Supporting Students from Diverse Racial and Ethnic Backgrounds

Purpose and Background

Historically marginalized and underserved racial and ethnic groups comprise nearly two-thirds of California community college students.[1] As the state continues to grow in racial, ethnic, and linguistic diversity, it is essential that California's system of 112 community colleges be prepared to respond to the needs of a diverse student body.

Even more than among students as a whole, the academic success of students from historically disadvantaged racial and ethnic groups is known to be tied to physical and mental wellness.[2, 3, 4] Yet in spite of their greater need, students of color who experience mental health issues are less likely to access mental health services, and, after accessing services, are more likely to discontinue them prematurely.[5, 6, 7, 8] To address this disparity it is critical to become informed about how to address mental health issues among the full diversity of students, including an understanding of culturally specific mental health needs, help-seeking, and sources of campus and community support.

This publication will present some common barriers related to mental health shared by students from historically marginalized racial and ethnic backgrounds, and will describe how resources specific to the community college system can help support their access to mental health services. While commonalities of experience exist between groups, there is of course great variability within racial and ethnic identities. The information below is not intended to ignore the diversity that exists within and between cultures; instead, examples from research on multiple racial and ethnic groups are provided to illustrate broad findings from research on race, ethnicity, and mental health.

Educational Success and Potential Obstacles

One of the inequities among students from historically disadvantaged racial and ethnic backgrounds is that postsecondary and college education is not provided equally to all. It has been well documented that students who are historically underrepresented at the postsecondary education level and above—students of color, those from low-income backgrounds, and first-generation students—remain less likely to be prepared for, pursue, and persist in higher education.[9] African-American, Latino, American Indian, and Asian-American (especially Southeast Asian) families face high rates of hardship and stressors, including lack of adequate or overcrowded housing, limited financial resources, low parental education, lack of needed medical care or insurance, limited transportation, and attendance at low performing primary and secondary schools.[10, 11, 12] These forces and other social, environmental, and contextual stressors lower students' educational readiness for post-secondary education, and often create barriers to success. These stressors may also impact mental health and wellness, creating further barriers to academic success.

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Mental Health Disparities

Mental illnesses are real, disabling conditions affecting all populations, regardless of race or ethnicity. However, striking disparities in mental healthcare access and utilization are found for racial and ethnic minorities.[14] Disparities are population-based differences in health outcomes that are not explained by differences in health needs or patient preference.[15] Even more than other areas of health and medicine, the mental health field is plagued by disparities in the availability of and access to services. People from historically marginalized or underserved racial and ethnic backgrounds face disparities in mental health, including greater persistence of mental health disorders, unique risk factors for mental health disorders, and barriers to effective mental health treatment. African-Americans, Latinos, American Indians/Alaska Natives, and Asian-Americans/Pacific Islanders are over-represented in populations that are particularly at risk for mental health disorders.[16] People of color have less access to mental health services than whites, are less likely to receive needed care, and are less likely to receive high quality mental health services.[17] For example, African-Americans have been over-diagnosed with schizophrenia, but under-diagnosed for mood disorders.[18] Such patterns of misdiagnoses are one contributing factor to mental health disparities between Caucasian people and people of color.

Although Latinos and African-Americans are less likely to be diagnosed with a psychiatric disorder, those who are diagnosed tend to have disorders that are more persistent.[19]

Disparities and Immigration Status

Immigrants also face specific mental health challenges. The process of immigration itself may be a crucible of significant life stressors—including poor housing and living conditions, trauma, stigma, racism, and discrimination—that put immigrants in vulnerable positions and make them more likely to experience mental health problems, particularly if these stressors are left unaddressed. There are also important differences in mental health service use between immigrants and U.S.-born individuals, and generational status is one factor that predicts service utilization. Acculturation—the level to which individuals are assimilated into the host culture's society—can help predict the difference in mental health utilization based on generational status. For example, according to a national study among Latinos and Asian-Americans, U.S.-born individuals use mental health services at a higher rate than immigrants do. Research shows that the more assimilated people are, the more open they are to discussing their problems with a mental health professional.[20] However, assimilation should never be considered a mental health goal or a sign of mental wellness; many immigrants find enormous support through peer and professional networks consisting of fellow immigrants. Maintaining a bicultural identity, including taking pride in multiple cultural backgrounds, can contribute to a strong ethnic and social identity and greater wellbeing.[21, 22, 23]

Cultural Beliefs and Barriers

Culture plays an important role in the diagnosis of mental health issues, and influences help-seeking attitudes towards treatment. Research finds that people of color, particularly Asians and Latinos, generally report more negative attitudes about mental health treatment than other groups.[24] Further, exposure to individual and institutional racism and discrimination may foster mistrust of people in positions of authority, and this mistrust is an important factor deterring people of color from seeking treatment or help.

