual psychological help seeking behavior, other behavioral health studies have also found attitude to be a significant predictor in behaviors such as condom use (Asare, 2015). The relationship between attitude towards help seeking and help behavior

indicate the importance of how one's stance can determine behavior. Additionally, results indicated on average African American students in the study possessed a negative attitude, another finding convergent with the literature (Sue and Sue, 1990; Williams and Justice, 2010, Obasi and Leong, 2009). Negative attitudes towards counseling and decreased help seeking appears to indicate a preference for seeking support from informal sources. Considering students on HBCU campus are more likely to experience a collectivistic sense of belongingness than students on a predominately White campus, students may feel that their informal sources of support are enough to relieve their stress. The decision to seek advice from family and friends may seem like the safer choice in the short-term; however, long-term untreated psychological distress leads to poorer academic outcomes (Keyes et al. 2012).

Surprisingly, the finding that mental health literacy did not predict help seeking behavior represents a contribution to the literature. Researchers have made hypotheses concerning the link between mental health literacy and help seeking behavior in recent studies, yet none, to the knowledge of the researcher, have specifically examined this relationship. This finding indicates having knowledge about mental health has no bearing on whether a student will seek help or not. Intuitively, there is a difference between knowing what to do and actually performing the behavior. For example, most individuals are aware that driving over the speed limit is illegal and significantly increases your risk of getting into a car wreck and great bodily harm to self and others, however individuals choose to frequently engage in this behavior frequently regardless of the risk.

Self-Stigma, Cultural Mistrust, Intrinsic Spirituality, Attitude Towards Help Seeking and Help Seeking Behavior

Research question 2 and 3 examined the relationship between self-stigma, cultural mistrust, intrinsic spirituality, attitude towards help seeking, and help seeking behavior. Results indicated attitude towards help seeking partially mediated the relationship between self-stigma and help seeking behavior, however attitude towards help seeking did not significantly mediate the relationship between cultural mistrust and intrinsic spirituality. In other words, the partially mediation result revealed a significant negative relationship between self-stigma and attitude towards help seeking, in addition to a direct relationship between self-stigma and help seeking behavior.

The relationship between self-stigma, attitude towards help seeking, and help seeking behavior is supported throughout the literature (Topkaya, 2014; Vogel, Bitman, Hammer, & Wade, 2013; Brown et al., 2010; Vogel, Wade, & Hackler, 2007). Wrigley and colleagues (2005) note that the association between the stigma and attitude towards help seeking are likely due to the fact that each variable closely measures the same construct. When examined more closely with regards to the current instruments this insight becomes more apparent. For example, the SOSPPH item, “I would feel inadequate if I went to a therapist for psychological help” and the ATSPPH-SF item, “A person should work out his or her own problems; getting psychological counseling would be a last resort” both indicate a similar sentiment that seeking help would be a negative reflection on the individual and generally poor attitude. The commonalities of these two variables likely played a role in the observed relationship between self-stigma and attitude.

The relationship between self- stigma and help seeking behavior has been linked throughout the literature (Topkaya, 2014; Vogel, Bitman, Hammer, & Wade, 2013; Vogel, Wade, & Hackler, 2007). Self-stigma has been deemed the most influential type of stigma because it involves the internalization of negative messages about those who suffer from mental illnesses. Individuals suffering from a mental illness may then increasingly come to believe they are inferior to the rest of society (Gary, 2005). As a result, individuals possessing higher levels of self-stigmatizing beliefs are less likely to seek help as this would further confirm their sense of inadequacy and shame. These results make sense concerning African American students considering they may feel dully stigmatized by society (Gary, 2005) for mental health and race-related concerns.

Surprisingly, cultural mistrust was not shown to be a significant predictor of attitude toward help seeking or help seeking behavior. Specifically, the finding that cultural mistrust did not predict attitude towards help seeking is inconsistent with the literature. Nickerson, Helms, and Terrell (1994) suggested cultural mistrust to be the most reliable and significant predictor of help seeking attitudes at predominately White clinics among a community sample of African Americans. Likewise, Duncan and Johnson (2007) found cultural mistrust to be a significant predictor of attitude towards help seeking among African American college students. The inconsistency among the present study and other research findings may be explained by the following thought process: A general mistrust for White society may not be a salient issue for an African American student when reflecting on their attitude towards seeking help in the context of an HBCU. Considering that all therapists of the university counseling center in this study are of African descent, students may separate their feelings concerning White society and

how they feel about seeking help for themselves. Essentially, an overall mistrust of White society may not have anything to do with whether they believe mental health services will be effective for them.

