Providing Mental Health Support for BIPOC Students

Rates of mental health issues among racially and ethnically diverse students are on the rise. A recent study led by Sarah Lipson, assistant professor of health law, policy, and management at Boston University's School of Public Health, on the findings from the national Healthy Minds Study between 2013 and 2021 revealed that mental health worsened for all racial and ethnic minority student groups, as these groups saw a substantial increase in the prevalence of symptoms of depression, anxiety, eating disorders, and suicidal ideation (45 percent) compared to their non-Hispanic white (NHW) peers.[1] This is consistent with past studies that have found that Black, Latinx, Indigenous, Asian, and Multiracial students are more likely to fall into a more severe depression, are likely to experience greater levels of anxiety, and are more likely to screen positive for suicide risk than NHW students.[2]

Risk Factors and Stressors that Worsen BIPOC Students' Mental Health Issues

According to a 2019 status report from the American Council on Education, these disparities among Black, Indigenous, People of Color (BIPOC) students can be attributed to their relatively greater risk of experiencing adverse conditions that impact their health, education, and development than their NHW peers. These conditions include both external risk factors, including societal, communal, environmental, economic, and medical risk factors; and internal risk factors, including campus climate, stigma, and mental health education. While institutions do not have control over external risk factors, they can mitigate their effects on BIPOC students' mental health and wellbeing by assessing the prevalence of these risk factors among their student populations; educating students, faculty, and staff on their effects on BIPOC students to reduce stigma and promote a campus culture of empathy and understanding; targeting financial, practical, clinical, and emotional support as needed; and mitigating internal risk factors.

Some examples of such risk factors include the following:

- **Systemic racism**. Racism is much more complex than social attitudes and community bonds: it is a system that has long been embedded into social structures, policies, and institutions throughout colonized nations that serve to oppress people of color.[3] These structures impacted by racism include courts, prisons, and police units; hospitals, insurance agencies, and health centers; placement of essential businesses and services such as daycare centers, schools, grocery stores, private doctors' offices, and fitness centers; and housing and urban development.[4] Consequently, BIPOC students are more likely to experience racial profiling; police violence and incarceration; limited access to quality healthcare and insurance; medical discrimination and mistreatment; food, housing, and energy

insecurity; financial strain or economic hardship; eviction and relocation; and limited access or disruptions to education and development. Educational debt is another economic stressor that disproportionately impacts low-income BIPOC students and their mental health.[5]

These systems of racism can have a detrimental impact on BIPOC students' health, as the COVID-19 pandemic revealed. A 2021 study from the American Nurses Association found that compared to white communities, BIPOC communities were 2.7 times more likely to be diagnosed with COVID-19, up to 4 times more likely to be hospitalized, and roughly 2.7 times more likely to die, which not only threatens BIPOC students' physical health, but their mental health as well, as they are disproportionately impacted by death, loss of loved ones, and loss of quality of life.[6] The pervasiveness of racism throughout society can also negatively impact BIPOC students' mental health even if they do not directly experience it, as it was observed in the aftermath of George Floyd's Murder, where rates of anxiety and depression in Black, Asian, and Native American increased.[3] According to the Harvard University Center for Developing Child, this constant exposure to violence and the heavy burden of racism has been linked to an increased risk for stress-related mental health disorders.[7]

- **Cultural identity and family relationships**. Students who have a strong sense of cultural identity have been shown to exhibit positive mental health traits, including self-esteem, resilience, coping skills, life satisfaction, and happiness.[8] For example, a recent study of Latinx college students found that cultural values including *familismo*, *respeto*, and religiosity served as a buffer against stressors and promoted better mental health.[9] Conversely, lacking a cultural identity—or more specifically, losing sense of one's cultural identity as a result of genocide, colonization, forced isolation, systemic racism, and intergenerational trauma can significantly weaken minority groups' coping skills and resiliency, and consequently induce mental health disorders, substance abuse disorders, and suicidal ideation.[10] This is something that Indigenous populations are struggling with—particularly among youths ages 15 to 24. In Canada, suicide rates for Inuit youth are 11 times that of the national average—and are among the highest in the world—while a systemic review of suicide rates across 30 countries and territories found that suicide rates are more than 20 times higher among Indigenous peoples.[11]

