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Recommended Citation

Spring 4-25-2020

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College of Education

Doctorate of Education Program

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Exploring the Use of Mental Health Services and Programs at a Historically Black College:

A Case Study

Stacey D. Wilson

Concordia University–Portland

College of Education

Dissertation submitted to the Faculty of the College of Education

in partial fulfillment of the requirements for the degree of

Doctor of Education in

Higher Education

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Concordia University–Portland

2020

Abstract

Research shows students' use of counseling programs and services to address the mental health needs of their student body on HBCU campuses are underdocumented. This qualitative descriptive single case study was developed to provide substantiated conclusions on this use that can be added to the current literature. The purpose of this study was to investigate participants' perceptions on the use of these services, and the strategies used to influence the use of these services, on one HBCU campus. This study was guided by two research questions: (a) What are the perceptions of the counseling center staff, faculty, and students of the use of counseling center programs and services to address the mental health needs of its student body? (b) What are perceptions of the strategies to influence participation in the counseling center services and programs? Purposeful sampling and snowball sampling were used to recruit 16 students, 2 faculty members, and 3 counseling center staff for the study. Data was collected via qualitative documents, qualitative interviews, and field notes. The data was analyzed using in vivo, descriptive, and constant-comparison coding. The key findings of the study revealed two conclusions: (a) the campus counseling center offers programs and services to meet the mental health needs of its student body, but those services and programs are severely underused by the students and (b) the strategies used to influence participation of these services and programs need improvement. Conclusions are discussed in the context of the social ecological systems theory.

Keywords: Historically Black College and University (HBCU), mental health, stress, anxiety, depression, Institution of Higher Education (IHE), Predominantly White Institution (PWI), mental health counseling services and programs, college counseling services and programs, African American college students

Dedication

My work is dedicated to my Lord and Savior Jesus Christ who is faithful. For without His faithfulness, I would not have had the fortitude to continue. Forever thankful for His grace, mercy, and provision. My work is also dedicated to educators and counselors who work tirelessly to teach, serve, lead, and counsel an ever changing and growing student population. I see you and I thank you.

Acknowledgments

I would like to acknowledge my husband, Kevin Wilson, who has remained supportive throughout my matriculation. You are the wind beneath my wings. I also want to acknowledge my parents who have encouraged me to continue climbing Jacob's Ladder as well as my siblings. My sister, Tondaleya Green Jackson, chartered the path to higher education. By being the first in our family to attend college and pursue a doctoral degree, you showed me what is possible when we set our mind and heart to achieve. I also want to acknowledge Concordia University–Portland for admitting me into the Doctorate of Higher Education program. It has been an incredible journey and I have met some extraordinarily intelligent professionals and peers. I will always be grateful for CU-P for without you, I would not have pursued my goal of obtaining an Ed.D., Higher Education nor would I have had the foresight to comprehend my contributions to the field of education.

I also want to acknowledge my Faculty Mentor and Chair, Dr. Floralba Marrero. You are one of the smartest women with whom I have had to opportunity to work while completing my doctoral program. Thank you for your honest feedback as well as our weekly chats, webinar, occasional texts, and online meetings. There was not a question I asked that you could not answer. You have worked with me from the inception of my dissertation to its conclusion and I am grateful for you.

I want to thank Dr. Angelo Letizia, my Methodologist and Dr. Gwendolyn Dooley, my Content Reader. The three of you make a dynamic team and I could not have prayed for a better dissertation committee. Each of you was essential to this process and I could not have produced a dissertation without your expertise. I am grateful for each of you. Thank you.

Table of Contents

List of Tables

List of Figures

Chapter 1: Introduction

Introduction to the Problem

The number of today's college students suffering from mental health disorders is increasing (Markoulakis & Kirsh, 2013). There is a rise in mental health issues amongst college students in Institutions of Higher Education (IHEs) across the nation (DeBate, Gatto, & Rafal, 2018; Fain, 2018; Hess, 2018; Rosenbaum & Liebert, 2015). Hess (2018) reports that one in three college freshmen are suffering from a mental health disorder. The rate of students suffering from anxiety and depression, which are two mental disorders college students often suffer from, increased from 6.3% in 2009 to 14.6% in 2018 (Dzokoto, Hicks, & Miller, 2007; Poole, 2013; Riba & Tasman, 2015). The American Psychiatric Association's, (APA), study results revealed that out of the 155,000 students surveyed at 196 college campuses, 34% more college students were treated for mental health issues in 2017 versus the 19% in 2007 (Fain, 2018). Out of 14,000 freshman colleges from Australia, Belgium, Germany, Mexico, Northern Ireland, South Africa, Spain and the U.S. surveyed, the data showed 35% struggled with a mental illness (Hess, 2018).

Historically Black Colleges and Universities (HBCUs) are amongst the IHEs receiving an influx of students suffering from mental health issues (Msilineup, 2015). Mental health issues in African American college students is substantially reported. The National Leadership Council on African American Behavioral Health (Mesidor & Sly, 2013) posits that students enrolled at HBCUs suffer from numerous mental health issues with acute stress and generalized anxiety being the top two mental health issues. Although there is research data illustrating the mental health crisis on college campuses across the nation, research also shows the mental health services and programs HBCUs offer to meet these needs. College Navigator (2014) compiled a list of the 102 HBCUs. From the list, the mental health services and programs of 27 of those

HBCUs were researched. The research illustrated that 13 of those HBCUs detailed the mental health services and programs they offered to their students on their campus website. Combined, the mental health services and programs from the 13 HBCUs include individual counseling and therapy, group counseling, crisis support, outreach programs, hotlines, mental health and wellness courses, external referrals, and educational workshops and seminars. While the research illustrates these mental health services and programs are available to students at least 13 HBCUs, there is a shortage of research describing students' use of these services and programs on HBCU campuses.

In the current literature, researchers presented data on the underutilization of mental health services by gender (Bernhardsdóttir & Vilhjálmsson, 2012; Cadaret & Speight, 2018; Jones et al., 2018; Kilmartin, 2017; Watkins, Hunt, & Eisenberg, 2012); the impact of sexual, physical, or domestic trauma students experience (Walker, 2015); and the stigma associated with using counseling services (Markoulakis & Kirsh, 2013; Primm, 2018). Conversations regarding the mental health seeking intentions of African American students (Mesidor & Sly, 2013); the concealment of their personal experiences (Masuda et al., 2010); the role of religious clergy in addressing their mental health needs (Farris, 2007; Hays, 2018); and the need for mental health services on HBCU campuses (Henderson, Geyen, Rouce, Griffith, & Kritsonis, 2007; Moore et al., 2018; Watkins et al., 2012) also dominate the focal point of the current literature. The current literature also reports this data across predominantly White IHEs. Although some HBCUs offer mental health services and programs to meet the mental health needs of its student population, research describing the use of these services and programs are indeterminate. The purpose of this study was to investigate the perception of the use of mental health services and programs, and the strategies used to influence the use of them, at one HBCU campus.