Additionally, cultural mistrust not predicting help seeking behavior is a contribution to the literature as there is limited research examining cultural mistrust and help seeking behavior. Wagner, Liles, Broadnax, and Nuriddin-Little (2006) hypothesized that the underuse of services among African American college students, even on HBCU campuses where African American clinicians are likely employed, may be due to the broad use of Euro-centric approaches to counseling that may result in students feeling a lack of connection to the profession and their values. An explanation for this result may be explained through examination of the way each variable was assessed. For example, individuals were asked whether they had ever sought help for an emotional, mental health, or substance abuse concern which invited the participants to report a behavior in the past. In comparison the Cultural Mistrust Inventory required participants to respond with their present thoughts and feelings. It is hypothesized that the insignificant relationship may be the result of a disconnection between how participants felt at the time of deciding to engage in the behavior of help seeking and how they feel about White society in the present moment.

Lastly, intrinsic spirituality did not demonstrate any predictive capabilities for attitude towards help seeking and help seeking behavior. There is a void in the literature addressing this relationship. The result may be explained similarly to the previously mentioned rationale in that African American students view the constructs (spirituality, attitude towards help seeking, help seeking behavior) as being a completely separate

thought processes and/or experiences. It is plausible that despite an individual's deep internal connection to their God, one may still view going to counseling as a helpful or unhelpful gesture separate from that internal experience. Even further, students in the sample were found to highly identify with intrinsic spirituality. This demonstrates that African American students attending an HBCU may vastly identify with a higher power and yet they are still capable of making an independent decision to seek help or not. Thus, intrinsic spirituality seems to not serve as a motivator or inhibitor to seeking help when in distress.

Implications

Increasing the understanding of what factors impact help seeking behavior is important to addressing the underutilization of services among African Americans. New information garnered from this study highlight that mental health literacy is not enough to impact behavior. Although mental health literacy does not directly impact help seeking behavior, it was revealed to be associated with African American student's attitude towards help seeking. This suggests that aiming to increase knowledge and awareness (i.e. mental health literacy) should continue to be the focus on campuses. Furthermore, findings of research questions 2 and 3 underscore the role self-stigma plays in influencing attitude and help seeking behavior. Given the results of the study, university counseling center clinicians and directors, campus outreach coordinators, and university administrators should find this outcome to be useful towards the development of targeted outreach initiatives and student consultation services to meet the specific needs of African American students on HBCU campuses. The following methods are proposed strategies aimed to increase utilization for this population.

Research on racial minorities found that having known a family member or friend that has sought counseling positively influenced their attitude and increased the likelihood that the individual in distress would seek help (Walter, Yon, & Skovholt, 2012). When designing an outreach presentation or program for African American students, it may be useful to think of one's role less as a provider of information, and instead more as a liaison. Building rapport also known as the therapeutic alliance has been demonstrated on multiple occasions to produce meaningful outcomes in counseling research (Leibert, & Dunne-Bryant, 2015). Initiating rapport in the context of outreach intervention can and should be an early ongoing intervention strategy for university counseling centers serving African American college students. While the counselor, coordinator, or administrator is not expected to function as a friend, Walter, Yon, and Skovholt's (2012) study speaks to the power a relationship can have on stigma and seeking treatment.

Another avenue to cultivate a relationship during an outreach event is to incorporate experiential and interactive activities into presentations. Encouraging students, who may otherwise possess resistant views about counseling and mental health, to participate affords them the opportunity to apply the skill or information into their lives. Participation invites students to interact with the presenter rather than being a passive observer to the information. This may also require presenters to move towards a more informal conversational approach and have minimal reliance on formalized approaches to information delivery (e.g. power points and brochures). In this way, counselors and psychologists can utilize this method of outreach as connecting and meeting where they are; thus, shifting their view to seeing the counseling center as a safe

and growth promoting space. Furthermore, outreach efforts are likely to be more effective if participants have an invested interest in the topic (Brinson & Kottler, 1995). Studies have shown that minorities commonly initiate counseling for difficulties within their familial and/or intimate relationships, depression and anxiety symptoms, academic difficulties, and stress (Constantine, Chen, & Ceesay, 1997; Davidson, Yakushka, & Sanford-Martens, 2004). Therefore, offering topics related to these common concerns may create more investment in the presentation or workshop. Even more specific, counselors and psychologists should seek to address misconceptions about how these concerns impact an individual's interpersonal/emotional functioning. Addressing misconceptions specifically targets the negative messages a person may have internalized about the problem and normalizes their emotional response.

It has been proposed that African American students gain most of their social integration into the university setting through formal associations such as minority student organizations (Tino, 1993). Counselors and psychologists should seek to enhance relationships with clubs and organizations on campus especially those with high social credibility. Particularly on an HBCU campus, these organizations are likely fraternity and sororities, athletes, student government, royal court, or dance troupes. Being creative and flexible in meeting students in their environment by discussing topics of importance to them demonstrates the counseling center's commitment to the student body, increases visibly, and subsequently may lower apprehensiveness about seeking help when in distress.

