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WHAT WE KNOW ABOUT THE MENTAL HEALTH
OF STUDENTS OF COLOR DURING COLLEGE:
A REVIEW AND CALL TO ACTION

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What We Know About the Mental Health of Students of Color during College:

A Review and Call to Action

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Abstract

With the combined increased mental health needs of today's college students and more students of color attending college than ever before, the mental health thriving of college students of color remains a key issue for researchers and practitioners. While college may be a stressful time for many individuals regardless of their racial/ethnic background, students of color often face additional unique risks to their mental health thriving during college. Therefore, the aim of the present paper is twofold: 1) to survey what is known both about the mental health challenges and strengths of college students of color, and 2) to provide new directions and recommendations for treatment professionals, college personnel, and institutions in supporting the mental health thriving of college students of color.

Keywords: students of color, mental health, college, intervention, services

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Since 1990, undergraduate enrollment has increased 46% to 17.5 million students in the fall of 2013. Furthermore, college enrollment is projected to steadily increase, with 19.6 million students enrolled by 2024 (Kena et al., 2015). With increasing numbers of individuals engaged in post-secondary education, there has been growing concern that many college students are experiencing sub-optimal levels of mental health. According to the American College Health Association, emotional distress, an all-encompassing term that may describe symptoms of depression, anxiety, heightened stress, and/or general psychological distress, is one of the most common problems experienced by college students (ACHA, 2013). Indeed, in a national survey about half of college students reported having a recent mental illness (Blanco et al., 2008), more than one in three undergraduates reported severe depression, and nearly one in ten reported considering suicide (ACHA, 2009). Furthermore, staff at campus counseling centers have suggested significant increase in the number of students diagnosed with depression and the number of students experiencing severe psychological challenges (e.g. Gallagher, 2013). Understanding the mental health challenges of college students and how they may be combatted is therefore of critical importance, especially because the onset of many persistent mental illnesses occur by or before age 24 (Kessler et al., 2005).

In addition to being present in larger numbers, today's college students come from increasingly diverse racial/ethnic backgrounds (Eagen et al., 2014), with 42 percent of enrolled students in 2013 identifying as students of color (National Center for Educational Statistics, 2014). Despite this diversity, prevalence rates for any given mental health concern are not yet well known for college students of color, largely due to the absence of nationally representative

data. While the Surgeon General's supplemental report (2001) did not infer different rates of mental illness by racial/ethnic group membership, other research has suggested that adults of color may have more persistent mood disorder diagnoses than White individuals (Breslau, Kendler, Gaxiola-Aguilar, & Kessler, 2005). For example, results from National Survey of American Life suggest that Black adults have slightly lower prevalence estimates of lifetime major depressive disorder compared with White adults, however their depressive episodes are more disabling, persistent, and resistant to treatment (Williams et al., 2007). A special issue of the *Journal of Child and Family Studies* did focus on the mental health of African American youth. While we can certainly learn much that is relevant to college students of color from this important work, college students are navigating the transition from adolescence to adulthood and research which focuses on this unique developmental context is also necessary.

While many small-scale studies have examined various facets of the mental health thriving of students of color, the variables and processes under investigation often differ from study to study, making it difficult to draw conclusions from this body of work in sum. With this in mind, the purpose of this review is to present an unexhaustive survey of the research on this topic. While the present review largely utilizes larger racial/ethnic group categories, it is imperative to recognize that college students of color come from many racial/ethnic backgrounds that maintain their own vibrant unique cultures. However, this initial step at taking stock of the literature will take a broad approach, referencing research utilizing specific racial/ethnic groups to illustrate themes rather than suggest that considerations are specific to one racial/ethnic group. First, this review aims to discuss what is known about risks to mental health thriving for students of color. Next, the research on strengths of these students in the face of such risks will be reviewed. Finally, new directions and recommendations for additional research and renewed

action by treatment professionals, college personnel, and institutions that will support the mental health thriving of college students of color will be provided.

What is at Stake for College Students of Color?