A large-scale analysis of health outcomes for California's Asian population found that experiences of racial discrimination significantly reduced quality of life indicators, including mental health.[13]

Stigma, Shame, and Self-Concealment

Two barriers to seeking mental health treatment common across several racial and ethnic groups are shame (or self-concealment) and stigma. Self-concealment is a behavioral tendency to keep distressing and potentially shameful or embarrassing personal information hidden from others.[25] Stigma is the attachment of shame or disgrace to specific statuses, and is often associated with mental health issues and challenges. Stigma often leads to self-concealment, and may be exacerbated within particular cultures and ethnic groups. For example, students who are male, younger, Asian, international, more religious, or from a poor family are likely to have elevated personal stigma levels compared to their counterparts.[26] Many who are in need of mental health services are reluctant to seek out these services for fear of being stigmatized within their communities. For several non-Western cultures,

Mental illness stigma is multi-faceted and takes on several distinct forms:

Public stigma refers to negative stereotypes and prejudice about mental illness and the mentally ill, held collectively by people in a society or community.

Personal stigma refers to stereotypes and prejudices held by individuals.[28]

Perceived public stigma refers to an individual's perception of public stigma. Self-stigma occurs when an individual identifies himself with the stigmatized group (i.e. people with mental illness) and applies corresponding negative stereotypes and prejudices to the self.[29]

One research study found that South Asian college students preferred to exclude, reject, and distance themselves from people with mental illness, and consequently did not seek help for fear of being labeled as mentally ill and also being rejected by their peers.[27]

including several Asian cultures that emphasize a strong family hierarchy, emotional restraint, and avoidance of shame, seeking professional help for mental illness may be counter to specific cultural values.

Views of Mental Illness

There are also differences in the way cultures view the causes of mental illness. For some cultures, mental illness can be linked to certain religious and philosophical beliefs, such as the belief that mental illness is a result of spirit possession, bad karma, or loss of faith in God. Many American Indians, for example, have a holistic health perspective that views physical, spiritual, mental, and emotional health in unity, instead of in discrete categories. For certain Asian groups and cultures who believe that mental health can manifest itself physically, individuals are more likely to go to a physician instead of a psychologist, as the former form of medical treatment is more socially and culturally acceptable.[30] Mental health professionals need to be aware of cultural differences in understanding about the causes of mental illness, and should use the intake process to familiarize themselves with the beliefs of individuals.

Mistrust of Treatment and Providers

Barriers to mental health service use for people of color include the absence of culturally responsive services and culturally competent professionals, as well as cultural mistrust of the treatment providers that are available. Lack of sufficient bilingual resources and cultural understanding can be a major source of disconnection between students and service providers. Mistrust of mental health services may deter people of color from seeking treatment. Once accessed, a lack of culturally competent care can impede compliance with treatment protocols, or discourage utilization of aftercare services.

A study of more than 200 African-Americans found that most believed psychotherapy and psychotherapists were insensitive to the African-American experience.[31]

Best and Emerging Practices

Despite the complex role race and ethnicity plays in affecting mental health in minority communities, there are ways that community colleges can support students of color and help address their mental health needs. The first step in developing culturally responsive services is to understand the racial and ethnic makeup of the student body served, and to ensure that health and mental health service professionals have access to resources and training to build their capacity to serve the major populations on their campus.

Conduct outreach to students of color and provide basic information about professional psychological services.

Students who need services often report that they do not know enough about what is accessible, so it is important to make all students aware of the mental health services available to them, including basic information such as the purpose of psychological services/counseling, students' right to confidentiality, and how to access mental health services on and around campus. Strategically choose outreach venues, such as English as a Second Language programs, culture-specific student or community groups, religious spaces, or centers where there are likely to be a high concentration of diverse groups. Use innovative outreach methods, such as social marketing campaigns, to encourage the use of mental health services.[32] Ask diverse student volunteers or other stakeholders to review materials for inclusiveness and cultural competence. If possible, make materials available in languages other than English.