Lastly, in the effort to provide services that reach out to African American students, counseling centers should consider how the title "counseling center" may

further induce the feeling of being stigmatized for this population(). The idea of providing informal consultations with students in a secure location across campus has been implemented with success at predominately White institution to increase utilization among underserved populations (Boone et al., 2011). Boone and colleagues (2011) implemented an informal consultation service entitled “Let’s Talk” aimed to “meet students first—or exclusively—in an informal way within their communities...in an effort to serve them ‘where they are’ in every sense (p. 204).” This initiative worked to abate the effects of stigmatization without a formalized approach to counseling (i.e., no intakes, no scheduled appointment, and name anonymity if desired). Students met with a counselor for 10 minutes to an hour on average for 1.5 sessions. An informal consultation service such as “Let’s Talk” may present with some challenges at an HBCU due to limited staff resources. However, providing such a service one day of the week may be more feasible and less stigmatizing for students.

Conclusion

The field of counseling psychology has worked diligently to establish itself from other specialties within the field of psychology by proving itself to be leaders in research regarding multiculturalism and diversity issues (Munley, Duncan, McDonnell, & Sauer, 2004). Within the last 11 years, multiculturalism and diversity articles accounted for the largest percentage of published manuscripts in the *Journal of Counseling Psychology* (Buboltz, Deemer, & Hoffmann, 2010). However, there is a dearth within the literature pertaining to African American college student mental help seeking behaviors and a significant void concerning HBCUs campuses. Historically, Howard University was once

the number one producer of psychology degrees in the early to mid-1900s and served as a vessel for many young scholars to pursue their doctorate degrees in psychology (Guthrie, 2004). Research on African American college students and HBCUs should grasp the attention of counseling psychologists because HBCUs graduate approximately one-quarter of African Americans who earn undergraduate degrees in the United States and graduate 75% more African Americans students than all other institutions (National Association of Historically Black Colleges and Universities, 2011). To substantiate the attention needed further, there are only two counseling psychology programs located on HBCU campuses. Moreover, 50 out of the 424 counseling psychology degrees were awarded to African Americans in 2013 (National Statistics Foundation, 2013). While the study is with the realm of counseling psychology, the profession falls short as evidenced by these simple facts.

The research is clear that African Americans underutilize psychological services and experience unique barriers to services. In reflecting on Alicia, a 21 year old, African American, female suffering from significant psychological distress, she like many of her peers may view counseling as scary and socially unacceptable modality for handling ones problems. It is evident that in her thought process such as, “Therapy is for crazy people” that she has internalized negative messages about help seeking and mental illness. Sue, Arredondo, and McDavis (1992) assert that it is psychologists’ duty to recognize how the worldviews of our clients impact their psychological wellbeing. This study contributes to this growing body of research on multicultural and diversity issues and can be used to better understand the unique factors associated with help seeking behavior among African American students attending an HBCU and also serve as a starting point to

understanding African American colleges on other campuses as well. Strengthening the understanding of these factors may help practicing psychologists effectively strategize methods to increase counseling center utilization. For students like Alicia, intention behind each outreach interventions may make the difference in one's help seeking behavior and psychological wellness.

Limitations

The present study present with a few limitations that should be taken into consideration when interpreting the results. First, mental health literacy is a relatively new area of research which has yet to establish a statistically validated instrument to measure the construct hence the current researchers reasoning for self-constructing a questionnaire. Although, the questionnaire utilized in the study demonstrated good internal reliability one must be cautious to conclude the validity of the instrument. Secondly, the study sample was collected on one southeastern HBCU campus. Results from this study may not generalize to other African American college students at predominately White institutions, African American college students located in another geographic regions, African American students at other HBCUs, or African Americans in the broader community. Another limitation of the study was that majority of the sample consisted of women. Future studies should strive for a heterogeneous sample pertaining to gender. Furthermore, the data demonstrated a negative skew coefficient for intrinsic spirituality indicating majority of study participants highly identified with relying on a high power. Correlation rely on variability and range of possible scores (i.e. a normal distribution), however this instrument displayed a restricted range. This limited range of

scores likely played a role in why spirituality demonstrated no relationships with other variables that displayed greater variability. Also, the Intrinsic Spirituality Scale possessed only 6-items which may have additionally contributed to the restricted range of scores. Future studies may seek to utilize a measure that more broadly assesses the realm of spirituality and researchers may also consider utilizing a scale that assesses for both religious and spirituality views. Moreover, research on help seeking behavior and the aforementioned variable presented with a threat to internal validity, specifically ambiguous temporal precedence (Shadish, Cook, and Campbell, 2001). This threat to internal validity states that occasionally it may be difficult to determine the cause and effect within relationships among variables (Shadish, Cook, and Campbell, 2001). For example, the present research was unable to determine whether students' attitudes towards help seeking impacted their help seeking behavior or if their help seeking behavior impacted their attitude toward help seeking. Seeking to determine the cause and effect relationship was beyond the scope of the study, however may present interest findings in the future. Finally, survey methodology is a cross-sectional approach that only captures data from one moment in time and is not able to provide context for each individuals' pattern of responding. Thus, the dilemma with help seeking behavior research is that it is unknown if attitudes are a function of having already sought help or if non help seekers' perception of what seeking help would feel like influenced their help seeking behavior. For all of these reasons, the results of this study should be interpreted with caution and recommendations for future research should be taken into consideration.

