Barriers To Help-Seeking For Minority College Students During The Covid-19 Pandemic

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Barriers to Help-Seeking for Minority College Students During the COVID-19 Pandemic

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Master of Public Health

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Abstract

**Background:** The COVID-19 pandemic has profoundly impacted US college student mental health, but it is unclear how racial/sexual/gender minority students have specifically been affected. Traditional barriers to help-seeking such as mental health stigma do not necessarily hold the same influence in college student populations, and there is mixed evidence on what barriers are the most significant in this population. Therefore, the present study aims to ascertain the effects of the COVID-19 pandemic on the mental health outcomes of racial/sexual/gender minority college students and identify the largest barriers to care for college students.

**Methods:** Data were obtained from the 2020-21 Healthy Minds Study (HMS) dataset.

**Results:** 54% of college students were currently enrolled in therapy. Students of color had significantly lower odds to currently be enrolled in therapy while sexual minority students had significantly higher odds. Mental health stigma was relatively low among college students, and perceptions of quality of on-campus mental health services were mostly favorable. Gender and sexual minority students had significantly higher levels of depressive and anxiety symptoms compared to their Cisgender and Heterosexual counterparts. The most common sources of support for coping with severe emotional distress were a clinician, friend, significant other, or family member. 30% of college students indicated that mental health care was more difficult to access during the pandemic.

**Conclusions:** Many college students are enrolled in mental health services, but there are differences in enrollment by race and sexual orientation. College students face unique barriers to care and sexual/gender minority students are especially at risk for poor mental health. College students seek emotional support from clinical and non-clinical sources. The COVID-19 pandemic was a significant barrier to care for college students during 2020-2021.
# Table of Contents

Abstract.......................................................................................................................................... 2  
Introduction................................................................................................................................... 4  
Methods.......................................................................................................................................... 8  
Results .......................................................................................................................................... 11  
Discussion..................................................................................................................................... 15
Introduction

The COVID-19 pandemic significantly disrupted US college student mental health in several important ways. To start with, campus lockdowns led to forced relocation for most college students. Students who relocated from their university campuses in spring 2020 were found to be more likely to report COVID-19 related grief, loneliness, and anxiety than students who didn’t have to relocate, even when controlling for pre-existing psychiatric diagnosis, psychological resilience, distress tolerance, and COVID-19 transmission rate (Hall & Zygmunt, 2021). Many students who relocated from their college and university campuses found themselves living in their childhood homes once again. Some of them returned to – or became further entrapped in – problematic living situations (Hall & Zygmunt, 2021). These students found themselves juggling family demands and cultural expectations to assist with housework or provide childcare for younger siblings. Additionally, some students’ parents restricted them from leaving the home, listened in on their conversations, and repeatedly entered their bedroom without knocking (Morris, Kuehn, Brown, Nurius, Zhang, Sefidgar, Xu, Riskin, Dey, Consolvo, & Mankoff, 2021), all of which came with a pronounced emotional and academic toll.

Concurrently, college students found themselves more isolated than ever from their peers upon relocation from their university campuses. Loneliness peaked for college students during April-June 2020 (Song, Vicman, & Doan, 2022). Most students reported zero contact in interaction, friendship, co-studying, informational support, or emotional support networks (Elmer, Mepham, & Stadtfeld, 2020) and feeling deeply concerned about their social connections (Birmingham, Wadsworth, Lasseter, Graff, Lauren, & Hung, 2021). Loneliness persisted in college students even after university campuses re-opened for in-person instruction with 63% of students reporting loneliness while attending their newly re-opened campus (Vaterlaus, 2022).
The COVID-19 pandemic clearly had a substantial impact on the health and life outcomes of college students in general, but it is also important to consider the disproportionate impact that the COVID-19 pandemic had on racial and sexual/gender minority students. Sexual/gender minority students and students of color were significantly more likely to experience food insecurity and housing insecurity than their heterosexual, cisgender, or white counterparts during the COVID-19 pandemic (Glantsman, McGarity-Palmer, Swanson, Carroll, Zinter, Lancaster, & Berardi, 2022). Gender minority students reported that the COVID-19 pandemic limited their access to gender-affirming care, and more than a third reported that the COVID-19 pandemic limited or eliminated altogether their ability to live in accordance with their gender (Jarrett, Peitzmeier, Restar, Adamson, Howell, Baral, & Beckham, 2021). Furthermore, the COVID-19 pandemic disproportionately spread through Black, Native American, and Hispanic communities due to social determinants of health (Tai, Shah, Doubeni, Sia & Wieland, 2021), and Asian-American individuals experienced rampant xenophobia due to racist rhetoric spread by the Trump administration about the coronavirus (Le, Cha, Han, & Tseng, 2020). These disparities held profound implications for the population health and outcomes of these groups. Students experiencing food and housing insecurity face a greater risk for decreased academic performance and not completing their studies (Glantsman, McGarity-Palmer, Swanson, Carroll, Zinter, Lancaster, & Berardi, 2022). Gender minority students were more likely to report increases in suicidal ideation (Jarrett, Peitzmeier, Restar, Adamson, Howell, Baral, & Beckham, 2021).