Additionally, cultural or familial pressures can have an adverse effect on BIPOC students' mental health. A thematic synthesis on findings from studies on Black students studying in the United Kingdom found that cumulatively, Black students observed that they faced more pressures from their families and their communities to succeed than their non-Black peers, which was a significant source of distress for students both in academic settings

and in their personal lives.[12] The review further deduced that these pressures come from families' emphasis on the sacrifices they have made and the hardships they have endured for their children's education, such as immigration and financial strain.[13]

- **Discrimination, harassment, and violence.** Recent studies have found that exposure to any kind of violence is perhaps the strongest predictor of suicidality among college students, whether physical, psychological, or sexual.[14] Research also shows that BIPOC students are at a greater risk of exposure for physical assault and hate crimes, domestic violence and sexual assault, and verbal harassment and online vitriol.[15] The AAPI community in particular saw a significant increase in racially-motivated violence (77 percent) during the COVID-19 pandemic, as the Stop AAPI Hate's reporting center received nearly 11,500 reports of hate incidents between March 2020 and March 2022. This is concerning given that a 2017 report from the Centers for Disease Control and Prevention (CDC) revealed that suicide is the first leading cause of death among Asian American youth, aged 15 to 24—a statistic true for no other race or ethnicity among that age range.

- **Academic racism**. As a system that was built to exclusively serve and benefit white, upper-class populations, education has and still largely remains rooted in systemic racism.[16] As institutions have begun to address the more overt markers of structural racism—taking down statues and monuments commemorating Confederate war heroes and renaming buildings dedicated to racist leaders—minority students are still faced with daily microaggressions in lectures and around campus which are significant sources of stress, including racial profiling from campus police, predatory financial practices that create barriers to college affordability for BIPOC students, racist tropes and stereotypes about minority communities and cultures in lectures and course materials, and language prescriptivism, that classifies Black English—among other vernaculars—as unprofessional and unacceptable. As a result, one study found that an overwhelming percentage of screened Black students reported to have censored themselves in academic spaces in order to be accepted by white students, faculty, and staff, which reduces their relatedness to peers, faculty, and their education, and prompts feelings of exclusion, frustration, helplessness, distress, and a lack of motivation.[12]

- **Negative campus climate**. When racism is embedded in academia, it not only shapes BIPOC students' learning experience, but also their student life experience, by promoting a toxic, discriminatory campus culture as white students and faculty internalize these racist attitudes, beliefs, and misconceptions. Failure to breakdown racial stereotypes and structures of racism on campus subjects BIPOC students to continuous discrimination, vitriol, and exclusion from their peers—which promotes

feelings of lack of belonging, discomfort, anxiety, and depression among BIPOC students. In one study, Black students reported that a lack of understanding from white students regarding their need or purpose for censoring themselves or code switching on campus negatively impacted their mental health, as having to educate their peers led to feelings of emotional exhaustion, lack of relatedness, and alienation.[12]

Current Barriers to Mental Health Care

While BIPOC students have higher rates of mental disorders than their NHW peers, recent studies have found that a concerning majority of these students do not access needed care and are less likely to use mental health services on campus. For example, a recent study on Black students across four universities found that 17 percent of students screened positive for risk of suicide, but of those students, over 66 were not receiving treatment for their mental health.[17] An additional study from 2021 also found that while roughly half of NHW students with mental health needs received treatment in the past year, only 33 percent of Latinx, 25 percent of African American, and 19 percent of Asian American students did so.[18] Several factors that influence these discrepancies have been identified, including:

- **Mistreatment, misdiagnoses, and gaps in mental health training.** Contemporary studies on potential barriers to help-seeking among BIPOC students consistently posit that microaggressions, perceived racism, and discrimination from healthcare providers, clinicians, and counselors lead BIPOC students to avoid accessing mental health care.[19] Common microaggressions that students report include staff avoiding eye contact, making hasty assumptions or generalizations about living conditions, experiences, knowledge, and beliefs, and dismissing students'[19] In addition to poor treatment, BIPOC students also report diminished trust in healthcare professionals due to disproportionate rates of misdiagnoses; incidents that are principally caused by racial, cultural, or ethnic stereotyping due to a lack of cultural competency and diversity training, a lack of realistic and diverse sampling throughout student mental health research, and a lack of education on the unique ways that symptoms of mental illness can present among students of different racial and ethnic backgrounds.[20]
- **Lack of diversity and representation.** In addition to insufficient cultural competency and diversity training, the persistent lack of diversity throughout the clinical field has been shown to diminish trust in the healthcare system, decrease feelings of relatedness, safety, and comfortability, and fails to provide adequate care to students.[21] As of 2015, 86 percent of psychologists in the United States are

white, while only 4 percent are Black and 5 percent are Latinx.[22] This presents further barriers to receiving mental health care, as higher percentages of BIPOC students speak a language other than English, or consider English to be their second language, which inhibits their ability to understand, process, and act on advice or referrals provided by clinicians and counselors who only speak English. This is something that Indigenous student groups in particular struggle with, as there are over 200 languages spoken by Indigenous communities—all of which are an essential part of their cultures, and are essential to fostering connectedness, which many Native cultures believe to be the principal solution to poor mental health.[23]

- **Lack of perceived need.** Although AAPI students report higher rates of suicidal ideation, depression, anxiety, and eating disorders, they are the least likely racial group to seek mental health care, and are 50 percent less likely to use services. According to SAMHSA's report on racial and ethnic differences in mental health service use among adults, roughly 31 percent of Asian adults who did not receive treatment cited low perception of need. Due to language and cultural barriers throughout mental health care and advocacy, one potential factor that contributes to a decreased perception of need is a lack of mental health literacy; mental health curriculums that are based around NHW student samples, signs, symptoms, and causes that are taught may not be reflective of BIPOC students' lived experiences, and that lack of relatedness has been shown to produce a poor awareness of one's own symptoms of poor mental health.[24]
- **Stigma and cultural beliefs.** Research indicates that BIPOC students are more likely to experience stigma surrounding accessing treatment for their mental health.[25] In the same study that reported that Black students were negatively impacted by pressures from their families and larger communities to succeed, it was also posited that Black students may avoid seeking care in order to prioritize their education and academic performance.[12] In a study on AAPI students' utilization of mental health services, it was reported that a greater adherence to Asian American values—specifically emotional self-regulation—is associated with a decreased use of mental health services and an increase in poorer attitudes associated with help-seeking.[26] In South, Southeast, and East Asian American families, stigma surrounding mental illness and traditions of family honor, saving face, and avoiding shame, further discourage Asian students from seeking help; examples of these values in different Asian cultures include *mianzi* and *chaemyeon*, or "face" among Chinese and Korean cultures, and *hiya* and *haji*, or "shame" among Filipinos and Japanese, respectively.[27]

- **Lack of support.** While a lack of support from faculty and staff can increase BIPOC students' risk of accumulating stress and developing mental disorders, it can also prevent them from accessing needed care. Stigma, misconceptions and stereotypes regarding different racial and ethnic identities not only discourages students from seeking care for their own mental health issues, but it also leads professors to fail to identify BIPOC students who are struggling with mental health issues and are in need of referrals to services. A common example of one such stereotype is that of the model minority, which implies that Asian Americans are the most successful out of all racial student groups. Not only has this stereotype been associated with an increase in self-reports of depression and anxiety as a result of imposter syndrome, stress, and insecurity, but it also may cause professors to overlook signs of mental illness among this student demographic.[28]

How Institutions Can Address These Challenges and Barriers

While there is no one-size-fits-all approach to providing mental health support to all racial and ethnic minority students, by redressing some of the unique risk factors that BIPOC students are exposed to on campus and within academia; in their own homes and communities; and across all social institutions, post-secondary leaders can help these students to better manage daily stress, overcome barriers to seeking or receiving mental health care, and take necessary steps towards improving and protecting their wellbeing. Further, by incorporating these issues into campus-wide mental health initiatives, leaders can ensure that their plans are reflective of and beneficial to all students—essential for their long-term success.