Background, Context, History, and Theoretical Framework for the Problem

Kraft (2011) provides the history of mental health counseling on Predominantly White Institution (PWI) campuses from the perspective of Caucasian Americans. Stills (1986) provides the history of counseling centers on HBCU campuses from the perspective of African Americans and emphasizes the need for mental health counseling due to the educational, cultural, social, and mental distresses of African American college students. Kraft's historical account of mental health covers its history from 1910–1960 and 1960–2010, but it excludes the educational, cultural, social, and mental distresses of African American college students of this time. Although dated, Stills's study must be discussed here as it is the most recent research that discusses counseling centers, in detail, on HBCU campuses. Both studies are needed to understand the history of mental health and mental health services on both PWI and HBCU campuses.

According to Kraft (2011), the first student health service, of any kind, appeared on the campus of Amherst College in 1861. Amherst used physical exercises as a means to reduce emotional distress in their students. Up until that point, students sought counseling from faculty and clergy. Later, in 1910, Princeton University developed a mental health service to accommodate the population of its students suffering from personality disorders. For Princeton, the service was warranted because too many of their students were failing to complete their program of study due to these personality disorders. In 1914, the University of Wisconsin, in 1920, Washburn College and the U.S. Military Academy at West Point, in 1921 Dartmouth College, in 1923, Vassar College, and in 1925, Yale University all followed Princeton's implementation and offered some form of mental health service to its student population.

Because there were inadequately trained professionals in the area of mental health on college campuses, other colleges and universities postponed its implementation of mental health services. According to Kraft (2011), when the American Student Health Association held its first meeting in 1920, Frankwood Williams provided a four-part rationale for colleges and universities to offer mental health services on their campuses. In Williams's rationale, he recommends first to offer mental health services that conserve the student body in a manner that retains highly intellectual students instead of having them to withdraw. Next, he recommends mental health services and programs be used to obstruct the possibility of students' failure due directly to nervous and mental diseases. Mental health programs and services should also be used to minimize failure that is a direct result of inefficiency and unhappiness. In the final part of Williams' rationale, he recommends mental health services that not only aid individuals' efforts in recognizing their intellect, but also expand their thoughts of conscious and social control. Williams' rationale, as described by Kraft, was the basis for the mental health services and programs that colleges and universities developed over the next decade.

Fast forward to 1960 and the need for mental health services on college campuses are in even more high demand. Kraft (2011) described the WWII veterans' return to college was funded by the GI Bill and children of the baby boomers were of college age. There was also an increase in drug and alcohol uses as college students experimented and embraced the "Hippie" or nonconformist culture perpetuated by Woodstock. There were also political activism and protests all happening on college campuses creating a rise in mental health issues and demand for mental health services. In 1961, a set of standards for colleges and universities to offer mental health services was published by the American College Health Association (ACHA). These standards were put in place to ensure college counseling centers were meeting the national benchmarks set

forth by the ACHA. These standards continue to be revised and implemented across college and university campuses.

In assessing HBCU presidents' attitudes regarding the future of counseling centers at HBCUs, Stills (1986) offers a starting point, similar to Kraft's (2011) efforts for PWIs, of the counseling centers followed by a list of their services and purpose on the HBCU campus. In his 1986 study, Stills partially investigated the deficiencies of counseling center services such as remedial, testing, tutorial, personal, and social, vocational/career, and preventive mental health counseling services in historically black colleges. Stills's research acknowledges the need for mental health services and the flaws in the current services provided during the mid-1980s. From inception to implementation to utilization, Stills's historical account frames counseling centers on HBCU campuses as the hub responsible for developing the whole student at the start of the 20th century emphasizing the need for HBCUs to offer mental health services in its campus counseling centers.

Today, the need for mental health services on college campuses are just as important as they were over 50 years ago and especially on HBCU campuses. Presently, there is an increased demand for mental health services on HBCU campuses (Kingkade, 2017; Smith & Ragouzeos, 2019; Watkins et al., 2012). Researchers present data illustrating that African American college students do suffer from mental health issues (Barksdale & Molock, 2009; Cokley et al., 2017; Goode, 2016; Masuda et al., 2010; Moore et al., 2018; "New Partnership to Support Mental Health," 2016; Primm, 2018). African American college students also suffer from these mental disorders at a similar rate as other non-White college students (Primm, 2018). The Healthy Minds study conducted between 2012–2015, sampled 43,375 undergraduate and graduate students at 60 institutions, found that 13,000 of those students were students of color who

identified with having a mental health disorder (Smith & Ragouzeos, 2019). Mental health services and programs are being offered at some PWIs such as Emory University (Poole, 2013); California State University, Cornell University, and City College of New York (Smith & Ragouzeos, 2019). Because there is a paucity of current research, however, that describes student's use of these services and programs on HBCU campuses, there is a substantial need to investigate students' use of these services.

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Theoretical Framework

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The theoretical framework consists of theories and concepts that frames the researcher's study. The selection of the theoretical framework is selected based on the researcher's argumentative stance. In framing the study, the theoretical framework helps the researcher uncover meaning that is being hidden and reveal new insights into the meaning and understanding of the research. It is the theoretical framework that helps the researcher to rationalize the data. It helps the researcher to decide what is pertinent to the study, frame research questions, and provide a path for data analysis (Merriam & Tisdell, 2016). Bronfenbrenner's (1979) ecological systems theory frames this study.

The ecological systems theory was developed by Urie Bronfenbrenner to understand how personal and environmental factors influenced human development (Ettekal & Mahoney, 2017; Kilanowski, 2017). Bronfenbrenner's ecological systems model contains four allied systems of influence as a set of nested structures, one overlapping the other: (a) micro-, (b) meso-, (c) exo-, and (d) macrosystems (Bronfenbrenner, 1979; Ettekal & Mahoney, 2017). Each system level increases in distances to the individual to illustrate the degree of direct and indirect influences upon the individuals (Ettekal & Mahoney, 2017; Hong, Cho, & Lee, 2015). The microsystem denotes a setting where individuals interact directly; the most direct influences upon an

individual are in the microsystem (Ettekal & Mahoney, 2017; Hong et al., 2015). The mesosystem is comprised of the interrelationships between multiple microsystems that affect the individual (Hong et al., 2015). The exosystem consists of interrelationships between two or more microsystems or settings involving the individual directly (Hong et al., 2015). The macrosystem reflects cultural factors of influence that include beliefs, values, upbringing, that affect the state and process of conditions in the microsystem (Hong et al., 2015). The chronosystem reflects any change, over time, in the individual and environment in which the individual is embedded (Hong et al., 2015).

In Bronfenbrenner's (1979) ecological systems theory, there are microsystems that students interact with which impact their behavior and personal development. In an educational setting, this can be demonstrated by the interactions between the student and their friends, faculty, staff, family, academic program, services on campus, the institution, among others—all of which impact their decision-making, their success, and their behavior. How students interconnect on a college campus relies heavily on the type of relationships they form with people and services on campus. These interactions at the micro level—campus experiences, student-faculty interactions, student obligations, cultural norms, attitudes, and even family influence—all influence the development of a student, how they perceive mental health services, and whether they use mental health services on a campus. Bronfenbrenner's Ecological Systems theory was used to support the findings of the study.