Mental health stigma has traditionally been cited as an important barrier in access to mental health services, but there have been mixed findings about the salience of mental health stigma in college student populations. Public mental health stigma – an individual's perceptions
of prejudices displayed against people with mental illness by society – has been found to be significantly higher in racial minority students and male students (Singh, Melendez, & Sezginis, 2020). However, public mental health stigma level has been found to be generally low in college student populations, including racial minority students (DeFreitas, Crone, DeLeon, & Ajayi, 2018). The relationship between mental health stigma and help-seeking in college students may be mediated by other factors such as self-reliance (Jennings, Cheung, Britt, Goguen, Jeffirs, Peasley, & Lee, 2015). Stigma was found to only be the fourth highest barrier to seeking help for college students in a recent systematic review (Clement, Schauman, Graham, Maggioni, Evans-Lacko, Bezborodovs, & Thornicroft, 2015). Furthermore, the belief that stress is normal in school and the lack of perceived need for help have been rated as important reasons that college students do not seek mental health services (Eisenberg, Speer, & Hunt, 2012). Other common reasons include concerns about confidentiality, lack of time, cost, negative experiences with seeking professional help, and a preference for relying on other sources of support (Czyz, Horwitz, Eisenberg, Kramer, & King, 2013).

Despite having relatively low levels of mental health stigma and generally favorable perceptions of the efficacy of mental health services, approximately two-thirds of students with mental illness do not use mental health services (Sontag-Padilla et al. 2016). African American and Latinx American students have been found to be less likely to seek mental health services than White, Asian American, and Native American students. Research on coping methods in racial minority college students demonstrates that African American students rely strongly on religion and spirituality; Asian American students only use mental health services as a last resort if unable to address an issue by themselves or with family, friends, or community (Sheu & Sedlacek, 2004). On the other hand, sexual/gender minority students have been found to be more
likely to use on-campus mental health services than their Cisgender and Heterosexual counterparts (Reeves, Rojas-Guyler, Brown, Bennett, & Bennett, 2021).

Notably, the onset of the COVID-19 pandemic hindered help-seeking in US college students by introducing additional barriers to accessing care. Sixty percent of college students who sought mental health services during the COVID-19 pandemic found them more difficult to access than before the pandemic (Lederer, Hoban, Lipson, Zhou, & Eisenberg, 2021). There are a few possible reasons for these access challenges. Mental health providers are required to be licensed in any state that they see patients and not every state issued an executive order allowing providers to bypass these regulations. Consequently, some college students who moved back home during lockdown could not legally continue to see their on-campus mental health provider. Not all college students had stable Internet access or a private space at home where they could engage in telepsychiatry visits. Furthermore, some college students returned to homes with family members who had high levels of mental health stigma or an unsafe living environment in general (Huilgol, Torous, Gold, & Goldman, 2020).

Specific Aims & Hypotheses

The goal of this thesis is to ascertain the effects of the COVID-19 pandemic on the mental health outcomes of college students and identify the most salient barriers to care for this population. It seeks to understand trends in formal and informal help-seeking, perceptions of quality of on-campus mental health services, barriers to care, and the interactions these factors may have with race/ethnicity, gender identity, and sexual orientation. It is hypothesized that racial minorities will be less likely to utilize mental health services, racial and sexual minorities will have an elevated risk for mental health symptoms, and clear preferences will emerge in
terms of sources of help. It is also hypothesized that a substantial number of participants will report more difficulty accessing mental health services during the COVID-19 pandemic.

