Targeting Support to Specific Student Groups: BIPOC, LGBTQIA+, International, First-Generation and Students with Disabilities

As the world struggles to regain its footing—reeling from one pandemic while being threatened by yet another, managing record-breaking temperatures while inflation bars access to essential utilities and resources, and suffering from setbacks in women's rights and LGBTQIA+ rights—students are returning to campus more distressed than ever. A recent survey from TimelyMD found that over half of polled students are dealing with more stress or anxiety now than they were a year ago—with a majority (70 percent) citing the pandemic as a cause—while nearly nine in 10 students (88 percent) averred that there is a mental health crisis emerging across their campuses. This comes as even pre-pandemic studies found that nearly three in five students are living with mental health disorders, while one in five students have had thoughts of suicide—indicating that current rates are signs of a concerning trend, rather than a pandemic-related anomaly.[1]

To mitigate this growing crisis, students alleged that the best way their campuses can support them would be to provide more mental health services—both virtually and in-person. Thankfully, institutions have been largely receptive towards their students' plea, as an ACE survey series from the 2021 fall term found that roughly half of screened presidents at public and private 4-year institutions reported that they had allocated more resources to develop programs to support student mental health, contracted with mental health vendors and built relationships with providers in the community, and hired more staff to expand current programs and services.

But even with these initiatives, more still needs to be done to ensure that current mental health programs and resources are serviceable to historically underrepresented student groups. To date, most on-campus mental health services, as well as disseminated information regarding causes, signs, symptoms, and treatments for mental health disorders, are fundamentally modeled after studies on white students—particularly sampling those who are cis-gendered, heterosexual, and abled.[2] Consequently, these initiatives largely neglect and potentially exacerbate the mental health concerns of nearly half of all students, as a 2019 ACE report found that roughly 45 percent of the overall undergraduate student population in the United States are students of color, while other nations including Canada, Australia, and most European countries have failed to monitor student demographics, making it more unlikely that their current services adequately address the needs of their diverse students.

This is concerning given the plethora of research that suggests that students of color, LGBTQIA+ students, international students, first generation students, and students with disabilities are more likely to have symptoms of clinical depression; experience higher

levels of stress and anxiety; are at a greater risk of suicide.[3-7] As the number of these student groups continues to rise, it is imperative that institutions educate themselves on current biases, gaps, and barriers that these groups face regarding access to care, as well as the unique risk factors that augment their mental health and wellbeing, and use this awareness to design culturally competent and holistic mental health initiatives.

Understanding the Minority Stress Theory and the Importance of Intersectionality

In order to develop a better understanding of the unique challenges that these students face when it comes to protecting their wellbeing and accessing care for their mental health, it is important for institutions to understand how the experience of belonging to a minority group increases students' vulnerability to mental health disorders, as outlined by the minority stress theory.

The minority stress model was first theorized in 2003 as a way to explain mental health disparities among the LGBTQIA+ community.[8] It posits that heightened rates of stress are caused by hostile social environments that expose minority groups to unique social stressors including external stressors, such as discrimination, stigma, and exclusion, and their internal consequences, including fears and expectations of future mistreatment, and internalized self-loathing.[4] While these stressors are not directly associated with poor mental health, given that long-term stress is associated with an elevated risk of a host of mental disorders including anxiety, depression, and substance abuse disorders, as well as suicidal ideation, the prevalence of these stressors are predictive of poor mental health outcomes among minority students.[9]

As institutions aim to minimize these stressors as part of their diversity, equity, and inclusion (DEI) efforts, it is important to be mindful of the fact that students' identities are rarely singular; rather, they are a constellation of multiple identities across categorizations such as race, gender, sexual orientation, class, ethnicity, and ability, whose overlaps create complex systems of discrimination, as described by the concept of intersectionality. For example, studies have found that while Black and LGBTQIA+ populations are both subjected to their own experiences of discrimination, populations that identify as both Black and LGBTQIA+ experience greater discrimination as a result of the compounding of their identities.[10] Therefore, it is important to bear in mind that the challenges that are to be outlined regarding minority students' mental health experiences and access to care are not mutually exclusive—further necessitating an integrated approach to student mental health support.

BIPOC Students' Mental Health Challenges and Barriers to Care

Risk Factors:

- Systemic racism.

- Cultural identity and family relationships.

- Discrimination, harassment, and violence.

- Academic racism.

- Negative campus climate.

Barriers to Care:

- Mistreatment, misdiagnoses, and gaps in mental health training.

- Lack of diversity and representation.

- Lack of perceived need.

- Stigma and cultural beliefs.

- Lack of support.

Solutions:

- Monitor student demographics.

- Provide online and flexible care models.

- Design digital mental health campaigns.

- Organize peer support/affinity groups.

- Offer anti-racism training to peers, faculty, staff, and clinicians on campus.

- Modify current curricula and syllabi.

- Award scholarships and offer financial aid.

LGBTQIA+ Students' Challenges and Barriers to Care

Risk Factors:

- Social inequalities: food and housing insecurity, poverty.

- Anti-LGBTQIA+ legislation.

- Concealment of identities.

- Family rejection.

- Living in toxic households or environments.

- History of abuse, assault, or harassment.

- Discrimination, bullying, harassment, assault, and alienation on campus.