Future Recommendations

1. It is recommended that future researchers work toward validating a standardized instrument for mental health literacy.
2. It is recommended that the current study be replicated on a community sample of African Americans, African American students attending another HBCU, and/or African American students attending a predominately White Institution to broaden the generalizability of the results.
3. It is recommended that a social desirability measure be included when examining topics related to attitude and stigma to validate the truthfulness of responding.
4. It is recommended future research aim to investigate ways to improve attitude among African Americans due to well-known fact the African Americans tend to have a negative attitude towards psychological help seeking.
5. It is recommended that researchers analyze the difference between people who have and who have not sought treatment with regards in the variable in the present study.
6. It is recommended future researchers examine mental health literacy, self-stigma, and attitude towards help seeking and how it relates to help seeking behavior more closely.

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APPENDICES

A INFORMED CONSENT

I _____ agree to participate in the research study entitled: “The Relationship between Mental Health Literacy, Attitude towards Help Seeking, and Help Seeking Behavior among African American College Students Attending an HBCU” conducted by Chika Ofuani, investigator from the Department of Counseling and Human Development at the University of Georgia (telephone: 850-933-8364, email: cofuani@uga.edu) under the direction of Dr. Rosemary Phelps, Department of Counseling and Human Development, University of Georgia (telephone: 706-542-1812, email: rephelps@uga.edu). I understand that my participation is voluntary. I can refuse to participate or stop taking part at anytime without giving any reason, and without penalty or loss of benefits to which I am otherwise entitled.

I understand the following points:

1. **PURPOSE:** I understand that the purpose of this research is to examine the relationship between mental health literacy, attitude towards help seeking, and help seeking behavior among African American college students attending an HBCU.
2. **BENEFITS:** There are no direct benefits for participating in this study. Understanding the different factors predicting mental health help-seeking behaviors among African American students, will better inform prevention and treatment strategies when working with this population. My decision about participation will have no bearing on my grades or class standing.
3. **INCENTIVES:** I will have the opportunity to enter a drawing for one of five \$25 gift cards. I understand I will have the opportunity to enter the drawing regardless of whether I choose to participate in the research or not.
4. **PROCEDURES:** Should I agree to participate in the study, the researcher will ask me to complete a demographic questionnaire, identify disorders, indicate help seeking behaviors, and indicate levels of spirituality, stigma, and cultural mistrust. I understand

that I must be between 18 and 25 years old to participate in this research project. It will take me about 30-40 minutes to complete the study.

5. **DISCOMFORTS, STRESSES or RISKS:** No more than minimal risks are anticipated. Some people may experience slight discomfort when asked about mental health disorders and help seeking behavior. However, I understand that I can skip any questions I do not want to answer. Should I become distressed I can contact the FAMU Office of Counseling Services located in 101 Sunshine Manor (850-599-3145) or visit locator.apa.org to locate psychological services in the community.

6. **CONFIDENTIALITY:** Due to the nature of the setting in which data will be collected, there is a limit to the confidentiality that can be guaranteed. However, no individual identifiers will be collected as a part of the study, therefore no individual will be connected to any one survey allowing for complete anonymity. Once the materials are received all materials will be placed in a secure folder the day of collection and drawing entries will be shredded following identification of winners.

7. **FURTHER QUESTIONS:** Following the completion of the data collection, I will receive complete explanation of the study and will be able to contact the researcher if I have any questions: Dr. Rosemary Phelps or a member of the research team (rephelps@uga.edu ; cofuani@uga.edu, 706-542-1812 or 850-933-8364).

I understand that I am agreeing to take part in this research by completing the survey.

Additional questions or problems regarding your rights as a research participant should be addressed to the IRB chairperson, Dr. Tanya Seagraves-Robinson in the Division of Research at the Florida A&M University, 308H SRC, Tallahassee, FL 32307-3800. Telephone: (850) 412-5246; E-Mail Address: IRB@uga.edu.

B SCRIPTS

Email Script for Professors

Greetings Fellow Rattler! My name is Chika Ofuani. I am a two time graduate of FAMU and I am currently seeking my doctoral degree in Counseling Psychology at the University of Georgia. As part of my dissertation research, under the direction of Dr.

Rosemary Phelps (telephone: 706-542-1812, email rephelps@uga.edu), I am conducting a study examining mental health literacy, attitude towards help seeking, and help seeking behavior among African American students attending an HBCU.