There are several barriers to understanding the mental health status of individuals of color in general and college students of color more specifically. At the adult level, surveys that do not include persons living in institutional settings that disproportionately include individuals of color, communities of color's well-founded mistrust of institutions that have conducted research with diverse populations (Williams & Jackson, 2000), and use of assessments of mental health that are neither normed nor developed for individuals of color (Snowden, 1999) are just a few examples of such barriers. At the college level, much of the work on prevalence and use of college campus mental health facilities draws from a sample dependent on those who seek help. Students with very positive or very negative mental health services experience are especially likely to participate in surveys (Eisenberg, Golberstein, & Gollust, 2007). Discussing and/or receiving support for mental health concerns is often stigmatized and self-reports may underestimate the mental health challenges individuals face. Furthermore, many large-scale national studies of college health are composed of predominantly White participants. Often, results of large-scale investigations of mental health at the college level are not provided by racial/ethnic group, and results of large-scale national investigations that *are* analyzed by racial/ethnic group are most often not broken down by age. This prevents us from fully understanding the unique prevalence rates of mental illness and correlates of mental health for college students of color.

While college is stressful for many students regardless of their racial/ethnic background, some studies suggest that students of color face higher levels of mental health difficulties

compared to their White peers. For example, using a large multi-campus sample, one study found that college students of color were found to have significantly higher depression screenings than their White peers. Furthermore, Black students reported higher prevalence of suicidal ideation, bi-/multi-racial students reported significantly higher levels of major depression, suicidal ideation, and non-suicidal self-injury, and students of color (with the exception of Black students) were significantly more likely to report functional impairments in their academics, social relationships, and ability to perform tasks caused by mental health (Eisenberg, Hunt, & Speer, 2013). Furthermore, a large body of literature suggests that students of color specifically may not be receiving as much mental health support as their White peers. Utilizing a diverse sample of college students who went to a campus counseling center, Miranda and colleagues (2015) found that students of color at the time of their intake were about 1.7 times less likely to both have sought help from a mental health professional in the past and continue to be receiving treatment 6 months later than White students, even when both groups had equivalent levels of depressive symptoms and suicide history. This replicates and extends earlier work that found that college students of color are less likely to receive mental health treatment (e.g. Eisenberg, Hunt, Speer, & Zivin, 2011).

Barriers to Mental Health Thriving

The vast majority of the work on the mental health of college students of color has investigated barriers to mental health thriving. Three main focuses of this literature on barriers are on the impact of racial discrimination, stigma, and issues related to the lack of culturally relevant and/or supportive services for students of color. An overview of these three issues will be provided below followed by a brief mention of other barriers students of color may face.

Discrimination. One of the most notable stressors that has been examined for college students of color is the role of prejudice and racial discrimination. In adulthood, experiences with racial discrimination have been found to contribute to racial disparities in health, even after controlling for socioeconomic status (Williams & Mohammed, 2009). Several studies suggest that experiences of discrimination predict poorer health outcomes rather than vice versa. For example, longitudinal studies have found that perceptions of racial discrimination influence psychological adjustment rather than the reverse for Mexican American adolescents (Berkel et al, 2010) and Black adults (Brown et al., 2000). However, it is important to stress that this does not mean that experiences of racial discrimination may not have an impact on the perception of social interactions downstream (i.e. Brondolo et al., 2009), only that reports of racial discrimination are not purely dictated by mental health status.

To compound the long-term impact of experiences of racial discrimination on mental health, Black young adults with higher levels of education have been found to be least likely to seek help for mental health challenges (Broman, 2012). Experiencing racial discrimination, combined with a decreased tendency to seek help, may be an especially potent developmental risk factor for Black young adults (e.g. Neblett & Roberts, 2013), as evidence suggests that the transition from adolescence to young adulthood may heighten stress susceptibility and thereby pose greater risk of facing mental health challenges. For example, for Black college students, particularly those enrolled at predominantly White institutions (PWIs), negative stereotypes about their racial group may contribute to an unfriendly campus climate where racial discrimination may occur (e.g. Ancis, Sedlacek, & Mohr, 2000). Research has found that students of color at PWIs self-report that they do not feel supported and that they experience racism, discrimination, and alienation (e.g. Lopez, 2005). Furthermore, for many students of

color at a PWI, the experience of discrimination often results in symptoms of mental illness consistent with experiencing psychological trauma (Pieterse, Carter, Evans, & Walter, 2010).