Reconsider how to refer to and talk about mental health and illness.

When conducting outreach with students of color, consider rethinking the language used to describe mental illness and its supports. For example, referring to "health and wellness" and "coping with stress" is an approach to outreach that reduces stigma associated with mental illness. Additionally, using terms like "coaches" and "advisors" rather than "counselors" or "therapists" can help reduce reticence towards asking for mental health help.

Evaluate organizational competence in serving all students equitably.

To address historical racial and ethnic disparities in access to and utilization of mental health services, it is important to continuously evaluate the system of campus services in terms of its readiness and success in meeting the needs of an increasingly multicultural student population.[33] Ongoing data collection should occur at the service delivery level from both students and providers using questions similar to those listed below, and the data should be used to tailor service to individuals as well as to assess organizational progress in providing culturally responsive services that engage all students equitably.

Reach out to underserved racial and ethnic students in culturally appropriate ways.

Seeking out mental health services can be difficult for anybody. Students may resist seeking mental health services on campus, especially those provided through mental health centers which appear intimidating, uninviting, or embarrassing to be seen entering. It is often not realistic to expect students under added stress due to racial, ethnic, or linguistic differences to overcome such barriers on their own. Fortunately, multiple strategies can be employed to increase service access and utilization by decreasing stigma and linking services to trusted institutions. For example, informal methods and informal settings for mental health support can offer students flexibility, and reach students where they are,

Organizational Cultural Competence and Responsiveness

Sample questions to ask students about your system of care

- Does the student feel welcomed and understood?
- Does the student have confidence that staff/faculty can understand his/her cultural needs?

Sample questions to ask students that promote culturally responsive services

- What outcomes are important to the student?
- To what does the student attribute "the problem"?
- What does the student feel will be a source of help or "cure"?
- How does the student define his/her family and community?
- Who does the student perceive as their support system?

Sample questions to ask about providers

- Does staff/faculty understand the cultural barriers that the student might experience?
- Does staff/faculty understand the ways the student's family and community can provide support?
- Does staff/faculty understand the role those individuals and communities that make up the student's support system play in helping the student?

eliminating structural and logistical barriers often faced by students of color. Services offered in the community at a local place of worship or neighborhood community center may diminish the stigma attached to mental health and address structural and logistical barriers to accessing services by providing services in a familiar, safe, and trusted environment. This co-location of services is recommended by various groups, including those representing African-Americans, Latinos, South Asians, and Muslims. Community college staff and administrators can identify community services and offer a list of resources and places to seek additional assistance to students. Instead of a formal referral, having a list of places and external areas on hand to give to students may be valuable. Warm hand offs—where a staff/faculty member accompanies a student in need to their first meeting with mental health service providers —are another key strategy known to be effective in overcoming student reluctance to pursue assistance with mental health challenges. Mental health treatment and wellness can also be made a part of primary care or health and wellness centers, further reducing stigma and building trust.

Integrate information about racial/ethnic diversity and mental health into professional development opportunities and classroom discussions.

Providing ongoing training to faculty and staff is one way colleges can increase awareness of the way that marginalization can increase stress among racial and ethnic minorities. Professional development days can be an opportunity to build an understanding about discrimination and its effects on mental health. These days may also be used to ensure that faculty are made aware of the mental health services available to students, and informed of efforts to increase the cultural responsiveness of these services. Faculty can also be encouraged to share this information in the classroom. Where appropriate, classroom discussions about mental health and stigma can help normalize mental health seeking for students.

Resources and Support for Diverse Students

Listed below are several resources at the national and California state level that also support culturally, racially, and ethnically diverse populations. Many of these resources have direct implications for supporting educational outcomes for diverse students in California community colleges. Many of these resources can be adapted for direct application to community college settings.

Culturally Appropriate Standards, Practices, and Tools

Effective practices may include tailoring existing mental health supports and services to meet the needs of diverse student populations. The following provide guidance to colleges to adopt or adapt culturally appropriate and evidence-based mental health services on their campus.