I would like to request your assistance in recruiting potential participants by allowing me to assess students currently enrolled in your courses this semester. I am looking for potential participants who are undergraduates, between the ages 18-25, and who self-identify as African American or Black. The estimated time of completion of my questionnaire could take anywhere from 30-40 minutes. Minimal discomfort or risks are expected. Students will also be incentivized to engage in the study with the opportunity to enter into a drawing for one of five \$25 gift cards regardless of whether they participate or not. Anticipated data collection will take place the week of January 26-30. Responding to this email would be greatly beneficial. If you are so graciously willing to allow me to collect data during your lecture period please indicate the following:

- Title of Course
- Location (Building and Classroom Number)
- Number of students enrolled in the course
- Date(s) and time(s) course meets

Thank you in advance for your time and consideration. If you have any questions, please feel free to contact me if you have any questions about this research study via email at cofuani@uga.edu or at (850) 933-8364. I hope to hear from you soon.

Chika Ofuani, M.Ed.

Counseling Psychology Doctoral Candidate

Department of Counseling and Human Development Services University of Georgia

Verbal Script for Participants

Greetings! My name is Chika Ofuani. I am a two time graduate of FAMU and I am currently seeking my doctoral degree in Counseling Psychology at the University of Georgia.

I am conducting a research study examining mental health literacy, attitude towards help seeking, and help seeking behavior among African American students attending an HBCU under the direction of Dr. Rosemary Phelps. I am looking for potential participants who are undergraduates, between the ages 18-25, and who self-identify as African American or Black. The estimated time of completion of my questionnaire could take anywhere from 30-40 minutes. Minimal discomfort or risks are expected. You are encouraged to participate in the study with the opportunity to enter into a drawing for one of five \$25 gift cards providing your name and email. However, regardless of whether you participate or not you will still be able to enter the drawing. Winners will be notified on Friday, January 30. Please review the informed consent on the front page before participating in the research study. There you will find my information and my major professors information should you have additional questions. Completion of the survey will indicate consent to participate.

Winner Email Script

Dear Research Participant,

Congratulations! I am writing to let you know that you were randomly selected to receive the \$25 Gift Card for your participation in my research study titled, "The Relationship between Mental Health Literacy, Attitude towards Help Seeking, and Help Seeking Behavior among African American College Students Attending an HBCU." Please pick up your gift card from The FAMU Office of Counseling Services located in Sunshine Manor on Friday, January 30 between the hours of 8am-5pm. Please confirm that you received this email. Thank you again for your participation, and Congratulations!

C DEMOGRAPHIC QUESTIONNAIRE

Please indicate one answer for the following categories:

Race: African American or Black

Caucasian

Latino/a

Biracial/Multiracial

Other Race (specify): _____

Age: 18

19

20

21

22

23

24

25

25+

Gender:

Male

Female

Classification:

Freshman

Sophomore

Junior

Senior

Current Major: _____

Have you ever sought help from a counselor, clinical social worker, psychologist, or psychiatrist for a mental health, emotional, substance abuse, or relational concern?

Yes

No

If yes, which professional?

Counselor

Clinical Social Worker

Psychologist

Psychiatrist

Spiritual Healer/Religious Leader (i.e. Pastor, Minister, Priest, Rabbi, Imam)

Other (please specify): _____

When did you seek help?

Prior to college

During college

D MENTAL HEALTH LITERACY QUESTIONNAIRE

Read each vignette and provide your best answer. **PAY ATTENTION TO BOLDED INSTRUCTIONS**

Shay is a 24 year old female. For the last 15-21 days, Shay has been feeling like she can't do anything right. She has decided to no longer continue volunteering as a mentor/tutor. She also has stopped participating in her church choir which she used to love. Shay has seen an increase in her appetite which has resulted in significant weight gain. Further, she has been sleeping more than usual and has been missing classes.

Shay often describes feeling discouraged and worthless and has most recently begun to experience thoughts of death.

What, if anything, is wrong with Shay? (Check ONE)

- Nothing is Wrong
- Major Depression Disorder
- Schizophrenia
- Anxiety Related Disorder
- Stress
- Substance Abuse

Which set of professionals would be most helpful in assisting Shay? (Multiple answers allowed if desired)

- No professional would be helpful
- General Physician / Family Doctor
- Pharmacist
- Psychiatrist
- Counselor, Social Worker, or Psychologist
- Spiritual Healer/Religious Leader (i.e. Pastor, Minister, Priest, Rabbi, Imam)
- Herbalist or Naturopath

Which treatment (s) would be most helpful in assisting Shay? (Multiple answers allowed if desired)

There are no effective treatments for these types of problems

Sleeping Pills

Psychotherapy/ Counseling

Take a daily multivitamin

Medication (i.e. antidepressant, antipsychotic, etc.)