Upon entering college, Black females both report increased symptoms of depression and anxiety (e.g. Karlsen & Nazroo, 2002; Kessler, Mickelson, & Williams, 1999) and perceive more frequent instances of racial discrimination (e.g. Biasco, Goodwin, & Vitale, 2001). Qualitative work suggests that Black males often see a PWI college environment as hostile and subsequently experience psychological distress (Smith, Allen, & Danley, 2007). Work on microaggressions, defined as “brief and commonplace daily verbal, behavioral, and environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults to the target person or group” (Sue et al. 2007, p. 272), has demonstrated their mental health risk for college students of color. For example, Blume and colleagues (2012) found that more frequent experience of microaggressions led to increased risk of higher anxiety symptoms and underage binge alcohol use. Such negative interpersonal experiences on college campuses, when experienced by students of color, may contribute to stress and feelings of isolation, thus ultimately impacting mental health.

Mental health stigma. One large contributor to disparities in mental health treatment access for college students of color is mental health stigma. Mental health stigma is widespread and entails negative attitudes towards people with a psychological disorder (Corrigan, 2004). Furthermore, one study of community college students found that Black and Asian students held more stigmatized views of individuals with mental illness compared to their White peers, perceiving them as more dangerous and desiring greater distance from them (Rao, Feinglass, & Corrigan, 2007). Another example is the stigma associated with receiving mental health services in the Black community, which may often lead Black individuals to feel that engagement in such

services is a personal weakness (Wallace & Constantine, 2005). Higher levels of mental health stigma are often associated with negative views about seeking help, largely because students perceive stigma from others and may also self-stigmatize (Masuda, Anderson, & Edmonds, 2007; Vogel, Wester, Wei, & Boysen, 2005).

This self-stigma is linked to behaviors of self-concealment, which entails non-disclosure of embarrassing or distressing information (Larson & Chastain, 1990). Research has indicated that Black college students engage in more self-concealment behaviors compared to their White peers (Masuda et al., 2009) which is associated with fewer help-seeking behaviors (Masuda, Anderson, & Edmonds, 2007). Self-concealment may be motivated by a desire to combat the threat of loss of social integrity for Asian American college students, termed “loss of face”. Loss of face, as a culturally-specific type of stigma in which the individual is ashamed of his or her mental health concern, has been associated with lack of help-seeking behaviors, negative views of mental health services (Leong, Kim, & Gupta, 2011) and premature treatment termination (Zane & Yeh, 2002). Indeed, perceived stigmatization from others often predicts self-stigma for students of color (Cheng, Kwan, & Sevig, 2013). Students of color are significantly more likely to report fear of what family and friends would think of them as barriers to seeking mental health support, being about 2 times more likely to endorse these barriers than White students (Miranda, Soffer, Polanco-Roman, Wheeler, & Moore, 2015). Because stigma may impact both students’ perceptions of themselves and help-seeking behaviors, it may pose a double threat to the mental health thriving of students of color.

Lack of culturally relevant and/or supportive services. While research has suggested that current mental health treatment for college students may need improvement overall (i.e. Eisenberg & Chung, 2012), students of color may face an additional barrier to treatment success

in the form of lack of culturally relevant and/or supportive services. Tied to perceptions of seeking help and mental health services themselves, cultural mistrust of mental health professionals has been frequently cited as a major barrier to the mental health thriving of students of color (Whaley, 2001). While present work does not directly assess the lack of culturally relevant services for college students of color, research has affirmed the benefit of culturally competent delivery of treatment for adults of color. For example, for Asian adults, culturally relevant services such as open discussion of cultural considerations, have been linked to their greater utilization and lower the chance of individuals dropping out of services prematurely (Bhui, Warfa, Edonya, McKenzie, & Bhugra, 2007). However, college students of color, despite reporting more psychological distress than their White peers, hold more negative attitudes towards seeking help from a mental health professional (Loya, Reddy, & Hinshaw, 2010) and may be less likely to use campus counseling services (Duncan & Johnson, 2007). Indeed, in one study of Black adults' perceptions of psychotherapy, participants felt that psychotherapists were insensitive to the Black experience and that their practice was influenced by stereotypes of Black individuals (Thompson, Bazile, & Akbar, 2004). Additional work has supported the notion that there may be a "double stigma" for students of color to face in seeking mental health support— both mental health stigma and the stigma of discrimination – which may dissuade students from seeking help from White mental health professionals (Barksdale & Molock, 2009).