Some ways that institutions can respond to these outlined challenges include:

- **Monitoring student demographics.** In order to identify what stressors and barriers that an institution's BIPOC students might be facing, institutions need to obtain an accurate assessment of their students' demographics in order to construct student samples, disseminate surveys, polls, and questionnaires, and gather information in a way that is representative of the diversity of the student population on campus.[18] This way, institutions can develop mental health initiatives that correspond to the unique needs of their students, and target support directly to minority student groups on campus.
- **Providing online and flexible care models.** Research has suggested that online mental health screening and treatment is an advantageous solution for reaching BIPOC students who may face barriers including a lack of time, a lack of perceived need, or hesitancy toward accessing on-campus health centers or mental health services. In fact, one study found that BIPOC students in particular reported a

preference for online interventions versus in-person care.[29] While studies have also shown that BIPOC students are more likely to drop out of mental health treatment early, offering online modalities of care has been found to improve students' commitment to care, allowing students to access treatment in private, on their own personal devices, and on their own time, which encourages students to seek help and to stick with treatment programs for longer durations of time.

The use of online care also presents the opportunity for institutions to implement anti-stigma and education interventions, including offering personalized insight into mental health conditions or disorders students may be struggling with based on described symptoms; providing fact sheets, infographics, or short informational videos on the causes, risk factors, signs and symptoms of mental health disorders; and sharing videos demonstrating how to use campus services—particularly those featuring racially and ethnically diverse student actors in order to promote better attitudes toward help-seeking.

Many institutions have also begun to recognize the benefits of implementing flexible-care models that allow BIPOC students to seek help more casually or informally as a way to work around students' resistance to accessing professional treatment. For example, institutions like the University of Notre Dame, Cornell University, and the Ohio State University, are now offering quick drop-in consultations with on-campus counselors that provide free and confidential mental health support to students with no appointment necessary. This drop-in service, known as "Let's Talk," is designed to support students who are struggling with non-emergency mental health challenges—as the program is not a substitute for counseling or professional treatment—who may otherwise not reach out for support, offering sessions that range from 15 to 25 minutes in length to help students tackle specific health-related issues and become familiarized with the counseling process to potentially access professional services in the future. According to the director of Counseling and Psychological Services at Brown University, Will Meek, this flexible-care model is a beneficial alternative to care especially for BIPOC students who do not benefit from Western-centric care approaches.

- **Designing digital mental health campaigns.** In tandem with online care options, institutions should seek to design and implement digital mental health campaigns that inspire open conversations about mental health, facilitate mental health education, and promote positive attitudes toward mental health treatment among BIPOC student communities. This is especially beneficial to Indigenous and Asian student populations, as an increasing body of research shows that using digital media technologies allows institutions to reach more of these students as they are less receptive to formal help-seeking methods and are largely more familiar and engaged with social media platforms such as Facebook, YouTube, Snapchat,

Twitter, and Instagram, compared with their NHW peers.[30] For Indigenous students in particular—whose daily and weekly usage of computers and cellphones has been found to often exceed that of their non-Native peers—a new systematic review of studies examining the use of digital technologies to address Indigenous mental health issues found that overall, these interventions were associated with significant reductions in symptoms of depression, anxiety, stress, distress, and suicidality among Indigenous users.[31]

To explain this association, research has found that digital media technologies both benefit and appeal to Indigenous students due to their ability to bridge the physical and cultural divide between tribal communities caused by historical displacement, separation, and forced assimilation.[32] Specifically, that they help to facilitate storytelling activities that allow Indigenous youth to talk about their cultural identity and their mental health—including related struggles and challenges with each—and foster relationships with others who relate to their experiences and can share similar stories, in addition to expanding their knowledge about mental health and their identity.[33] For example, one study examining Inuit students from the Arctic College located in the Iqaluit community in the Canadian Arctic reported that the students had set up a Facebook group called Inuit Hunting Stories of the Day," where they were able to share tips and stories about traditional hunting techniques and learn more about their culture, which in turn helped to affirm their identities, strengthening their wellbeing and improving their resiliency against social stressors, including systemic racism.[32-33]