Methods

Participants and Procedures

Data for this study were obtained from the 2020-2021 Healthy Minds Study (HMS) datasets. The HMS is an annual survey that goes out to colleges and universities registered with the Healthy Minds Network (HMN) and collects population-level data about college student mental health in the United States. Each participating institution provides a random sample of currently enrolled students over 18 years old. Larger institutions generally provide a random sample of 4,000 students while smaller schools provide a sample of all students. Both undergraduate and graduate students are represented in institutions that have undergraduate and graduate schools. The HMS 2020-2021 dataset includes 87,877 students.

Measures

Currently in Therapy

Participants indicated whether they are currently receiving counseling or therapy by responding “yes” or “no.” A dichotomous variable was created, with “yes” coded as 1 and “no” coded as 0.

Perceived Stigma

To assess participants’ level of perceived mental health stigma, the mean score of three items measuring perceived stigma was calculated. These items measured the participants’ level of agreement with a statement on a scale from 1 (Strongly Agree) to 6 (Strongly Disagree). The statements were as follows: “Most people feel that receiving mental health treatment is a sign of personal failure,” “Most people think less of a person who has received mental health treatment,”
and “Most people would willingly accept someone who has received mental health treatment as a close friend” (reverse scored). The Cronbach’s alpha in the current sample was .72.

**Perceived Quality of On-Campus Mental Health Services**

To assess participants’ level of perceived quality of on-campus mental health services, the mean score of two items measuring perceptions of campus support was calculated. These items measured the participants’ level of agreement with a statement on a scale from 1 (Strongly Agree) to 6 (Strongly Disagree). The statements were as follows: “There is a good support system on campus for students going through difficult times” and “At my school, I feel that students’ mental and emotional well-being is a priority.” The Cronbach’s alpha in the current sample was .73.

**Prevalence of Depressive Symptoms**

The Patient Health Questionnaire-9 (PHQ-9), which is a nine-item self-report measure evaluating depressive symptoms in the past 2 weeks, was used to measure the prevalence of depressive symptoms in the sample. Participants rated each item on a 4-point scale ranging from 1 (Not at all) to 4 (Nearly every day). The score on each item in the scale was summed, with higher scores representing higher levels of symptoms. The Cronbach’s alpha in the current sample was .89.

**Prevalence of Anxiety Symptoms**

The Generalized Anxiety Disorder-7 (GAD-7), which is a seven-item self-report measure evaluating anxiety symptoms in the past 2 weeks, was used to measure the prevalence of anxiety symptoms in the sample. Participants rated each item on a 4-point scale ranging from 1 (Not at all) to 4 (Nearly every day). The score on each item in the scale was summed, with higher scores representing higher levels of symptoms. The Cronbach’s alpha in the current sample was .92.
**Sources of Support**

Participants indicated from whom they would talk to if they were experiencing severe emotional distress. The options included formal and informal sources: professional clinician (e.g., psychologist, counselor, or psychiatrist), roommate, friend (who is not a roommate), significant other, family member, religious counselor or other religious contact, support group, other non-clinical source, no one.

**Data Analysis**

The following data manipulation was conducted to facilitate between-group comparisons across race, sexual orientation, and gender identity. Race, which was measured as a categorical variable with eight possible options, was dichotomized into White and Non-White. Sexual orientation, which was similarly measured as a categorical variable with seven possible options, was dichotomized into Heterosexual and Non-Heterosexual. Finally, gender identity was measured as a categorical variable with six possible options and dichotomized into Cisgender and Non-Cisgender. The responses to the PHQ-9 and GAD-7 items were re-coded as a 4-point scale ranging from 0 (Not at all) to 3 (Nearly every day) to align with standard scoring and cutoffs for these questionnaires.

The following statistical tests were conducted to check for associations between the predictor variables and outcome variables. Logistic regressions were performed to evaluate the association between currently being in therapy and race, gender, and sexual orientation. White, Cisgender, and Heterosexual served as the reference group. T tests were performed to assess differences in group means for perceived stigma, perceived quality of mental health services on campus, depressive symptoms, and anxiety symptoms based on race, gender, and sexual
orientation. A descriptive table was created to assess differences in sources of support when the respondent is experiencing severe emotional distress.