This perception that services and/or providers are not culturally sensitive or supportive may be a key factor in the preference of students of color to seek emotional and psychological counsel from family, close friends, religious figures, and/or other community members (Ayalon & Young, 2005). Yet another factor in the decision to seek non-professional counsel may be

cultural. For example, research with Asian adults has suggested that the concept of mental health in the United States is aligned with Western cultural beliefs about the body and mind, which many not always match the Eastern philosophies and beliefs of many Asian cultures (Zhang, Snowden, & Sue, 1998). This may explain why Asian individuals are more likely to approach traditional healers or general health care professionals for mental health concerns (Chu & Sue, 2011). Furthermore, the cultures from which many students of color come often emphasize a strong tie to the family and promotion of family cohesion (i.e., *familismo* in Latino cultures), which may lead to a belief that sharing personal information outside of the family context is taboo (i.e. Interian, Martinez, Guarnaccia, Vega, & Escobar, 2007). While the social support received from non-professionals may be positive for students, sole reliance on such individuals may pose risk for students' mental health because many non-professionals may be unable to recognize the severity and implications of students' concerns, assess risk of immediate harm, and/or identify resources for professional help.

Often, college counseling centers, especially those at predominantly White institutions, are not staffed by many or any mental health professionals of color. However, students of color may prefer to seek treatment from individuals from their racial/ethnic background, which may pose a barrier to treatment seeking if such professionals are not adequately represented at students' campus counseling center (Townes, Chavez-Korell, & Cunningham, 2009). Furthermore, research utilizing national data from the Center for Collegiate Mental Health has found that higher percentages of therapists of color at college counseling centers are associated with greater utilization of services among students of color (Hayes, Youn, Castonguay, Locke, McAleavey, & Nordberg, 2011).

Additional concerns relevant to treatment seeking. Additional concerns relevant to treatment seeking warrant attention here as they may also pose a threat to the mental health thriving of students of color. In a recent study of college students, the most reported and persistent barrier to seeking mental health support for college students among all racial/ethnic groups was lack of affordability (Miranda et al., 2015). Indeed, only briefer treatments may be accessible at counseling centers and students may only receive a certain number of sessions (Mowbray et al., 2006). Furthermore, students' self-reported preference to deal with problems on their own coupled with their reported difficulty to know if their concerns were serious enough to seek help (Miranda et al., 2015). With lack of knowledge about mental health resources (Thompson, Bazile, & Akbar, 2004), many students may not understand when or how to seek the help they need. Furthermore, according to a recent review, perfectionism may relate to difficulty seeking treatment and/or encumber response to treatment for African American and Asian American individuals (DiBartolo & Rendon, 2012). This may be particularly relevant for students of color at predominantly White institutions or elite universities because students in these environments may feel that they have to work harder than their White peers to earn the same grades.

Strengths of Students of Color

Unfortunately, we currently know much more about barriers to the mental health thriving of college students of color than we do about the strengths students of color bring to the mental health challenges they face during college. Furthermore, the literature that does seek to examine protective factors and resilience has often generated contradictory results as to the utility of such factors. For the purposes of this survey we will only highlight some of the literature that has

examined such factors below. However, we suggest that additional research is needed to understand how such factors may be context, age, and/or person specific.