Statement of the Problem

It is documented that there is an increased demand for mental health services on HBCU campuses (Kingkade, 2017; Smith & Ragouzeos, 2019; Watkins et al., 2012). An increase in the number of students of color affects the demand for and the role of mental health services on their

campuses (Watkins et al., 2012). Results of the New Partnership 2016 study lists what HBCUs

need in order to provide such services, which include alternative sources of funding to address

the issue of mental health on their campuses; dialogue regarding mental health disorders on

HBCU campuses; training to its counseling centers in the areas of mental health

treatment/services; and new policies and procedures regarding responding to mental health cases.

("Managing Student Mental Health," 2016). It is also documented, on HBCUs' website, that

mental health services and programs are being offered on their campuses. The researcher

researched the mental health services and programs of 27 of the 102 HBCUs from the list

compiled by College Navigator (2014). Out of the 27 researched, 13 were found to have detailed

the mental health services and programs they offer to their students on their campus website.

Some of those offerings include individual counseling and therapy, group counseling, crisis

support, outreach programs, hotlines, mental health and wellness courses, external referrals, and

educational workshops and seminars. What is underdocumented is students' use of these mental

health services and programs offered to them. The specific problem is there is insufficient

research describing the use of these services and programs, and strategies used to influence the

use of them, on HBCU campuses.

Purpose of the Study

The purpose of this study was to investigate the perceptions of the students, counseling

center staff, and faculty on the use of campus counseling services and programs to meet the

mental health needs of its student body. This qualitative descriptive single case study design was

used to gain insight into participants' perception on the use of these services and programs on

one HBCU campus. This design allowed the researcher to investigate individuals' perceptions of

a particular phenomenon—past or current (Association for Educational Communications and

8

Technology [AECT], 2001; Salkind, 2007). With this study, the researcher's goal was to understand students' use of these services and programs. While the research is an initial attempt to broach the topic on the use of mental health services and programs on HBCU campuses, the study also helped to inform counseling center staff of counseling practices that address the use of mental health services and programs on the college campus.

Research Questions

Research describing the use of mental health services and programs being offered to support the student population on HBCU campuses is scarce. This research focused on the use of mental health services and programs being offered to support the student population on one HBCU campus. This research focused on perceptions of students, faculty, and counseling center staff regarding the use of these services. The questions were designed to fill the gap in the literature on the use of these services and the strategies in place to influence this use. This study was guided by two research questions:

RQ1. What are the perceptions of the counseling center staff, faculty, and students of the use of counseling center services and programs to address the mental health needs of its student body?

RQ2. What are the perceptions of the strategies to influence participation in these counseling center services and programs?

Rationale, Relevance, and Significance of Study

The current research available on mental health services and programs for African American students attending HBCUs lacks information on the use of these services on HBCU campuses. Much of the current literature focuses on the various mental health services and programs offered across PWIs and HBCUs, but not on how these services and programs are

being used on HBCU campuses. The research provided insight into the rationale for the use of these services on one HBCU campus for its administrators and counseling center staff. This study focused on the use of these services on one HBCU campus and the strategies being used to influence this use.

Using a descriptive single case study design allowed the researcher to investigate the use of mental health services and programs on one HBCU campus. Semistructured interviews, qualitative documents, and the researcher's field notes are data collection methods aligned with the descriptive approach (AECT, 2001; Salkind, 2007). Two additional research designs were considered for this study. Because grounded theory makes use of interviewing and observing to collect data, this approach was considered, but not used, because the researcher is not seeking to use the data to develop a theory (Glesne, 2016). With its focus on in-depth inquiry using a small number of homogenous participants and focus on understanding the perceptions of each participant (Glesne, 2016), the phenomenological research design was also considered. However, because the researcher does not focus on the lived, everyday experience of its participants, this approach was also not used.

This study is significant. Without data illustrating whether the mental health services and programs on their campus are being used, HBCU administrators may not consider enhancing the current services they offer a priority ("Managing Student Mental Health," 2016). This case study is relevant to students, counseling center staff, faculty, and college administrators because the study's findings can inform them of which services and programs are being used on campus to meet the mental health needs of the students. It can also reveal successful practices being used to influence the use of these services and programs on campus to serve the mental health needs of the students.

Definition of Terms

Each of the key terms was be used to fulfill the purpose of the study.

Institution of higher education (IHE): An accredited educational institution that legally operates in a state where students who have obtained a secondary graduation certificate are admitted; it is a public, or nonprofit educational institution accredited to award undergraduate degrees (Higher Education Act, 1965).

Predominantly White institution (PWI): An institution of higher education where 50% of the student population is White (Brown & Dancy, 2010).

Historically Black college or university (HBCU): An accredited institution of higher education established before 1964 with a past and present mission to educate African American students (Higher Education Act, 1965).

Mental health: The five-part definition of mental health includes "(a) living up to one's intellectual and emotional potential; (b) the ability to forge and maintain healthy and satisfying relationships; (c) the ability to cope with normal levels of stress; (d) a sense of self-efficacy; and (e) the ability to adapt to unfamiliar situations and environments (Mccloskey & McCloskey, 2008). Each component of mental health confirms the mental ability to function within society.

Mental illness: A disorder of one or more of the functions of the mind (such as mood, affect, perception, memory, or thought), which causes suffering to the patient or others; thus, a mental disorder is the presence of a mental illness ("Mental Illness," 2015).
Anxiety: A feeling of worry, nervousness, or unease about something ("Anxiety," 2015).

Depression: A state of extreme sadness, for a two-week period, characterized by core symptoms of pessimism, low mood, motivation, energy, joy, or interest. Somatic symptoms of

impaired memory and concentration, loss of appetite and libido, insomnia, early morning wakening are also present ("Depression," 2015).

Stress: Any factor that threatens the health of the body or has an adverse effect on its functioning, such as injury, disease, overwork, or worry ("Stress," 2015). Mood and anxiety disorders are two of the mental disorders college counseling centers report that students often experience (Cokley et al., 2017). As Markoulakis and Kirsh's (2013) study shows, the challenges of college life can negatively impact the mental health of a college student resulting in one or more of these disorders or exacerbating them.

Assumptions, Limitations, and Delimitations

Assumptions

The assumptions of this study are that data collected will provide detailed information regarding the use of the mental health services and programs on one HBCU campus. The data will also clarify the strategies being used to influence participation of these programs and participants' perception of them. Detailed information includes the underlying reasons for the use from participants' perspectives, how participants are engaged to provide feedback on those services, what supportive programs and services related to mental health wellness are being offered, and in what ways the counseling center gauges the use of its services and programs.

Another assumption is that data collected on the use will reveal any communication channels that make it feasible for faculty, counseling center staff, and students to communicate issues that have a propensity to exacerbate, or alter, a student's mental well-being and how the campus counseling center responds to these issues. A final assumption is that participants will be honest and forthright when providing information.

Limitations

Values, beliefs, and biases can influence the data collection process; thus, I needed to be aware of them when conducting the study (Creswell, 2014). To further ensure objectivity throughout the study, the validation method of member checking (Glesne, 2016) was used. A total of 21 participants, including students, faculty, and counseling center staff were recruited for the study. The purpose of this study was to investigate participants' perception of the use of mental health services and programs at one HBCU. A small sample produces the risk of the researcher obtaining redundant or saturated responses during the data collection process (Merriam & Tisdell, 2016). To reduce the chances of obtaining repetitive data, data analysis was combined with data collection; the data was analyzed upon being collected (Merriam & Tisdell, 2016).