Beyond the Talk, Practicing the Walk: A Path to Bridge the Cultural Gap is a resource toolkit that outlines several best practices and tools to reduce disparities for African-Americans, Asian/Pacific Islanders, Latinos, Native Americans, as well as Lesbian, Gay, Bi-sexual, Transgender, Questioning (LGBTQ) populations. The toolkit is the result of over 450 behavioral health professionals, county mental health, ethnic services managers, administrators, policy-makers, consumers, and community members gathered at the 2012 Cultural Competence and Mental Health Southern Region Summit XVIII in San Diego, California. http://www.sdcounty.ca.gov/hhsa/programs/bhs/documents/CCMH_XVIII_Resource_Toolkit_2012.pdf

The **National Culturally and Linguistically Appropriate Services (CLAS) Standards in Health and Health Care** are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations. https://www.thinkculturalhealth.hhs.gov/index.asp

The **Nathan Kline Center for Excellence in Culturally Competent Mental Health** offers cultural profiles on various cultures and ethnic groups. These profiles highlight cultural traits that need to be taken into account in order to provide meaningful mental health services that meet the needs of specific populations. http://ssrdqst.rfmh.org/cecc/index.php?q=node/5

The **Suicide Prevention Resource Center (SPRC)** and the **American Foundation for Suicide Prevention (AFSP)** have collaborated on a best practices registry for suicide prevention interventions, which include intervention strategies targeting Native American individuals. http://www.sprc.org/featured_resources/bpr/ebpp.asp

The **Toolkit for Modifying Evidence-Based Practices to Increase Cultural Competence** provides a systematic methodology for modifying current practices and identifying new evidence-based practices (EBPs) for possible modification for cultural groups. Additional tools include instruments to help assess the level of cultural competence and readiness for change and a checklist to track activities throughout the process of modifying EBPs for cultural groups. http://ssrdqst.rfmh.org/cecc/index.php?q=node/86

Developed by NAMI with support from SAMHSA and several others, the **Toolkit and Training on Assessing Cultural Competency in Peer-Run Mental Health Programs** was created to assist groups to assess their own cultural competency. http://www.consumerstar.org/pubs/SC-Cultural_Competency_in_Mental_Health_Tool.pdf

Improving and Strengthening Practices

There are several sources of information that can be accessed to improve direct service practices with culturally, ethnically, and racially diverse community college students. As students become more diverse, those that serve students, such as mental health staff on campus, will need to become more culturally knowledgeable.

The **Cultural Competence Curriculum Modules** consist of nine individual modules addressing issues of cultural competence. The curriculum focuses on relating to and serving individuals from different cultures. The modules were developed as short and user-friendly modules that can be used by staff with varying levels of knowledge to integrate into existing programs. The modules were designed for workers in allied health careers, but the initial modules are applicable to all career fields. Go to http://ca-hwi.org and select the tab, Curriculum. Scroll down and select the download, Cultural Competence Model Curriculum.

Let's Talk is a counseling center outreach program designed to reach students who are less likely to seek mental health services and to engage students who would be otherwise hard to reach, including international students, ethnic, and racial minority students. http://www.sunydutchess.edu/studentlife/counselingandcareerservicesnew/letstalk.html

The **Suicide Prevention Multicultural Competence Kit** consists of a set of awareness materials, including presentations, fact sheets, vignettes, brochures, and posters, geared toward developing multicultural competence. http://www.pace.edu/counseling-center/nyc-counseling-center-grants/samsha-grant-project-open

Social Marketing and Outreach Campaigns

Several Prevention and Early Intervention Initiatives implemented by the California Mental Health Services Authority (CalMHSA) provide outreach and education resources and tools for colleges to educate students, staff, faculty, and others on their campus about mental health.

EachMindMatters.org is an umbrella organization launched in 2014 to give every Californian the tools to combat stigma and build mental health awareness,

and is a good starting point for student mental health stakeholders seeking connection to a community of individuals and organizations dedicated to mental wellness and equality. The website offers information about the benefits of prevention and early intervention, and allows people to share their own experiences with mental health, identify resources including local speakers and regional networks of care, and access tools for promoting awareness through social media. Ribbons, stickers, and other outreach items are available in both English and Spanish. The Each Mind Matters Great Minds Gallery hosts many videos with stories of hope and resilience that can be used in outreach to Asian communities.