One of the most studied protective factors in the mental health thriving of students of color is racial/ethnic identity. While there are many paradigms of racial/ethnic identity, it should be noted that the terms “racial identity” and “ethnic identity” often embody distinct constructs and traditions in the literature, but for the purposes of this brief discussion, the term “racial/ethnic identity” will be used to describe the ways in which individuals make meaning of their racial or ethnic group membership. Feeling positively about one’s racial/ethnic group has been linked with lower self-stigma for seeking mental health support (Cheng, Kwan, & Sevig, 2013) and lower depressive symptoms (Haslam et al., 2009; Hughes, Kiecolt, Keith, & Demo, 2015; Ida & Christie-Mizell, 2012). Overall, a meta-analysis of data from almost 200 studies found a consistent modest association between racial/ethnic identity and well-being across multiple racial/ethnic groups, concluding that this relation was especially supported amongst adolescents and young adults of color (Smith & Silva, 2011). However, in a study of Latino college students, higher levels of racial/ethnic identity did not serve to buffer students from the impact of stress on depressive symptoms (Arbona & Jimenez, 2014). While the sizes of the effect of racial/ethnic identity were most notable in predicting well-being and self-esteem, the evidence linking greater racial/ethnic identity with decreased distress or mental health symptoms was notably weaker. In this way, racial/ethnic identity may be important for mental health thriving but not sufficient to protect all students of color in the face of threats to their mental health.

Another potential protective factor for students of color may be their use of specific coping strategies. Coping strategies that are based on an Afrocentric worldview and grounded in

the historical, cultural, and philosophical tradition of people of African descent in the United States (e.g. Chambers et al., 1998) are designated “culturally-relevant” coping strategies in the literature. In contrast, “mainstream” coping strategies are based on a conceptual framework that is often seen as equally applicable to all individuals regardless of their racial/ethnic background (e.g. Utsey, Ponterotto, Reynolds, & Cancelli, 2000). For example, communalistic approaches such as collective action or sacrifice may govern culturally-relevant coping efforts, while mainstream coping may emphasize the effort of the individual. In the literature, both culturally-relevant (e.g. Lewis-Coles & Constantine, 2006) and mainstream coping strategies (e.g. Utsey, Bolden, Lanier, & Williams, 2007) have been found to be uniquely beneficial for mental health.

While there are many different types of coping strategies that may be beneficial for college students of color, research remains inconsistent regarding their utility. For example, active coping strategies encompass a set of active behaviors that address the situation at hand, often including strategies such as positive cognitive restructuring and problem focused behaviors such as speaking up, confronting a stressor, or seeking help from another. In adolescent samples, active coping strategies appear to be most effective for mental health. Studies of Black adolescents’ coping strategies find that approach coping strategies are related to greater feelings of self-efficacy and less psychological distress (Moos, 2002). When coping strategies are avoidant rather than active, adolescents are more likely to espouse negative self-evaluations, helplessness, social anxiety, and externalizing symptoms in the hopes of alleviating negative emotions (Stevenson, Reed, Bodison, & Bishop, 1997) however these strategies have been shown to escalate psychological distress and hostile interactions (Noh, Beiser, Kaspar, Hou, & Rummens, 1999). On the other hand, research with Black adults is less clear. For example, one

cross-sectional study found that avoidant coping was related to lower self-esteem and life satisfaction (Utsey, Ponterotto, Reynolds, & Cancelli, 2000).

The literature on social support has generally found social support to be a protective factor for individuals of color. However, some work has suggested that seeking social support may facilitate the rumination on negative emotions and strain personal relationships, specifically for Black women, thus amplifying risk for poorer mental health outcomes in some cases (Gray & Keith, 2003). Seeking support in one's religious community, religious beliefs, or relationship with a higher being may also be seen as types of "social support." For example, literature on religiosity has suggested that religious engagement may confer mental health benefits. Attendance at religious services has been found to buffer Black adults from negative emotions associated with experiences of racial discrimination (Bierman, 2006), and has been associated with a reduction in depressive symptoms for Black youth (Van Dyk & Elias, 2007). Furthermore, Black adults with low levels of religiosity were more likely to experience suicidal ideation following depressive symptoms associated with an instance of racial discrimination (Walker, Salami, Carter, & Flowers, 2014). In general, feeling a connection with a higher being, akin to social support, has been found to be associated with better mental health (Houltberg, Henry, Merten, & Robinson, 2011). However, according to a meta-analysis, some types of seeking support through religion (such as pleading for direct intercession) have also been linked to increased mental health symptoms (Ano & Vasconcellas, 2005).