Time was another limitation to the study. Scheduling interviews in tandem with participants' schedule was difficult. The researcher scheduled student interviews around their class and work schedules. For faculty and staff, the researcher scheduled their interviews around their work schedule. To accommodate for no-shows, the researcher had to extend recruiting efforts, which demanded time from what was already a tight research schedule. The study was conducted during the fall 2019 semester between October and December, which eliminated the researcher's option to use observation as a data collection method. During these months, counseling center staff participants informed the researcher that there were no workshops scheduled during these months. Because the researcher used a small sample size to understand the use of mental health services and programs on one HBCU campus in depth (Merriam & Tisdell, 2016), recommendations for further research were identified in the conclusion of this study.

Delimitations

Because each lends well to qualitative research, the data collection for this study was delimited to qualitative interviews, qualitative documents, and researcher's field notes. To collect data efficiently during the time frame allowed for this study, the researcher delimited the number of participants recruited for the study to 21. Because the data on the use of mental health services and programs on HBCU campuses are scarce in the current literature, the researcher delimited the study to one HBCU campus and delimited the research sample to African American student participants.

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Chapter 1 Summary

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African American college students are suffering from mental health issues (Dzokoto et al., 2007; Gayla, 2015; Meyers, 2016; Poole, 2013; Thompson, 2012). Along with acute stress and generalized anxiety (Mesidor & Sly, 2013), African American college students also suffer from depression (Dzokoto et al., 2007; Poole, 2013; Riba & Tasman, 2015). Increased prejudice, imposterism, shame, cultural mistrust, and isolation (McClain et al., 2016; Steve Fund, 2019) exacerbate the mental health issues of African American students. Each coalesces into micro aggressive behavior (Gayla, 2015), which can produce or exacerbate mental health issues.

Many of these students will be enrolling into an HBCU with at least one of these mental health issues. HBCUs are offering mental health services and programs on its campuses to help meet the students' mental health needs. However, since Henderson et al.'s (2007) study on African American students' use of the counseling centers on HBCU campuses, there is a scarcity of current research describing their use of these services. With the increase in the number of African American college students experiencing mental health issues, it is important for research data to be available on the use of these services.

This study was conducted to provide some data on African American students' use of mental health services and programs on one HBCU campus. Using the ecological systems theory (Bronfenbrenner, 1979) for this study, the researcher investigated the influences, at the micro-level, that had the propensity to dictate participants' perception on the use of mental health services and programs and the strategies used to influence participation in the use of these services and programs on campus.

Next, the researcher presents Chapter 2. In Chapter 2, the researcher discusses the theoretical framework that grounds the study. The theoretical framework helped the researcher to rationalize the findings from the study (Merriam & Tisdell, 2016) by understanding the direct influences upon participants' perceptions using the social ecological systems theory (Bronfenbrenner, 1979). Using the framework, the researcher decided what is pertinent to the study, framed research questions, and identified a path for data analysis (Merriam & Tisdell, 2016). The researcher then continues with a comprehensive critique of current research and methodological issues organized by the following subsections: Mental Health Epidemic in College Students and Use of Mental Health Services and Programs on College Campuses. In concluding Chapter 2, the researcher critiqued the current research and provided a summary of the current literature. Using the current literature, the researcher frames the need for this study and its research design.

The researcher uses a qualitative descriptive single case study design to conduct this study. In Chapter 3, the researcher describes the purpose and significance of this research design in answering the research questions. The study is hinged upon two research questions the researcher details in Chapter 3 while providing a description of the research population recruited to provide the data for this study. The researcher describes the three methods of data collection,

which include qualitative interviews, qualitative documents, and researcher field notes, in

Chapter 3. Data was coded in three cycles and its results are presented in Chapter 4.

Before presenting the data and results in Chapter 4, the researcher described the sample

research population that included 21 participants. The research methodology used to conduct the

study with the participants are also described. A substantial amount of data was collected and the

researcher describes each coding method used to analyze the data. The findings are summarized

and the researcher presents the data and results organized by the research questions for this

study. In Chapter 5, the researcher summarized the results of the study and discussed them in

relation to the current literature. The researcher also discussed the implication of the results for

practice, policy, and theory and concludes Chapter 5 with recommendations for further research.

Chapter 2: Literature Review

Mental health issues are becoming more prevalent amongst college students in IHEs across the nation (DeBate et al., 2018; Fain, 2018; Hess, 2018; Rosenbaum & Liebert, 2015). Within the last 10 years, there has been an increased demand for mental health services on college campuses (Krasnow, 2019). According to Mitchell (2019), one of the trends identified by the *Center for Collegiate Health* is that in 2017, the use of college counseling increased by "30%–40% while overall college enrollment increased by 5%" worldwide (p. 18). Krasnow (2019) described an increase in stress, trauma, and alternating roles between college students and their parents as three common causes for the increase. According to Munro (2019), college students are enrolling into college with severe issues regarding depression, stress, anxiety, and family, friendship, and relationship matters (Munro, 2019). A major mental health concern deduced from the data collected by the *American College Health Association National College Health Assessment* is depression; according to the data, the number of students suffering from depression increased from "10.3% in the year 2000 to 23.8%" in the year 2018 (Hoban, 2019, p. 23).

Anxiety was the next highest issue for college students rising from "10.5 in 2009 to 22.1" in 2018 (Hoban, 2019, p. 23). Without a diagnosis prior to entering college, the growing pains associated with college matriculation can worsen these preexisting issues in students, which is one of the reasons services and programs to address the mental health needs of its student body are pertinent to have on college campuses (Kruger, 2019). With more college students enrolling into college each year, it is plausible for college counseling centers to experience higher needs for counseling to help students address their mental health issues while in college.

There is a mental health crisis amongst college students (Cunningham & Prichard, 2019) including African American college students on the campuses of HBCUs (Msilineup, 2015). African American college students experience mental health issues on a similar level as other college students (Primm, 2018). The increased demand for mental health services on HBCU campuses (Kingkade, 2017; Smith & Ragouzeos, 2019; Watkins et al., 2012) and PWIs are documented (Smith & Ragouzeos, 2019). As a result, more attention has been given to mental health issues in college students (Knowlden, Sharma, Kanekar, & Atri, 2013; Soet & Sevig, 2006), but research describing that attention to African American students on HBCU campuses are scarce. According to Smith and Ragouzeos (2019) students of color are vulnerable to experiencing higher suicide rates, poor academic performance, and poor health. Smith and Ragouzeos report on findings confirming the differences of students of color in regards to mental health issues and help-seeking from other ethnicities asserting that students of color experience more discrimination and financial hardships. The HBCU campus environment has been touted as an ideal educational environment for African American college students due to its nurturing and culturally related environment (Mushonga, 2019) but research describing how the mental health needs of these students are addressed on HBCU campuses are scarce.

In the current literature, researchers described rationale for the underuse of mental health services and programs on a college campus. Research shows that gender influences students' decision of whether or not to use mental health services and programs offered on campus (Bernhardsdóttir & Vilhjálmsson, 2012; Cadaret & Speight, 2018; Jones et al., 2018; Kilmartin, 2017; Watkins et al., 2012). Bernhardsdóttir and Vilhjálmsson (2012) investigated depression and anxiety in college women and identified their mental health needs. Their research shows that depression and anxiety are common amongst all college students, but they are more common

amongst college women. The premise is that college women experience an increase in depression and anxiety when seeking higher education, starting their professional careers, and starting a family (Bernhardsdóttir & Vilhjálmsson, 2012). Researchers recruited 6302 female students from Icelandic universities to complete the study. Out of the 743 females who completed the survey, it is unclear whether any of those females were African American.