Antibiotics

Raymond is a 21 year old male. He used to be very involved in his community service organization and extracurricular activities such intramural basketball but for the last few months he has been completely isolated and has not been attending any social functions or answering his phone. He has been seen wearing soiled clothing, unshaven, disheveled hair and at times becomes aggressive for no apparent reason. This behavior is totally uncharacteristic of him. Many times his roommates have heard him talking to himself when nobody is around. Lately, he has become suspicious that his community service organization members are talking about him. For the last week he has refused to eat food as he suspects his food has been poisoned by his roommates.

What, if anything, is wrong with Raymond? (CHECK ONE)

Nothing is Wrong

Major Depression Disorder

Schizophrenia

Anxiety Related Disorder

Stress

Substance Abuse

Which set of professionals would be most helpful in assisting Raymond? (Multiple Answer allowed if desired)

No professional would be helpful

General Physician / Family Doctor

Pharmacist

Psychiatrist

Counselor, Social Worker, or Psychologist

Spiritual Healer/Religious Leader (i.e. Pastor, Minister, Priest, Rabbi, Imam)

Herbalist or Naturopath

Which treatment (s) would be most helpful in assisting Raymond? (Multiple answers allowed if desired)

There are no effective treatments for these types of problems

Sleeping Pills

Psychotherapy/ Counseling

Take a daily multivitamin

Medication (i.e. antidepressant, antipsychotic, etc.)

Antibiotics

Teresa is a 20 year old female. Lately, Teresa has been extraordinarily concerned about the safety of her boyfriend. She rarely leaves her apartment with the exception of going to class. When she is away, she telephones and instant messages her boyfriend every hour. She has failed a few courses because of her excessive worrying and was recently placed on academic probation. Teresa has had these worries for years, however her nervous behavior has increased within the last six months after her boyfriend was robbed at gun point. She describes recurrent intrusive thoughts in which dangerous events befall her boyfriend.

What, if anything, is wrong with Teresa? (Check ONE)

Nothing is Wrong

Major Depression Disorder

Schizophrenia

Anxiety Related Disorder

Stress

Substance Abuse

Which set of professionals would be most helpful in assisting Teresa? (Multiple answers allowed if desired)

No professional would be helpful

General Physician / Family Doctor

Pharmacist

Psychiatrist

Counselor, Social Worker, or Psychologist

Spiritual Healer/Religious Leader (i.e. Pastor, Minister, Priest, Rabbi, Imam)

Herbalist or Naturopath

Which treatment (s) would be most helpful in assisting Teresa? (Multiple answers allowed if you choose)

There are no effective treatments for these types of problems

Sleeping Pills

Psychotherapy/ Counseling

Take a daily multivitamin

Medication (i.e. antidepressant, antipsychotic, etc.)

Antibiotics

Keith is a 24 year old male. Keith states, he is not aware of any mental health issues in his family, but reports having a father and aunt being addicted to alcohol. Keith reveals, his father is now in recovery. Keith started using marijuana and alcohol as a teenager. Currently, he uses crack cocaine and reports he used crack cocaine for the first time in college. Keith was expelled from the university, after poor attendance and low achievement. Keith has lost weight and often isolated in his home for days. His family has noticed missing items and suspects Keith has stolen the possessions. His family is

suspicious about him frequently visiting a house that was raided by the police for drugs. When Steven's family tries to talk about his behavior changes, he becomes agitated and verbally abusive. Steven has attempted to stop, but began to have symptoms of an increase heart rate, tremors, drooling, and fever.

What, if anything, is wrong with Keith? (Check ONE)

- Nothing is Wrong
- Major Depression Disorder
- Schizophrenia
- Anxiety Related Disorder
- Stress
- Substance Abuse

Which set of professionals would be most helpful in assisting Keith? (Multiple answers allowed if desired)

- No professional would be helpful
- General Physician / Family Doctor
- Pharmacist
- Psychiatrist
- Counselor, Social Worker, or Psychologist
- Spiritual Healer/Religious Leader (i.e. Pastor, Minister, Priest, Rabbi, Imam)
- Herbalist or Naturopath

Which treatment (s) would be most helpful in assisting Keith? (Multiple answers allowed if desired)

- There are no effective treatments for these types of problems
- Sleeping Pills
- Psychotherapy/ Counseling
- Take a daily multivitamin
- Medication (i.e. antidepressant, antipsychotic, etc.)
- Antibiotics

*E ATTITUDE TOWARD PROFESSIONAL PSYCHOLOGICAL HELP SEEKING SCALE-
SHORT FORM*

Read each statement carefully and indicate your degree of agreement using the scale below. In responding, please be completely candid.

0 = Disagree 1 = Partly disagree 2 = Partly agree 3 = Agree

_____ 1. If I believed I was having a mental breakdown, my first inclination would be to get professional attention.

_____ 2. The idea of talking about problems with a psychologist strikes me as a poor way to get rid of emotional conflicts.

_____ 3. If I were experiencing a serious emotional crisis at this point in my life, I would be confident that I could find relief in psychotherapy.