Steps Forward

In many areas, the mental health thriving of students of color can be bolstered and merits further support from institutions of higher education. Several excellent recommendations have been provided in the extant literature. For example, several steps can be taken in the more

effective dissemination of mental health information, including: increasing student and family awareness about campus services for students entering college with pre-existing mental and/or physical health conditions; training all faculty and staff in mental health first aid, referrals, and confidentiality and legality issues surrounding supporting students' mental health; and designating a specific campus office or initiative to be responsible for continued outreach and education (MIT Mental Health Task Force, 2001; Muckenhaupt, 2000). Furthermore, the use of messages that highlight mental health as a universal concern, minimize perceptions of stigma, and are displayed in ways that match the preferred engagement methods of college students (i.e. Internet and social-media based initiatives) may be especially important in the promotion of seeking mental health support (Benton, Robertson, Tseng, Newton, & Benton, 2012; Downs & Eisenberg, 2012). Colleges should also ensure that students have easy access to high quality mental health support by providing services at locations and hours that provide multiple opportunities for support seeking based on student schedules, and developing a system to respond to acute mental health crises (Mowbray et al., 2006). Miranda and colleagues (2015) also propose "online or home skills-based interventions" (p.297). Such implementations could improve treatment seeking as the most commonly cited barrier for college students of all racial/ethnic backgrounds is affordability. Furthermore, while finances may be tight for campus counseling services, if continuity of care for students is not a priority the safety of students may be jeopardized.

Additional steps must be taken to support the mental health of students of color. Research has suggested a bi-directional lack of trust between students of color and administrators at PWIs (Hurtado, Carter, & Spuler, 1996). Greater accountability of university mental health services to students of color may significantly improve this trust. The direct inclusion of students of color as

stakeholders in decision-making processes regarding the mental health service available on college campuses is just one way in which trust could be bolstered and programs could be appropriately tailored to students' mental health needs. Similarly, students' evaluations of campus mental health services should have real and known ramifications for personnel and administrators. Ongoing evaluation of the strengths and challenges students of color face on campus must be conducted in ways that build trust from student communities of color.

Further steps should be taken to ensure the availability of culturally relevant and supportive services for college students of color. Mowbray and colleagues (2006) directly suggest the necessity of colleges to engage in affirmative employment practices in order to increase the number of mental health professionals of color available, as such representation is an especially important predictor of the use of mental health support services by college students of color. At the level of mental health professionals, taking into account indigenous healing practices and working with members of the communities in which students of color are immersed (families, campus and faith-based organizations, etc.) should be minimum requirements in the support services available to students of color (Sue & Chu, 2003). Furthermore, mental health professionals should seek to understand the cultural considerations of clients of color and feel comfortable adapting their treatment accordingly (Rich, 2000). For example, cognitive behavioral therapy (Jang, Chiriboga, & Okazaki, 2009) and mindfulness (Hall, Hong, Zane, & Meyer, 2011) have been suggested as especially beneficial and culturally appropriate treatments for some Asian clients. In this way, maximizing treatments that build on the strengths of the cultural contexts of each client is imperative.

At the larger institutional level, research has also provided exciting new ways in which the preferences of students of color to seek non-professional supports can be strengthened and

scaffolded in order provide students with rich opportunities for mental health thriving in culturally appropriate ways. For example, research on the African American Student Network has suggested that informal networking groups composed of students, faculty, and staff of color serve as a means of counseling intervention, with observable therapeutic benefits for the mental health thriving of Black students at predominantly White institutions (Grier-Reed, 2013).

Students who participated in the African American Student Network reported a host of positive outcomes associated with their experience, including feeling safer, more connected, validated, empowered, and intellectually stimulated on campus. Indeed, such programs appear to be a promising protective factor for students of color as research has found that informal support networks may serve to buffer Black and Latino students from psychological distress (Constantine, Wilton, & Caldwell, 2003).