Although African American college men were not participants in Cadaret and Speight's (2018) study, the study was useful as it describes the cultural context of African American men and how those factors can encourage them to use mental health services and programs or deter them from seeking mental health services and programs. Cadaret and Speight focused their research on identifying the influence of the self and social stigmas on the help-seeking attitudes of 120 African American men. The findings from their research confirmed three barriers, age, job, and coping methods, with which African American men struggle when faced with the decision of whether or not to use mental health services and programs.

In Jones et al.'s (2018) study, the conversation is redirected to college women, but to those women experiencing psychological stressors with race and female oppression. The study was conducted on an HBCU campus with 20 African American female college students. With the stressors prompting their use of college counseling services and programs to address their psychological stress, researcher aimed to determine whether a cultural intervention group would have profound effects in reducing their stress levels. Walker (2015) also discussed the impact of sexual, physical, or domestic trauma students experience and their influence on whether students use mental health and counseling services and programs on campus.

Conversations regarding the mental health seeking intentions of international and African American students (Mesidor & Sly, 2013); the stigma associated with using counseling services

(Markoulakis & Kirsh, 2013; Primm, 2018); the concealment of their personal experiences (Masuda et al., 2010); the role of religious clergy in addressing their mental health needs (Farris, 2007; Hays, 2018); and the need for mental health services on HBCU campuses (Henderson et al., 2007; Moore et al., 2018; Watkins et al., 2012) are also dominant discussions in the current literature. Consequently, data describing the use of these services amongst African American students on HBCU campuses is not as abundant. The purpose of this study was to investigate the perceptions of students, faculty, and counseling center staff on the use of counseling services and programs to address the mental health needs of the student body and their perception on the strategies used to influence participation in these services and programs. Although current literature discussing college students' use of mental health programs and services on campus are available, there is a shortage of research on this topic as it relates to African American students on HBCU campuses.

Search Strategy

The primary sources for the literature review included journal articles, web-based articles, and books gathered from SAGE, Wiley, Taylor and Francis, JSTOR, ProQuest, Public Health Database, Sociology Database, Psychology OneFile (GALE), Psychology, PsycARTICLES, and ERIC research databases. To identify the types of mental health services and programs the HBCUs currently offer, the researcher used the web-based articles from the HBCUs' website. Search terms consisted of *mental health issues and Black college students, Black college students and mental health care, ecological systems theory*, *mental health and college student, mental health services and college students, mental health,* and *African American college students.* A review of methodological issues and synthesis of research findings

are also presented. Chapter 2 concludes with a critique of the previous research and a summary of the literature review.

In Chapter 2, the researcher describes the findings from the current literature. Chapter 2 begins with a discussion of the theoretical framework and continues with the literature review. The literature review includes an integrative overview of selected research that examines the use of the mental health services and programs provided on college campuses. The literature illustrates the absence of this data for African American students on HBCU campuses. The literature review is organized by the following subsections: Mental Health Epidemic in College Students and Use of Mental Health Services and Programs on College Campuses. A review of methodological issues, synthesis of research findings, and a critique of the previous research conclude Chapter 2.

Theoretical Framework

Selection of the social ecological systems theory (Bronfenbrenner, 1979) was informed by the current research and the need to understand the influences of students' behavior pattern when it comes to using mental health services and programs on their campus. Bronfenbrenner (1979) developed the social ecological systems to describe aspects of human development and the environments of influence upon that development. For Bronfenbrenner's premise for the ecological systems theory, he asserts that the ecology of human development involves the scientific study of the developing, shared accommodation between active, growing individuals and the changing characteristics within their immediate environment; the individual's development is also influenced by other environments that are interrelated (Bronfenbrenner, 1979). In Bronfenbrenner's ecological systems model, he describes these environments as four allied systems of influence as a set of nested structures, one overlapping the other: (a) micro-, (b)

meso-, (c) exo-, and (d) macrosystems (Bronfenbrenner, 1979; Ettekal & Mahoney, 2017).
Figure 1 is used to illustrate these multiple systems of influence upon participants in this study within the ecological systems model.
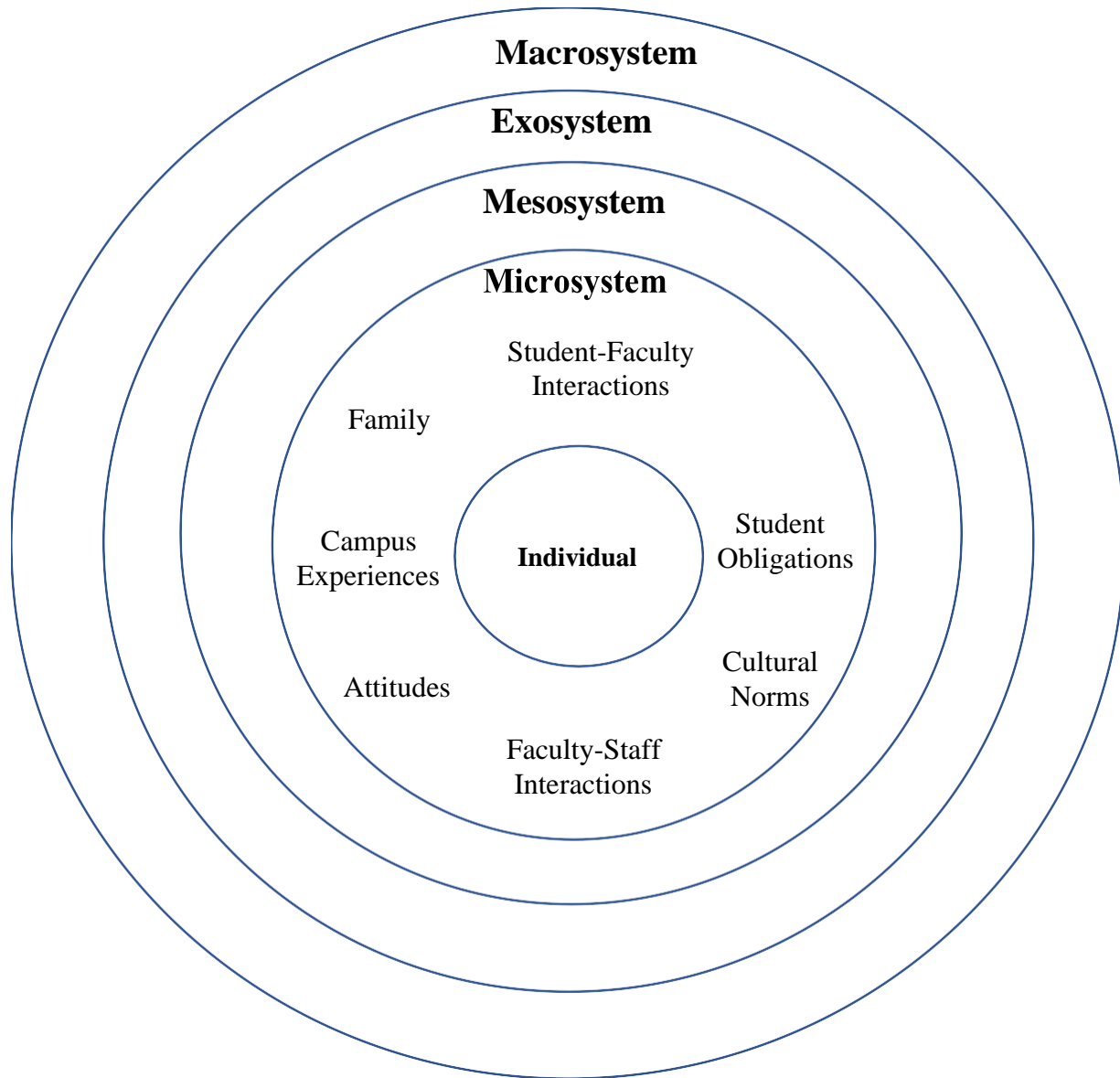
Figure 1. Ecological systems theory.