_____ 4. There is something admirable in the attitude of a person who is willing to cope with his or her conflicts and fears without resorting to professional help.

_____ 5. I would want to get psychological help if I were worried or upset for a long period of time.

_____ 6. I might want to have psychological counseling in the future.

_____ 7. A person with an emotional problem is not likely to solve it alone; he or she is likely to solve it with professional help.

_____ 8. Considering the time and expense involved in psychotherapy, it would have doubtful value for a person like me.

_____ 9. A person should work out his or her own problems; getting psychological counseling would be a last resort.

_____ 10. Personal and emotional troubles, like many things, tend to work out by themselves.

F SELF-STIGMA OF SEEKING PSYCHOLOGICAL HELP SCALE

Please use the 5-point scale to rate the degree to which each item describes how you might react in the situation. Circle the number that corresponds to how you feel.

1=Strongly Disagree

2=Disagree

3=Agree and Disagree Equally

4=Agree

5= Strongly Agree

1. I would feel inadequate if I went to a therapist for psychological help.
1 2 3 4 5
2. My self-confidence would NOT be threatened if I sought professional help.
1 2 3 4 5
3. Seeking psychological help would make me feel less intelligent.
1 2 3 4 5
4. My self-esteem would increase if I talked to a therapist.
1 2 3 4 5
5. My view of myself would not change just because I made the choice to see a therapist.
1 2 3 4 5
6. It would make me feel inferior to ask a therapist for help.
1 2 3 4 5
7. I would feel okay about myself if I made the choice to seek professional help.
1 2 3 4 5
8. If I went to a therapist, I would be less satisfied with myself.
1 2 3 4 5

9. My self-confidence would remain the same if I sought professional help for a problem I could not solve.

1 2 3 4 5

10. I would feel worse about myself if I could not solve my own problems.

1 2 3 4 5

G CULTURAL MISTRUST INVENTORY

Read each statement carefully and indicate your honest feelings about each statement using the following scale.

1= Strongly Disagree

2= Disagree

3=Slightly Disagree

4= Neither Disagree or Agree

5= Slightly Agree

6= Agree

7= Strongly Agree

1. Whites are usually fair to all people regardless of race.
1 2 3 4 5 6 7
2. White teachers teach subjects so that it favors Whites.
1 2 3 4 5 6 7
3. White teachers are more likely to slant the subject matter to make Blacks look inferior.
1 2 3 4 5 6 7
4. White teachers deliberately ask Black students questions are difficult so they will fail.
1 2 3 4 5 6 7
5. There is no need for a Black person to work hard to get ahead financially because Whites will take what you earn anyway.
1 2 3 4 5 6 7
6. Black citizens can rely on White Lawyers to defend them to the best of his or her ability.
1 2 3 4 5 6 7
7. Black parents should not trust White teacher.
1 2 3 4 5 6 7
8. White politicians will promise Blacks a lot but deliver little.
1 2 3 4 5 6 7
9. White politicians will slant a story to make Blacks appear guilty.
1 2 3 4 5 6 7
10. White politicians usually can be relied on to keep the promises they make to Blacks.
1 2 3 4 5 6 7

11. Blacks should be suspicious of a White person who tries to be friendly.
1 2 3 4 5 6 7
12. Whether you should trust a person or not is not based on his race.
1 2 3 4 5 6 7
13. Probably the biggest reason Whites want to be friendly with Blacks is so they can take advantage of them.
1 2 3 4 5 6 7
14. A Black person can usually trust his or her White co-worker.
1 2 3 4 5 6 7
15. If a White person is honest in dealing with Blacks it is because of fear of being caught.
1 2 3 4 5 6 7
16. A Black person cannot trust a White judge to evaluate him fairly.
1 2 3 4 5 6 7
17. A Black person can feel comfortable making a deal with a White person simply by a handshake.
1 2 3 4 5 6 7
18. Whites deliberately pass laws designed to block the progress of Blacks.
1 2 3 4 5 6 7
19. There are some Whites who are trustworthy enough to have as close friends.
1 2 3 4 5 6 7
20. Blacks should not have anything to do with Whites since they cannot be trusted.
1 2 3 4 5 6 7
21. It is best for Blacks to be on their guard when among Whites.
1 2 3 4 5 6 7
22. Of all ethnic groups, Whites are really the "Indian-givers."
1 2 3 4 5 6 7
23. White friends are least likely to break their promise.
1 2 3 4 5 6 7
24. Blacks should be cautious about what they say in the presence of Whites sine Whites will try to use it against them
1 2 3 4 5 6 7