Results

Table 1. Sample Demographic Characteristics

<table>
<thead>
<tr>
<th>Variable</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>62013</td>
<td>77.6</td>
</tr>
<tr>
<td>Non-White</td>
<td>17933</td>
<td>22.4</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cisgender</td>
<td>85147</td>
<td>98.8</td>
</tr>
<tr>
<td>Non-Cisgender</td>
<td>1001</td>
<td>1.2</td>
</tr>
<tr>
<td>Sexual Orientation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heterosexual</td>
<td>67446</td>
<td>80.5</td>
</tr>
<tr>
<td>Non-Heterosexual</td>
<td>16338</td>
<td>19.5</td>
</tr>
</tbody>
</table>

Table 1 summarizes the demographic characteristics of the sample. As shown, approximately over 70% of the sample reported White race (n = 62,013). Cisgender students made up over 95% of the sample (n = 85,147), and over 80% of the sample reported heterosexual sexual orientation (n = 67,446).

Table 2a. Therapy Status

<table>
<thead>
<tr>
<th>Currently in Therapy</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>10562</td>
<td>45.70</td>
</tr>
<tr>
<td>Yes</td>
<td>12567</td>
<td>54.30</td>
</tr>
</tbody>
</table>

Table 2a shows how many students reported currently receiving counseling or therapy at time of measurement. Approximately half of college students reported they were currently receiving counseling or therapy. Students also indicated their reasons for not receiving medication or therapy for their mental or emotional health in the past 12 months. The two most common reasons students indicated were no need for services (25.2%) and preferring to deal with issues on their own or with the support of family/friends (11.8%).
Table 2b. Race * Gender * Sexual Orientation – Therapy Status

<table>
<thead>
<tr>
<th></th>
<th>B</th>
<th>S.E.</th>
<th>Wald</th>
<th>df</th>
<th>Sig.</th>
<th>Exp(B)</th>
<th>95% C.I.for EXP(B)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Lower</td>
</tr>
<tr>
<td>Race</td>
<td>-0.305</td>
<td>0.040</td>
<td>59.600</td>
<td>1</td>
<td>&lt;.001</td>
<td>0.74</td>
<td>0.68</td>
</tr>
<tr>
<td>Gender sexual_</td>
<td>0.213</td>
<td>0.114</td>
<td>3.498</td>
<td>1</td>
<td>0.061</td>
<td>1.24</td>
<td>0.99</td>
</tr>
<tr>
<td>orientation</td>
<td>0.312</td>
<td>0.034</td>
<td>86.206</td>
<td>1</td>
<td>&lt;.001</td>
<td>1.37</td>
<td>1.28</td>
</tr>
</tbody>
</table>

Table 2b reveals that Non-White students had approximately .74 times (p<.001; 95% CI: .68, .80) the odds of currently being in therapy. Cisgender and Non-Cisgender students had no significant differences (p =.061) in odds of currently being in therapy. Non-Heterosexual students had approximately 1.37 times (p<.001; 95% CI: 1.28, 1.46) the odds of currently being in therapy.

**Perceived Stigma**

White, X̄₁, and Non-White students, X̄₂, had no significant differences in level of perceived stigma (p =.968; X̄₁ = 3.82; SD₁ = 1.31; X̄₂ = 3.68; SD₂ = 1.32). Cisgender, X̄₁, and Non-Cisgender, X̄₂, students had no significant differences in level of perceived stigma (p =.063; X̄₁ = 3.82; SD₁ = 1.31; X̄₂ = 3.68; SD₂ = 1.32). Non-Heterosexual students, X̄₁, had a significantly lower level of mean perceived stigma than Heterosexual students, X̄₂ (p =.004; X̄₁ = 3.80; SD₁ = 1.32; X̄₂ = 3.55; SD₂ = 1.36).

**Perceived Quality of On-Campus Mental Health Services**

White, X̄₁, and Non-White students, X̄₂, had no significant differences in level of perceived quality of on-campus mental health services (p =.730; X̄₁ = 2.94; SD₁ = 1.13; X̄₂ = 2.95; SD₂ = 1.14). Cisgender, X̄₁, and Non-Cisgender students, X̄₂, had no significant differences in level of perceived quality of on-campus mental health services (p =.087; X̄₁ =
2.94; SD\(_1\) = 1.13; \(\bar{X}_2\) = 3.47; SD\(_2\) = 1.15). Non-Heterosexual students, \(\bar{X}_1\), had a significantly lower level of perceived quality of on-campus mental health services than Heterosexual students, \(\bar{X}_2\) (p < .001; \(\bar{X}_1\) = 3.23; SD\(_1\) = 1.18; \(\bar{X}_2\) = 2.87; SD\(_2\) = 1.11).