Similarly, effective treatment approaches have been specifically drawn upon the cultural backgrounds and communities of African American individuals. In one case study of the efficacy of Afrocentric therapeutic mentoring groups, participation in such groups reduced episodes of drug use, self/other directed violence, and risky sexual behaviors for urban African American adolescents in foster care (Utsey, Howard, & Williams, 2003). Furthermore, in another group of studies of a community-based participatory research approach, African American adolescents who experienced a brief pilot motivational interviewing intervention which actively involved community liaisons, an advisory board, and family involvement all initiated depression treatment post-intervention as compared with three fourths of the control group (Breland-Noble, Burriss, Poole, & AAKOMA Project Adult Advisory Board, 2010). In a college context, with proper training, students of color should be actively involved in mental health education and support as leaders in order to encourage the agency of students and engagement of the student body as a

whole. Student leaders may be perceived as more approachable, thereby reducing mental health stigma. The Historically Black Colleges and Universities Center for Excellence in Behavioral Health is a good example of successful incorporation of student-led programs and initiatives for successful substance use and mental health treatment and prevention.

Research utilizing brief interventions has also suggested beneficial mental health interventions for college students of color. For example, in a randomized control trial, a one-time intervention designed to generate feelings of social belonging upon entering college significantly improved self-reported health and psychological well-being years following the intervention (Walton & Cohen, 2011). In another correlational study, Black adult women who were able to generate and list more reasons for living following suicide attempt had lower levels of suicide intent (Flowers, Walker, Thompson, & Kaslow, 2014). Furthermore fotonovelas, booklets that present dramatic real life stories of health challenges using realistic role models and presenting options, have been found to reduce mental health stigma by disseminating culturally appropriate mental health information (Rao, Taani, Lozano, & Kennedy, 2015). In adult samples, fotonovelas have been found to improve knowledge of depression, self-efficacy, and reduce self-stigma surrounding the use of antidepressants (Unger, Cabassa, Molina, Contreras, & Baron, 2013).

Yet another area for improving the mental health of students of color may be the increased overt recognition of the role of national events by colleges. Work on racial battle fatigue (Smith, Yosso, & Solórzano, 2006) suggests that the mental the mental health of college students of color may be profoundly impacted by such events. Reaching out to all students during such times reminds students of campus resources for mental health support. Recently, in light of the events in Ferguson and Baltimore, many communities have instituted therapeutic

“emotional emancipation circles.” Developed by the Association of Black Psychologists and the Community Healing Network, these circles provide a safe place for Black individuals to discuss national events in ways that promote the mental health of participants.

It remains crucial for colleges to acknowledge and validate the unique experiences of students of color on campus both at the individual and institutional level by providing physical and social spaces for people of color to caucus within their own communities, with other communities of color, and with the larger campus community. Furthermore, increased attention should be paid to the intersectional identities of college students of color, including gender, sexual orientation, generation status, disability status, and socioeconomic status. For example, men of color seek mental health support less frequently (Chandra et al., 2009) and are less receptive to such support (Shin, 2002) as compared with White men. In the last decade there has been an increased call to generate mental health services specifically for Black men that come directly out of the lived experiences of being Black and male in the United States (Rich, 2000). Similarly, notable scholars have argued for examining within-group variability in socioeconomic status as a key factor in mental health and treatment access (e.g. Breland-Noble, 2013).

In conclusion, the mental health thriving of college students of color remains an issue of crucial importance and begs additional research. Most of the research on college students of color has been conducted on stressors and interpersonal discrimination. However, the mental health of many students of color thrives during college despite such risk factors. Therefore, the strengths of college students of color need to be better evaluated and contextualized so that we can develop impactful intervention and prevention efforts. We also need more work that seeks to understand and measure elements of the college climate, culture, and policies. While considerations related to the mental health of college students of color have been reviewed here,

it would behoove us to remember that mental health thriving entails more than just the lack of symptoms of mental illness. Indeed, for college students of color holistic programs that concurrently support students' physical, social, cognitive, and professional thriving are fundamental. Proactive measures should be taken to support the mental health thriving of students of color and college leadership must make this a priority for the well being of the entire student body.

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