25. Whites can rarely be counted on to do what they say.
1 2 3 4 5 6 7
26. Whites are usually honest with Blacks.
1 2 3 4 5 6 7
27. Whites are as trustworthy as members of any other ethnic group.
1 2 3 4 5 6 7
28. Whites will say one thing and do another.
1 2 3 4 5 6 7
29. White politicians will take advantage of Blacks every chance they get.
1 2 3 4 5 6 7
30. When a White teacher asks a Black student a question, it is usually to get information which can be used against him or her.
1 2 3 4 5 6 7
31. White policemen can be relied on to exert an effort to apprehend those who commit crimes against Blacks.
1 2 3 4 5 6 7
32. Black students can talk to a White teacher in confidence without fear that the teacher will use it against him or her later.
1 2 3 4 5 6 7
33. White policemen usually do not try to trick Blacks into admitting they committed a crime which they didn't.
1 2 3 4 5 6 7
34. There is no need for Blacks to be more cautious with White businessmen than with Blacks.
1 2 3 4 5 6 7
35. There are some White businessmen who are honest in business transactions with Blacks.
1 2 3 4 5 6 7
36. White store owners, salesmen, and other White businessmen tend to cheat Blacks whenever they can.
1 2 3 4 5 6 7
37. Since Whites cannot be trusted, the old saying "one in the hand is worth two in the bush" is a good policy to follow.
1 2 3 4 5 6 7
38. Whites who establish businesses in Black communities do so only so that they can take advantage of Blacks.
1 2 3 4 5 6 7
39. Blacks have often been deceived by White politicians.
1 2 3 4 5 6 7
40. White politicians are equally honest with Blacks and Whites.
1 2 3 4 5 6 7
41. Blacks should not confide in Whites because they will use it against you.
1 2 3 4 5 6 7

42. A Black person can loan money to a White person and feel confident it will be repaid.
1 2 3 4 5 6 7
43. White businessmen usually will not try to cheat Blacks.
1 2 3 4 5 6 7
44. White business executives will steal the ideas of their Black employees.
1 2 3 4 5 6 7
45. A promises from a White is about as good as a three dollar bill.
1 2 3 4 5 6 7
46. Blacks should be suspicious of advice given by White politicians.
1 2 3 4 5 6 7
47. If a Black student tries, he/she will get the grade they deserve from a White teacher.
1 2 3 4 5 6 7
48. Whites will usually keep their word
1 2 3 4 5 6 7

H INTRINSIC SPIRITUALITY SCALE

Spirituality is defined as one's relationship to God, or whatever you perceive to be Ultimate Transcendence. The 0 to 10 range provides you with a continuum on which to reply. 0 = absence or zero amount of the attribute, 5= medium or moderate, 10= the maximum amount of the attribute.

Please **CIRCLE** the number along the continuum that best reflects your initial feeling.

1. In terms of the questions I have about life, my spirituality answers....

No questions **absolutely all my questions**

0 1 2 3 4 5 6 7 8 9 10

2. Growing spiritually is...

of no importance to me than **more important anything else in my life**

0 1 2 3 4 5 6 7 8 9 10

3. When I am faced with an important decision, my spirituality...

Plays absolutely no role **is always the overriding consideration**

0 1 2 3 4 5 6 7 8 9 10

4. Spirituality is...

not part of my life **the master motive of my life, directing every other aspect of my life**

0 1 2 3 4 5 6 7 8 9 10

5. When I think of the things that help me to grow and mature as a person, my spirituality...
has no effect on my personal growth

**is absolutely the
 most important factor in my
 personal growth**

0 1 2 3 4 5 6 7 8 9 10

6. My spiritual beliefs affect...

no aspect of my life **absolutely every**

aspect of my life 0 1 2 3 4 5 6 7 8 9
10

Historically Black Colleges and Universities have garnered substantial attention during Trump's presidency given the ambivalent relationship between HBCU leaders and the White House Initiative on Historically Black Colleges and Universities (C-SPAN, 2018). HBCUs continue to operate under an increasingly hostile environment for students of color in the current presidency; most recently, the forty-fifth president of the United States has gone as far as de-humanizing immigrants by calling them "animals" (Castro Samayoa and Nicolazzo, 2017; Qiu, 2018). This manuscript considers the political attitudes of Black students at Historically Black Colleges and Universities using a 2015 sample of first-year respondents. Historically black colleges and universities (HBCUs) enroll 25% of college-educated African American young adults and can play an important role in HIV prevention. We examined HIV/AIDS knowledge of students at HBCUs to inform and strengthen our HIV prevention efforts at HBCUs. Methods: African American undergraduate HBCU students completed online surveys assessing HIV/AIDS knowledge and behaviors, and we analyzed data to assess their knowledge and behaviors. Results: A total of 1,051 of 1,230 surveys completed (85.4%) were analyzable. Eighty-two percent of students had average/high HIV knowled Help-seeking behaviors and depression among African American adolescent boys. Social Work. 2006;51(1):49-58.PubMedGoogle Scholar. The Attitudes and Intentions of College Students as to Help Seeking for Serious Personal and Emotional Problems. Poster session presented at the 108th Annual Convention of the American Psychological Association, August 2000, Washington, DC.Google Scholar. 64.