**Depressive Symptoms**

White, \(\bar{X}_1\), and Non-White, \(\bar{X}_2\), students had no significant differences in level of mean depressive symptoms in the past two weeks (p = .851; \(\bar{X}_1\) = 8.96; SD\(_1\) = 6.54; \(\bar{X}_2\) = 9.09; SD\(_2\) = 6.58). Non-Cisgender students, \(\bar{X}_1\), had a significantly higher level of mean depressive symptoms in the past two weeks than Cisgender students, \(\bar{X}_2\), (p < .001; \(\bar{X}_1\) = 13.54; SD\(_1\) = 7.16; \(\bar{X}_2\) = 8.95; SD\(_2\) = 6.50). Non-Heterosexual students, \(\bar{X}_1\), had a significantly higher level of mean depressive symptoms in the past two weeks than Heterosexual students, \(\bar{X}_2\) (p < .001; \(\bar{X}_1\) = 12.22; SD\(_1\) = 6.84; \(\bar{X}_2\) = 8.18; SD\(_2\) = 6.20).

**Anxiety Symptoms**

Non-White students, \(\bar{X}_1\), had a significantly lower level of mean anxiety symptoms than White students, \(\bar{X}_2\), in the past two weeks (p < .001; \(\bar{X}_1\) = 7.49; SD\(_1\) = 5.87; \(\bar{X}_2\) = 7.86; SD\(_2\) = 5.93). Non-Cisgender, \(\bar{X}_1\), students had a significantly higher level of mean anxiety symptoms than Cisgender, \(\bar{X}_2\), students in the past two weeks (p < .001; \(\bar{X}_1\) = 10.76; SD\(_1\) = 6.02; \(\bar{X}_2\) = 7.75; SD\(_2\) = 5.91). Non-Heterosexual students, \(\bar{X}_1\), had a significantly higher level of mean anxiety symptoms than Heterosexual students, \(\bar{X}_2\), in the past two weeks (p < .001; \(\bar{X}_1\) = 10.15; SD\(_1\) = 6.00; \(\bar{X}_2\) = 7.18; SD\(_2\) = 5.75).
Table 3 reports the sources of support that college students indicated they would use if they were experiencing severe emotional distress. The most common sources of support across all groups of students were a clinician (≥ 30%), friend (≥ 40%), significant other (≥ 27%), or family member (≥ 34%). There was a particularly high proportion of Non-Cisgender and Non-Heterosexual students reporting they would use a clinician if they were experiencing severe emotional distress (51% and 44.6%, respectively). Additionally, more than half of Non-Cisgender students reported they would use a friend if they were experiencing severe emotional distress. Furthermore, White students were most likely to report they would use a significant other (36.5%) or family (45.5%) if they were experiencing severe emotional distress.
### Table 4. Access to Mental Health Services During COVID-19 Pandemic

<table>
<thead>
<tr>
<th>Difficulty</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Much more difficult or limited access</td>
<td>8802</td>
<td>11.70</td>
</tr>
<tr>
<td>Somewhat more difficult or limited access</td>
<td>13997</td>
<td>18.60</td>
</tr>
<tr>
<td>No significant change in access</td>
<td>20686</td>
<td>27.50</td>
</tr>
<tr>
<td>Somewhat less difficult or limited access</td>
<td>1584</td>
<td>2.10</td>
</tr>
<tr>
<td>Much less difficult or limited access</td>
<td>1258</td>
<td>1.70</td>
</tr>
<tr>
<td>Don’t know or not applicable (have not tried to access care)</td>
<td>28922</td>
<td>38.4</td>
</tr>
</tbody>
</table>

Students indicated how their access to mental health services was affected by the COVID-19 pandemic. Approximately 30% of college students indicated that mental health care was more difficult to access during the pandemic, approximately 25% of college students indicated there was no significant change in their access, and approximately 38% of college students did not know of the effect of the COVID-19 pandemic on their access to mental health services or did not try to access mental health services during the COVID-19 pandemic.