Overall, research has found that Indigenous students are largely driven to use social media platforms due to their ability to foster, maintain, and strengthen connections, as the students from the Arctic College study cited this as their primary purpose for using Facebook.[32] This is crucial for all BIPOC students, as perceptions of strong social networks have been associated with lower rates of suicidal ideation and higher rates of self-esteem, self-efficacy, lower rates of depression and anxiety, and better management of stress and distress. With that said, institutions should aim to coordinate digital mental health campaigns, such as by using hashtags and creating online challenges on social media that encourage BIPOC students to share stories about their mental health journey, their personal identities, and their own thoughts on mental health and wellbeing, encouraging their peers to do the same as they receive acceptance, reassurance, and support from each other in the process. These challenges can include making short videos or films, creating artwork and multimodal pieces, writing short stories or poetry, or simply sharing pictures related to mental health or cultural topics such as suicide, equity and justice, and student wellness and wellbeing. Ultimately, the key is to work towards dismantling

colonialism and providing students with a positive alternative to limiting and historically exclusive traditional methods of care.

- **Organizing peer support groups.** Another way to appeal to BIPOC students' preference for informal care is to form peer support groups—or affinity groups—organized around students' shared identities and ethnic backgrounds. By organizing peer support groups or affinity groups, institutions can provide students with the opportunity to share their experience with mental health issues—including their experiences with racism, discrimination, family or cultural conflicts; receive validation and emotional support from their peers; develop better coping mechanisms and expand their knowledge about various mental health and cultural topics by listening to their peers' varied experiences; and gain supportive social connections that are essential to their overall wellbeing. Institutions may seek to design peer support groups based on race or ethnicity, such as forming Black Student Peer Discussion Groups, or Asian American and Pacific Islander (AAPI) Support Groups that aim to promote students' personal development by offering emotional, academic, financial, or career support, or any combination of the four.

Institutions can also organize multi-cultural groups built around shared values or similar life experiences, as research shows that cultural values and practices are better predictors of students' health and wellbeing, and attitudes towards mental health and seeking treatment, and that students can benefit from gaining new understandings about their experiences with mental health and their cultural values, customs, and beliefs. For example, one study found that—despite having different ethnic backgrounds—Asian and Latinx post-secondary students share similar cultural values around *familialism*, or the commitment and duty to support and respect one's family, and subsequently both struggle with the same stigma that experiencing psychological distress or mental health issues brings shame and dishonor to their families, dissuading them from seeking professional help and thus exacerbating their mental health challenges.[34] Institutions may seek to form peer support groups based around this cultural value, bridging together students with various racial and ethnic backgrounds, fostering understanding, inclusivity, connections, and an inclusive and benevolent campus climate.

Similarly, affinity groups can also be established around goals intended to establish a more inclusive and equitable campus. For instance, the Asian / Pacific Islander (API) affinity group established within the College of Pharmacy at the University of Minnesota has been able to work directly with the college to draft and disseminate communications addressing discrimination against API students as a result of the COVID-19 outbreak, and design an action plan for the university to address challenges and barriers that the API community faces on campus.

- **Offering cultural competency training to peers, faculty, staff, and on-campus mental health practitioners.** Another way that institutions can strengthen BIPOC students' overall wellbeing is by offering education and training to their peers, educators, and counselors on recognizing biases, microaggressions, and macroaggressions on campus, and developing ways to reduce them. For example, faculty and staff can be trained to identify the ways in which BIPOC students respond to stress that are dissimilar from their NHW peers, in order to reduce or prevent potential hostile, dismissive, or racist reactions to students' behaviors and conversely promote empathy, understanding, and support for these student groups.[15] Institutions may also update their pre-arrival, orientation, and induction materials to include infographics, fact sheets, or other mediums that shed light on challenges that racial and ethnic minority students face, including stigma, discrimination, harassment, academic racism, and social inequalities to educate students on the varied experiences of their peers. Institutions can also implement cultural competency training through class visits, on-campus events, and online modules, educating students and staff on topics including intersectionality, microaggressions, biases and stereotypes like the model minority myth, and the importance of diversity, equity, and inclusion.