- COVID-19 mitigation strategies.

Barriers to Care:

- Fears of being outed.

- Self-stigma and rejection hypervigilance.

- Faculty, staff, clinicians, and mental health professionals' lack of experience working with LGBTQIA+ identities.

- Discrimination from insurance and mental health providers.

- Medical gatekeeping.

- Community stigma.

Solutions:

- Collect confidential and optional data on students' identities.

- Update university systems to allow students to change their names and pronouns.

- Modify telehealth care to include chat or text-based services.

- Create gender and sexuality alliances, LGBTQIA+ student community centers; organize student-led clubs and associations.

- Train peer, faculty, and staff mentors.

- Educate peers, staff, faculty, and mental health center staff on LGBTQIA+ students' various identities and unique risk factors.

- Establish safe spaces and affirming classrooms and campus environments.

- Host pride-related workshops, webinars, or on-campus events; encourage self-acceptance, strengthen students' sense of identity, and build coping skills.

International Students' Challenges and Barriers to Care

Risk Factors:

- Lack of social support.

- Discrimination, bullying, isolation, and alienation.

- Fears of xenophobia.

- Culture shock.

- Mental health stigma.

- Pressures to succeed.

- Uncertainty about COVID-19.

- Geopolitical fears.

Barriers to Care:

- Lack of awareness of available mental health resources.

- Lack of cultural diversity of staff.

- Lack of understanding or confusion regarding foreign healthcare services.

- Linguistic barriers.

- Stigma surrounding help-seeking.

Solutions:

- Review and improve pre-arrival, orientation, and induction materials and programs.

- Provide acclimation and assimilation support; offer assistance with transfer trauma and post-traumatic stress disorder.

- Offer and expand telehealth resources.

- Provide cultural competency training to peers, faculty, staff, and clinicians on campus.

- Hire culturally sensitive psychologists.

- Compile a list of off-campus mental health treatment providers, services and resources for culturally and linguistically diverse students.

- Foster stronger social networks using peer mentors, support groups, and campus events.

- Use mental health training and education programs to promote positive health and help-seeking behaviors.

- Collaborate with student clubs and organizations and multicultural centers on mental health initiatives.

First Generation Students' Challenges and Barriers to Care

Risk Factors:

- Poor academic functioning and attrition.

- Difficulty transitioning to campus life.

- Financial hardship.

- Family or domestic conflicts.

- Guilt and shame.

- Lack of social support.

- Social isolation and alienation.

- Substance abuse or misuse.

- Pressures to succeed.

- Poor physical health.

- Traumatic life experiences or events.

Barriers to Care:

- Mental health stigma.

- Negative attitudes towards help-seeking and mental health treatment.

- Lack of culturally competent and diverse care.

- Lack of knowledge regarding how to locate and access resources and services.

- Mistrust toward public or institutional services.

- Lack of time, transportation, or money.

Solutions:

- Train peer and staff mentors; improving access to tutoring and advising services.

- Develop wellness programs and services including nutrition counseling, health and fitness courses, presentations on substance use and misuse, and financial wellness coaching.

- Offer mental health education courses, workshops, or programs aimed to destigmatize mental health.

- Provide or expanding free or discounted mental health services, programs, and resources on campus.

- Design or implementing flexible and 24/7/365 mental health support services.

- Organize peer and student-led counseling sessions and workshops; foster social connections and resiliency.

- Hire diverse on-campus mental health clinicians and staff.

- Refer students to off-campus mental health providers and local organizations or agencies that offer practical support.

Students with Disabilities & Disabled Students' Challenges & Barriers to Care

Risk Factors:

- Financial hardship and unemployment.

- Social isolation and alienation.

- Lack of agency.

- Stigma surrounding disabilities.

- Discrimination, bullying, and harassment.

- Delayed diagnoses.

- Poor coping skills and self-advocacy.

- Stressful life events.

- COVID-19 mitigation strategies.

Barriers to Care:

- Not disclosing disabilities to their institution.

- Part-time or temporary enrollment.

- Lack of transportation or wheelchair accessibility on campus.

- Lack of awareness of disability resources and services on campus.

- Inadequate disability accommodations.

- Lack of integrated mental health care.

- Communication Barriers.

- Difficulty navigating campus procedures and processes to receiving support and accommodations.

- Uneducated or uncooperative faculty and staff.

- Resistance to seek support.

- Stigma and harmful stereotyping.

Solutions:

- Simplify the accommodation process.

- Expand accommodations offered and disabilities supported.

- Protect the privacy of students' disclosed disabilities and requested or received accommodations.

- Keep track of students who request or are granted accommodations.

- Improve accessibility to mental health resources and services on campus.

- Prioritize accessibility from the start: creating an inclusive campus.

- Expand telehealth services and offering assistive technology or digital support.

- Alter formats of lectures, course materials, and campus-life resources.

- Train and educate faculty, staff, and clinicians to allow them support students.

- Design programs, presentations, and webinars that seek to destigmatize disabilities among students.

- Collaborate with disability support services on mental health initiatives.

- Create an advisory board for disability-related campaigns and policies that include students, staff, and faculty with disabilities, and peer or staff advocates.

- Collaborate with local disability advocacy organizations on further outreach and support plans.

- Compose a digital catalog of off-campus resources and services for students to utilize.