**Discussion**

This secondary analysis sought to understand differences in help-seeking behaviors, perceived stigma, perceived quality of on-campus mental health services, and depressive and anxiety symptoms between White and Non-White students, Cisgender and Non-Cisgender students, and Heterosexual and Non-Heterosexual students during the COVID-19 pandemic (i.e., 2020-2021). Consistent with the hypothesis, Non-White students were significantly less likely to currently be in therapy. These findings align with previous findings indicating that students of
color are generally less likely to seek mental health services (Lu, Todhunter-Reid, Mitsdarffer, Muñoz-Laboy, Yoon, & Xu, 2021). Furthermore, Non-Cisgender and Non-Heterosexual students were significantly more likely to currently be in therapy. This finding aligns with literature showing that sexual minority students are more likely to use mental health services due to more openness to seek care (Baams, De Luca, & Brownson, 2018). However, this increased likelihood of seeking care did not translate into a higher perceived quality of on-campus mental health services, as Non-Heterosexual students had a significantly lower mean perceived quality of on-campus mental health services than Heterosexual students. Consistent with recent literature, mental illness stigma was found to be generally low among college students (DeFreitas, Crone, DeLeon, & Ajayi, 2018). Just over half of college students were currently enrolled in therapy, and the most common reasons for not seeking care were no perceived need for services and preferring to deal with issues alone or with family/friends. Approximately 30% of college students experienced disruptions in access to mental health services attributable to the onset of the COVID-19 pandemic.

As hypothesized, Non-Cisgender and Non-Heterosexual students reported significantly higher mean depressive and anxiety symptoms in the past two weeks. In general, students were most likely to indicate they would seek support from a mental health clinician, family member, friend, or significant other if they were experiencing severe emotional distress. A higher percentage of White students indicated they would use a clinician or significant other than Non-White students. In contrast, a higher percentage of Non-Cisgender students and Non-Heterosexual students indicated they would use a clinician than their Cisgender and Heterosexual counterparts. Contrary to the hypothesis, there were no significant differences in mean depressive symptoms between White and Non-White students, and Non-White students reported
significantly lower mean anxiety symptoms than White students. There are a few possible reasons for this finding. First, the items measuring depressive and anxiety symptoms only ask about symptoms experienced in the past two weeks. The time of measurement may have been a temporary reprieve for Non-White students because there were not as many stressors affecting their mental health in that moment. Additionally, the difference in depressive and anxiety symptoms between White and Non-White students may appear smaller because the COVID-19 pandemic was highly distressing for students of all backgrounds. Recent evidence has shown that college students in general experienced moderate to severe levels of depression and anxiety during the COVID-19 pandemic (Wang, Hegde, Son, Keller, Smith, & Sasongohar, 2020). Therefore, this finding should not be taken as evidence that Non-White students had better population mental health than White students. The COVID-19 pandemic disproportionately impacted Black and Hispanic communities which led to negative mental health outcomes, but those outcomes are not represented in this analysis. It is also important to note the substantial amount of variation in level of depressive and anxiety symptoms experienced in the past two weeks. The standard deviation was moderately high for all groups of students in the sample. It is not high enough that it fully explains between-group differences, but it does suggest significant heterogeneity in terms of depressive and anxiety symptoms within-group.

Taken together, these findings reveal a significant unmet mental health need among college students. Non-White students were significantly less likely to access mental health services compared to White students, despite both groups having relatively similar levels of depressive symptoms, mental health stigma, and perceived quality of on-campus mental health services. This disparity cannot be attributable solely to differing preferences for sources of
support because White and Non-White students reported they would use a roommate, friend, or family if they were experiencing severe emotional distress at relatively similar rates.

College students reported elevated depressive symptoms and anxiety symptoms, but only about a half of college students were enrolled in therapy and approximately a quarter of college students perceived no need for mental health services. This finding matches with previous literature recognizing that the belief that stress is normal in school is a significant reason that college students do not seek mental health services (Eisenberg, Speer, & Hunt, 2012). This disparity represents a potential area for health education as these findings suggest that college students cannot necessarily discern between normal and abnormal levels of distress.

College students had relatively low levels of mental health stigma, endorsing only slight agreement with public stigma items and generally favorable perceptions of quality of on-campus mental health services. Therefore, stigma and quality of care are not necessarily significant barriers to care for college students. The only exception to this finding is that Non-Heterosexual students had a significantly lower mean perceived quality of on-campus mental health services than Heterosexual students. Approximately half of college students (49.4%) indicated they were aware of mental health outreach efforts on campus including educational programs, awareness events, anti-stigma campaigns, and screening days. Therefore, it may be worth devoting funding and university resources to other initiatives, given that stigma is not a significant barrier to service utilization among college students.