The multiple systems within this model interrelate to exert influence upon individuals' development including behavior and decision-making. The proximity of each system level to the other expands to show the direct and indirect influences upon the individuals (Ettekal &

Mahoney, 2017; Hong et al., 2015). The microsystem denotes a setting where individuals interact directly; the most direct influences upon an individual are in the microsystem (Ettekal & Mahoney, 2017; Hong et al., 2015). The meso system is comprised of the interrelationships between multiple microsystems that affect the individual (Hong et al., 2015). The exosystem consists of interrelationships between two or more microsystems or settings involving the individual directly (Hong et al., 2015). The macrosystem reflects cultural factors of influence that include beliefs, values, and upbringing, that affect the state and process of conditions in the microsystem (Hong et al., 2015). The chronosystem reflects any change, over time, in the individual and environment in which the individual is embedded (Hong et al., 2015).

The researcher focused on the influences in participants' microsystem for this study. The microsystem in Bronfenbrenner's (1979) theory houses the environment of the most direct influences upon an individual (Ettekal & Mahoney, 2017; Hong et al., 2015). In the microsystem, the individual is the target of his or her influences; these influences that the individual receives dictates their behavior, mental and social development, and decision-making (Bronfenbrenner, 1979). The social ecological systems theory was relevant to examine this study because the researcher's purpose was to investigate participants' perception on two key aspects of the campus counseling center's services and programs within their microsystem—the college campus. In learning participants' perception on the use of campus counseling center services and programs to meet the mental health needs of the student body and of the strategies used to influence participation in these services and programs, the researcher also learned which influencers of participants' perceptions were a direct result of their microsystem.

The interactions between the student and their friends, faculty, staff, family, academic program, services on campus, the institution, among others—all impact their decision-making,

their success, and their behavior. Subsequently, the ways in which students interconnect on a college campus relies substantially on the type of relationships they form with people and services on campus. At the micro level, these interactions transpire via campus experiences, student-faculty interactions, student obligations, cultural norms, attitudes, and even family influence. Each interaction influences the development of a student, how they perceive mental health services, and whether they use mental health services on a campus. The results of this study were discussed in the context of the social ecological systems theory. This theoretical framework provided a foundation to investigate the rationale about the use of mental health services and programs on one HBCU campus and the perceptions of student counseling coordinators, faculty, and students on the use of these services (Merriam & Tisdell, 2016).

Using the microsystem, the researcher described the building blocks of influence upon participant's perception of the use of their campus counseling services and programs to address the mental health needs of the student body and strategies executed to influence participation of these services and programs. Student–faculty interactions, campus experiences, and cultural norms are the building blocks of influence responsible for participants' perception on the use of campus counseling services and programs to meet the mental health needs of its student body responding directly to RQ1. Campus experiences and faculty interactions are the building blocks of influence responsible for participants' perception on strategies being used to influence participation in these services and programs responding directly to RQ2.

Review of Research Literature and Methodological Literature

The researcher provided a comprehensive critique of current research and methodological issues organized by the following subsections: Mental Health Epidemic in College Students, Use of Mental Health Services, and Programs on College Campuses. The researcher described the

mental health epidemic in college students using multiple studies where the authors explored various aspects of mental health in college students. In the second subsection, the researcher described how mental health services and programs are used by college students using multiple studies in which the authors examined what type of mental health services and programs are offered for college students and how those services and programs are being used.

Mental Health Epidemic on College Campuses

Researchers present data illustrating that African American college students suffer from mental health issues (Barksdale & Molock, 2009; Cokley et al., 2017; Goode, 2016; Masuda et al., 2010; Moore et al., 2018; "New Partnership to Support Mental Health," 2016; Primm, 2018). In fact, many of them arrive to college with preexisting mental health issues. Watkins et al. (2012) say college students experience mental disorders before or during their college years. Goode's (2016) study reports that the first experience of severe depression happens in college and extreme stress is the cause. Many things can make these stressors worse. Rosenbaum and Liebert (2015) say the environment of the type of college (i.e., public, private, community/technical, PWI, HBCU) the students attend should be considered in its potential to exacerbate the disorder from which students may already be suffering. Microaggression experienced on these campuses can make it worse.

With the rise in microaggressions they face across 102 HBCU campuses across the United States (Cokley et al., 2017; Dastagir, 2018). Microaggression is considered to be verbal and physical inadvertent and covert behaviors of discrimination against people of a perceived depreciated ethnic group (Campbell, Carter-Sowell, & Battle, 2019; C. A. Jones & Greene, 2016; Williams, 2017). African American college students report experiencing a high level of microaggressive behaviors toward them (Campbell et al., 2019; C. A. Jones & Greene, 2016;

Williams, 2017) and, when accrued, such behaviors can result in anxiety and depression (Williams, 2017).

After measuring anxiety, trauma, and frequency of discrimination, results from the *Study of Microaggressions and Symptoms of Mental Disorders* revealed that Black students experienced more racial microaggressions than White students (Williams, 2017). For example, the noose found hanging from the tree on the campus of Stanford University is a microaggressive behavior towards African American students used to indicate a threat to their lives ("Noose Found Hanging," 2019). Microaggressive behavior can be perpetrated through technology. The racist texts and e-mail messages sent to four African American Harvard Law school students denigrating their intellectual ability by basing their admission to the university on Affirmative Action is an example ("Harvard Law School Students," 2019). A third example occurred on the campus of Ole Miss when three fraternity brothers hosted a photo op "armed with guns and smiling in front of a historical marker designating where the body of Emmett Till was found in 1955; the sign was riddled with bullet holes" ("Three Ole Miss Students," 2019). Mood and anxiety disorders are two of the mental disorders college counseling centers report that students often experience (Cokley et al., 2017). The prevalence of these microaggressive behaviors on college campuses are tied to the anxiety and depression African American college students experience (Williams, 2017) and can exacerbate the mood and anxiety disorders these students already experience.

Concealment also makes it worse. Masuda et al.'s (2010) study confirms that many of the personal experiences responsible for these disorders are concealed by African American students and this concealment can intensify the disorder. At any rate, the fact remains that mental health issues are present amongst college students in general and not only students, but parents, have an

expectation their child's IHE will provide the needed mental health services in some way (Watkins et al., 2012).