Emerging research also highlights the need for reducing racial bias among campus clinicians, citing disproportionate rates of misdiagnoses, deferred treatment, and rejected cases among BIPOC students. To do so, some community psychologists have recommended that institutions should aim to raise clinicians' racial identity awareness through racial and ethnic identity development; asking clinicians to reflect on their own personal racial and ethnic identities, their attitudes towards them, and how these influence how they think about the concepts of race, ethnicity, and others' experiences with each. By examining how their racial identity and understanding of such concepts influences how they interact with those within and outside of their racial and ethnic groups, coming to terms with their own racial biases and recognizing how different racial and ethnic identities impact others' life experiences, clinicians can make proper adjustments to their behaviors to prevent themselves from acting on their own racial biases, beliefs, and stereotypes when working with racially diverse students.

- **Modifying current curricula and syllabi.** While the social climate on campus serves as a significant predictor of BIPOC students' mental health and wellbeing, so does their institutions' curricula and academic policies. Too often, BIPOC students carry the burden of leading anti-racist conversations in their classes that are often based around historically-inaccurate or racist texts, or feel pressured into silence by their professors and peers, which can have a detrimental impact on both their

academic performance and their overall wellbeing. For this reason, both students and educators across the world have been calling for institutions to decolonize their syllabi, and draft and implement anti-racist curricula across all areas of study. This may include offering year-round courses centered around critical topics including systemic racism, white privilege, health inequity, power dynamics, the history of racism and racist violence, histories of community displacement, medical racism, and the needs of diverse patient populations within healthcare and mental health care, with the ultimate goal of officering courses within every major field of study that enhance students' sense of civic and global responsibility, promoting a culturally responsive and inclusive campus culture, and providing an equitable, beneficial, and meaningful learning experience for all student populations.

Other meaningful topics to introduce to all syllabi and course curricula include implicit bias, stigma and stereotypes, and intersectionality.[35] Emerging research has underscored the importance of understanding student identities in order to establish an equitable learning experience, as multisectoral identities produce different lived experiences for each student, impacting every aspect of their life including their understanding, interactions with, and relationship to course materials and topics. To incorporate intersectionality into course syllabi, educators can refer to Salisbury University's Diversity and Inclusion Resource for Curricula Library Guide, which provides examples of lesson plans and toolkits for teaching intersectionality, including University of Michigan's Social Identity Wheel activity that encourages students to explore and identify their various social identities and consider how these identities manifest in their life and influence their relationship to others and to society at large, fostering students' empathy, understanding, and acceptance toward their BIPOC peers, and enhancing BIPOC students' sense of belonging, connection, and support.

- **Awarding scholarships and providing support funds.** Recognizing the disproportionate impact that financial strain has on BIPOC students and the effects it has on these students' application, attendance, and retention rates, many institutions have started to offer scholarships and grants specifically for racial minority students, often in recognition of the history of systemic and academic racism and the impact they continue to have on today's student population. For instance, Metro State University recently announced that it would be offering full tuition scholarships to eligible in-state Indigenous students who enroll with the university beginning this fall, and would be extending its Displaced Aurarians Scholarship that offers a full tuition scholarship to direct descendants of the Aurarian community, both established in recognition of the campus' ties to the

displacement of Denver's tribal communities and the impacts that this displacement has had on each generation of Indigenous peoples' health, wellbeing, and opportunities for growth and advancement.

Other institutions that provide financial support to their BIPOC students include Imperial College London, which awards the Presidential Scholarship for Black Students to one undergraduate and postgraduate each year, and Worcester Polytechnic Institute, which has recently partnered with the Alumni of Color Association to establish the Dr. Debora Jackson Endowment for BIPOC Students intended to boost the financial support for current and future WPI students of color. By awarding scholarships, grants, and any type of aid, institutions signal to BIPOC students that they are valued and cared for on their campuses, which improves their sense of belongingness and in turn boosts their overall health and wellbeing.

While students' identities and experiences are not singular—and not all BIPOC students will benefit from these solutions alone—adopting these strategies can help to foster a benevolent, inclusive, and diverse campus where students feel supported and feel capable of maintaining their mental wellbeing, overcoming challenges on their own or with the help of on-campus resources, and reaching their full potential. As enrollment rates for racial and ethnic minority students continue to rise, it is important that institutions acknowledge and embrace these demographic changes within all policies, programs, and initiatives. By changing along with enrollment, institutions can minimize disruptions to students' learning, and enhance their growth and development—what they were built to provide.