One such initiative could be promoting social connectedness among college students. A family member, friend, or significant other were rated as the highest sources for support – besides mental health clinicians – if college students were experiencing severe emotional distress. Indeed, social support has been shown to significantly promote mental health (Harandi,
Taghinasab, & Nayeri, 2017), but not all students are able to get the social support they need. Evidence has shown that students of minority race are at a greater risk for social isolation on-campus (Hefner & Eisenberg, 2010), and social support for LGB students is particularly precarious because they may experience rejection from family or peers when coming out (Hill, Rooney, Mooney, & Kaplow, 2017). Therefore, a potential intervention could entail relationship-building among college students, particularly those of minority identities. This intervention must be implemented thoughtfully, however, to ensure that students do not experience additional discrimination or exclusion because of interacting with peers who do not share one or more of their identities.

It is also important to note that pandemic-related disruptions created a sizeable barrier to care for college students. Approximately 30% of college students experienced limited or more difficult access to mental health services attributable to the onset of the COVID-19 pandemic. There were a few reasons this may have occurred. School and workplace-based mental health programs faced exceptionally high disruptions due to the onset of the COVID-19 pandemic (World Health Organization, 2020). Delivering mental health services virtually can be challenging because of the difficulty to conduct outreach with at-risk populations, lack of access to technology and a private space, and a perceived lack of human connection (Hawke, Sheikhan, MacCon, & Henderson, 2021; Nicholas et al., 2021). Furthermore, limited access to mental health services was heightened in specific groups of college students. Living in a rural area, identifying as male or a gender minority, experiencing racial discrimination, and losing income due to COVID-19 were all associated with increased odds for unmet mental health service needs (Coulaud, Jesson, Bolduc, Ferlatte, Jenkins, Bertrand, Salway, Jauffret-Roustdie, & Knight, 2022). Therefore, another initiative that universities could focus their resources on would be
facilitating access to mental health services in the community and increasing the capacity of telehealth services.

The current analysis has several limitations. First, while the cross-sectional nature of the data provides a thorough snapshot of the mental health outcomes of college students during the COVID-19 pandemic, causal conclusions cannot be drawn from this dataset. Institutions must self-enroll in the HMN to participate in the survey; as such, only a select portion of educational institutions in the United States are represented in this dataset and they may be systematically different from institutions that have not enrolled in the HMN. Institutions that enroll in HMN typically have a vested interest in promoting student mental health and may have taken action to improve on-campus mental health services, leading to higher utilization and satisfaction with care. The variables included in this analysis also have some key limitations. The item asking if students were currently in therapy is only a snapshot of their access to care at the time of measurement. Given that access to mental health services was heterogeneous for college students, this may not be completely representative of students’ access to care over the course of the COVID-19 pandemic. Also, the item asking about sources of support the student would use if they were experiencing severe emotional distress does not fully capture the nuances of help-seeking. Students may utilize different sources of support for different severities of mental health concerns, and the item asks students about intentions instead of actual behavior and intention does not always align with behavior (Sheeran, 2005). The conceptualization of perceived quality of mental health services as a predictor of likelihood to access care is supported by the literature (Sontag-Padilla et al. 2016), but it is well known that satisfaction surveys often have a substantial amount of response bias that can lead to an overestimate of participant satisfaction (Mazor, Clauser, Field, Yood, & Gurwitz, 2002).
There are several possible directions for future research on this topic. The factors that contribute to a perceived need for mental health services could be further explored to understand how to better promote help-seeking. The relationship between seeking help from non-clinical sources and choosing not to seek care should also be investigated. Previous evidence shows that preferring to deal with problems by oneself or with family/friends is a barrier to care, but the strength of the correlation between these two variables should be analyzed. Furthermore, this analysis reveals that the onset of the COVID-19 pandemic disrupted access to mental health services, but the exact mechanisms behind this disruption should be analyzed. There are multiple factors that have been attributed to inability to access mental health services, but college students represent a unique population because of their substantial geographic mobility, socioeconomic heterogeneity, and reliance on school-based mental health programs. To continue, a descriptive study could survey college students about their perceptions of normal levels of distress attributable to college. The fact that Non-White students were still less likely to access mental health services despite having relatively similar levels of mental health stigma when compared to White students suggests that more covert explanatory factors exist that need to be studied.
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