Watkins et al. (2012) engaged in a qualitative study making use of semistructured interviews, from campus administrators, as a part of the Healthy Minds Study, to collect data on the factors causing the increased demand for mental health services on college campuses. Analyzing the interview responses byway of content analysis revealed a few different sources of the increased demand and one of them is an increase in the number of students of color (Watkins et al., 2012). A large percentage of today's college students (40%) self-identify as Black, Latinx, Asian, Native American, and mixed race; the percentage of faculty [and counselors] is low, which can create a knowledge deficit in the area of the psychosocial challenges that students of color face (Primm, 2018). In Watkins et al.'s (2012) study, the interview protocol used four main themes (a) an increase in the severity of mental health concerns and the demand for services, (b) overall psychosocial differences in today's college student population, (c) changes in the roles of counseling centers, and (d) institutional challenges and the response to those challenges. A total of 10 administrators from public and private, research and teaching institutions were interviewed for the study. The findings from the qualitative in-depth interviews revealed students of color impact the demand for and role of mental health services on their campuses (Watkins et al., 2012). Watkins et al. investigated 10 counseling centers from public and private institutions, but it is unclear whether any of them was an HBCU. However, the need for increased mental health services on private and public college campuses further emphasizes the need for them on HBCU campuses.

The Harris Poll, Jed Foundation, Partnership for Drug Free Kids, and the Jordan Porco Foundation conducted a survey in 2015 polling students of color on their emotional competency

as a college student. The results revealed that students of color, as freshman in college, experienced greater intensities of emotional distress (Primm, 2018). Results of the 2016 study lists the needs of HBCUs to provide such services including alternative sources of funding to address the issue of mental health on their campuses; dialogue regarding mental health disorders on HBCU campuses; training to its counseling centers in the areas of mental health treatment/services; and new policies and procedures regarding responding to mental health cases are needed ("Managing Student Mental Health," 2016). Using the Campus Safety framework, 28 HBCU representatives from 14 different states aimed to investigate critical needs in addressing the mental health issues of the students on their campus. The percentage of students diagnosed with depression increased from 10% to 16% in the year 2000. Stress is one of the main factors that contributed to the students' depression and one out of 10 students surveyed admits to contemplating suicide (White-Cummings, 2017).

According to Walker (2015), HBCUs produce 18% of African American graduates into the workforce thus it behooves HBCUs to invest in the mental well-being of their students. Walker uses a qualitative approach in the 2015 study aimed to examine the impact of trauma upon students at HBCUs in an effort to help administrators and counseling center develop ways to assess and address mental health problems in their students (Walker, 2015). The author surveyed 227 African American undergraduate students—selected by way of random sampling—at a public HBCU located in the mid-Atlantic and Bronfenbrenner's (1979) bioecological systems theory as the theoretical framework to examine the impact of trauma upon this population of students (Walker, 2015). As a result of Walker's study, the author recommends HBCUs screen students for PTSD, coordinate outreach efforts with community mental health professionals, and develop a hotline for students to access 24/7 as needed when

experiencing the symptoms of their mental health issue. Although African American college students suffer from mental disorders at a similar rate as non-White college students (Primm, 2018), what parents do not anticipate is that their child may not be responding to the mental health services and programs being offered to them on campus.

Use of Mental Health Services and Programs on College Campuses

Bernhardsdóttir and Vilhjálmsson (2012), Cadaret and Speight (2018), Jones et al. (2018), and Kilmartin (2017) report on college students' underutilization of mental health services. Bernhardsdóttir and Vilhjálmsson investigated mental distress amongst female college students and their need for mental health services. Using a cross-sectional research design, researchers conducted an Internet-based survey sampling a total of 743 students. Cadaret and Speight investigated the attitudes of 120 African American men, ages 18–73, regarding their willingness, or not, to seek professional psychological help and the influence of social stigma upon their decision.

Masuda et al. (2010) uses a quantitative research design to investigate mental health among African American college students. One research site, a 4-year university, was selected and participants recruited by way of a web-based recruitment tool. Likewise, participants anonymously completed a web-based survey over a time period of two academic semesters. Several measures were used to measure the level of mindfulness, psychological flexibility, and mental health among African American college students. The Mindful Attention Awareness Scale measured mindfulness. The Acceptance and Action Questionnaire-16 measured psychological flexibility. The Self-Concealment Scale measured students' likelihood to conceal negative personal information.

Barksdale and Molock (2009) developed a model of mental health help seeking to investigate how much the subjective norms of family and peers impacted African American adolescents' decision to seek, or not seek, mental health services and programs when needed. Using a cross-sectional approach, Barksdale and Molock sampled 219 African American college students from an urban public and private university. Using an internet-based questionnaire, students completed seven measures, 3 items in total, for researchers to make their assessment. DeBate et al.'s (2018) two-part study investigated the relationship between mental health literacy, mental health attitudes, subjective norms, and intention to seek care for mental health and the stigmas that influence these decisions.

Moore et al. (2018) conducted a pilot study to design and implement a mental health and wellness clinic to address the mental health needs of students on the campus of Paul Quinn College (PQC) in Dallas, TX. The college currently has a health clinic staffed to address the medical health needs of its students. PQC intentionally recruits African American students from a low socio-economic background and academic achievements in an effort to provide them with an equal opportunity to obtain a college education. Well aware of the characteristics of its student population and their limited access to healthcare, PQC ensured the clinic's staff addressed the medical needs of its students to extent of securing medical professionals, such as optometrist, to volunteer their expertise and services. In addressing the medical needs of their students, potential to address their mental needs were realized as well (Moore et al., 2018). To determine the level of the mental health needs of the students on the campus, the president partnered with UT Southwestern Medical Center to conduct a formal mental health assessment for the student population. The results of the study confirmed that many students had active psychiatric disorders and confirmed the need of the PQC's health center to offer mental health

services to its students and began the pilot study to design and implement a mental health and wellness clinic to address the mental health needs of students (Moore et al., 2018). Upon concluding their pilot study, Moore et al. indicated that while 97 clinic appointments were scheduled, only 41 students kept their scheduled appointments resulting in a 58% no-show rate (Moore et al., 2018). Further, the researchers indicated that further research in this area should address the low attendance for the clinical appointments.

Henderson et al. (2007) examines the relationship between college classifications and help seeking attitudes among African American college students enrolled in one HBCU. Henderson et al.'s study is dated, but significant due to the dearth of research citing the use of mental health services and programs specifically on HBCU campuses. The study is also significant, because like Moore et al.'s (2018) study, Henderson et al.'s study also substantiates that the mental health services and programs are available on HBCU campuses are underused. Also, like Moore et al.'s study, Henderson et al. aimed to illustrate the need for mental health services and programs on HBCU campuses. In the study, Henderson et al use the survey to discover whether classification influenced students' decision to use mental health services and programs on their campus. They surveyed 209 students, with 40% being freshman and 28% being sophomores (Henderson et al., 2007). The study does not indicate how many of the participants were juniors and seniors. Researchers solicited participation from students enrolled in psychology courses. 209 students participated. The results from the survey revealed males were less likely to use campus mental health services and programs. It also revealed that, as students matriculated from one classification to another, their use of these services likely to increase. The final result of the study revealed that while students may have previously been

involved in counseling or psychotherapy, prior to enrolling in college, these students were less likely to continue seeking mental health services.