Know the Signs is a statewide suicide prevention social marketing campaign built on three key messages: Know the signs. Find the words. Reach out. The Know the Signs suicide prevention campaign is culturally adapting suicide prevention outreach materials such as posters, brochures, and print, TV and radio ads, for the Korean, Vietnamese, Hmong, Lao, Chinese, Cambodian, and Filipino communities. The ads break down the misconception that seeking help is a sign of weakness. All materials will be available in the Resource Center at Your Voice Counts by the end of August 2014. http://www.suicideispreventable.org/

Culture and Community: Suicide Prevention Resources for Native Americans in California, developed by the "Know the Signs," California's statewide suicide prevention campaign, contains social marketing and messaging materials. http://calmhsa.org/wp-content/uploads/2014/04/Native-American-Suicide-Prevention-Resources.pdf

The **NAMI Multicultural Action Center** also provides culturally relevant educational resources and information, including information related to specific racial and ethnic groups. In addition to fact sheets, videos, and other resources for a diverse range of communities, resources for outreach to diverse communities are available. www.nami.org/multicultural

- NAMI Multicultural Engagement and Inclusion Planning Guide focuses on cultural competence and on how to develop a successful multicultural outreach plan.
- Basic Steps for Successful Multicultural Outreach is a one-page tip sheet to develop and customize an outreach plan specific to your campus and community.

The **Hogg Foundation for Mental Health's** "Language Matters in Mental Health" brochure provides a succinct introduction of the importance of appropriate language in talking about mental health conditions. http://hogg.utexas.edu/uploads/documents/Language_Matters_brochure_final_090810.pdf

Online Support Groups, Hotlines, and Mobile Apps

The internet, hotlines, and mobile device applications are increasingly becoming a source of health information, including serving as a source of emotional support for many mental health consumers, particularly among young minorities who are more active online compared to their older counterparts.[34] By reaching minority students where they are most active, online support groups can provide a venue to offer mental health support through a peer-to-peer approach, while also providing confidentiality and anonymity. Online support groups have been shown to be effective in reducing stigma, especially among young men and among female college students seeking assistance with eating disorders.[35] Hotlines and mobile device applications are increasingly being developed to provide support as well.

Know the Signs, in collaboration with Santa Clara County and the National Suicide Prevention Lifeline, developed a mobile app, **MY3** that connects users to their primary support networks when they have thoughts of suicide. The free app also features a customizable safety plan and resources page to help individuals at risk for suicide. www.my3app.org/.

An initiative of the Inspire USA Foundation, **ReachOut.com** provides information and chat forums for young people to help each other get through tough times.

SAMHSA's National Suicide Prevention Lifeline connects callers to a skilled, trained counselor at a crisis center in their area, anytime 24/7 through voice or chat in English and Spanish at (800) 273-TALK (8255). www.suicidepreventionlifeline.org.

San Francisco Suicide Prevention's Crisis Lines (415) 781-0500 or (800) 273-8255 provide immediate crisis intervention and emotional support by voice or chat in English and Spanish 24 hours a day, and employ translation services for callers speaking any other language. Spanish speakers can call (800) 303-7432 to receive services in Spanish directly, or go to www.sfsuicide.org/our-programs/linea-de-apoyo/. Additional resources for youth risk reduction, HIV concerns, drug use and relapse, grief, and internet counseling are available. http://www.sfsuicide.org/our-programs/

Didi Hirsch's Suicide Crisis Line is fully staffed with Korean speaking counselors, and has Vietnamese-speaking counselors that are available 22 hours a week. Call the 24-hour Crisis Line at (877) 727-4747 (available in Los Angeles, Orange, Ventura, San Bernardino, Riverside, and Imperial counties).

Additional Resources and Information

Go Ask Alice! is a health Q&A resource produced by Columbia University that provides readers with reliable, accurate, accessible, culturally competent information, and a range of thoughtful perspectives on various medical conditions, including a comprehensive section on mental health. http://goaskalice.columbia.edu/

The website of the **National Organization for People of Color Against Suicide (NOPAS)** contains links to articles about cultural competence in suicide prevention. http://www.nopcas.com/

The **Office of Minority Health** has a website with suicide prevention resources, as well as resources on cultural competency. http://www.minorityhealth.hhs.gov/

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