<p align="center">**Review of Methodological Literature and Issues**</p>

Researchers used qualitative and quantitative research methods to investigate mental health, mental health services and programs on college campuses, and the use of these mental health services and programs. Bernhardsdóttir and Vilhjálmsson (2012) used web-based questionnaires to investigate mental distress in female college students and their need for mental health services. Investigating psychosocial stress in specifically African American female college students and the efficacy of an intervention counseling program designed to treat psychosocial distress in African American female students on the campus of HBCUs, Jones et al. (2018) also uses questionnaires. To understand the changes in demand, along with psychosocial reasons for these changes and how counseling centers institutions have responded to these changes, Watkins et al. (2012) used semistructured, in-depth, qualitative administrative interviews. Masuda et al. (2010) used surveys to investigate the mental health of African American college students. Eisenberg et al. (2009) uses an empirical approach to investigate the help-seeking behavior of college students, with perceived public and personal stigmatic attitudes regarding mental health services. Barksdale and Molock (2009) and DeBate et al. (2018) used a web-based questionnaire to investigate the mental health seeking patterns of African American female and male college students respectively.

Moore et al. (2018) used a qualitative approach to conduct a pilot study to design and implement a mental health and wellness clinic to address the mental health disparities in an African American student population. Researchers conducted the study on the campus of PQC sampled students from its population (Moore et al., 2018). Using student engagement activities

<p align="center">32</p>

on campus, researchers aimed to make students aware of mental health issues and reduce the stigma attached to obtaining help to solve these issues (Moore et al., 2018). Next, the researchers held four seminars covering distinct topics substance abuse, depression and suicide, stress management, and sexual assault/trauma (Moore et al., 2018). Following the engagement activities, a mental health panel and town hall meeting were held to provide a public forum for the Dallas community, Paul Quinn College's students, faculty and staff, and UTSW to further the discussions on mental wellness. Finally, faculty and staff received two hours of training from a certified Mental Health First Aid instructor to gain knowledge of how to address the mental health concerns of their students that may arise in their classrooms. When the pilot study began, the clinic's records showed that 58% of the 97 students who opted to receive the services, never showed up to use them. The notable takeaway from this study is that although the mental health services were available, only 41 of the 97 students used them. The researchers cite further research is needed to learn the reasons for students' underuse of mental health services and programs on HBCU campuses.

Henderson et al. (2007) uses a quantitative approach to examine the relationship between college classifications and help seeking attitudes among African American college students enrolled in one HBCU. The College Alcohol, Drug Addiction, and Psychosocial Issues Inventory was the survey instrument used. Frequency distributions and cross tabulations were computed to evaluate the number and gender of students willing to seek mental health assistance on campus. Pearson product-moment correlations were computed to assess the relation between the two components being investigated regarding (a) previous participation in counseling or psychotherapy and (b) current need for counseling or psychotherapy, college classification, and gender.

Synthesis of Research Findings

The current research shows an increase in the demand for mental health services on the Female university students experienced mental distress at the same degree as females from the general population (Bernhardsdóttir & Vilhjálmsson, 2012). Cadaret and Speight (2018) discovered that social stigma has the most influence upon African American males' decision to seek mental health help. Eisenberg et al.'s (2009) study revealed that help seeking attitudes of college student were largely influenced by personal stigmas that included gender, faith, and socioeconomic status. From the results of the study of their study Barksdale and Molock (2009) concluded that, combined, perceived negative family norms and perceived negative peer norms predict fewer help-seeking intentions for psychological concerns. The findings from the qualitative in-depth interviews revealed that severe mental health concerns have also increased the demand for the type of services students need (Watkins et al., 2012).

Many of the experiences responsible for mental disorders in African American college students are concealed by African American students and can intensify their mental disorder (Masuda et al., 2010). White-Cummings (2017) and Walker (2015) list the needs of HBCUs to provide mental health services, but do not list HBCUs capacity to provide these services to their students. The notable takeaway from Moore et al.'s (2018) study is that although the mental health services were available, only 41 of the 97 students used them. The researchers cite further research is needed to learn the reasons for students' underuse of mental health services and programs on HBCU campuses (Moore et al., 2018).

Henderson et al. (2007) revealed three conclusions. First, it revealed that males were less likely to use campus mental health services and programs. It also revealed that, as students matriculated from one classification to another, their use of these services likely to increase. The

final result of the study revealed that while students may have previously been involved in counseling or psychotherapy, prior to enrolling in college, these students were less likely to continue seeking mental health services. The conclusions from the findings indicate a need to understand students' use of the mental health services and programs offered on their HBCU campus.

<div align="center">**Critique of Previous Research**</div>

Researchers were candid regarding the limitations of their study. For example, because Bernhardsdóttir and Vilhjálmsson (2012) used an internet-based survey, confidentiality may have been a concern for the participants possibly resulting in low the responses to recruitment efforts. Another limitation is that, for those females already experiencing some form of mental distress, completing the survey had the propensity to exacerbate their distress, thus, they opted to not participate in the study. Cadaret and Speight's (2018) study would have benefitted from a larger sample size and additional coping styles to provide data on the men's coping mechanisms with their mental health issues. To understand the changes in demand, along with psychosocial reasons for these changes and how counseling centers institutions have responded to these changes, Watkins et al. (2012) used semistructured, in-depth, qualitative administrative interviews with 10 administrators. Because the researchers used 10 administrators, the results of the study cannot be applied to other counseling centers at other institutions as the sample population for the study is too narrow.

Using a cross-sectional approach presents limitations to Masuda et al.'s (2010) and Barksdale and Molock's (2009) current studies. Masuda et al. investigates mental health issues in African American college students using an Internet-based survey. First, the current study is a cross-sectional study. Although we have posed mindfulness as a mediator of the relation between

self-concealment and psychological distress, any causal inference should be avoided. Another limitation is the generalizability of the findings. African Americans are a heterogeneous group, and this study only sampled undergraduate college students. Furthermore, although the findings add to a major gap in the literature by examining self-concealment, mindfulness, and psychological outcomes among African Americans, the study did not include other cultural variables to better contextualize the findings. To determine the exact causal relationship between norms and help-seeking intentions in African American female students, Barksdale and Molock recommend conducting a longitudinal study. The longitudinal study would also monitor changes, over time, in this relationship as well. Using a cross sectional approach does not yield the results of the relationship or reveal changes in the relationship over time. Follow-up studies are needed to determine the long-term benefits of Jones et al.'s (2018) study to confirm efficacy of the intervention counseling program designed to treat psychosocial distress in African American female students on HBCU campuses.

Moore et al.'s (2018) pilot study demonstrated PQC's efforts to offer mental health services and programs to its students only to discover the core problem was getting the students to use those services. Using a qualitative approach, their discovery identified the need for further research to be conducted to reveal the source of students' reluctance to show up for clinical appointments designed to address their individual mental health needs. The name of the formal assessment used to assess the level of the mental health needs of the students on campus is not included in the research. Researchers cite 269 students were associated, but do not say how those contacts were made. Henderson et al. (2007) uses a quantitative approach to examine the relationship between college classifications and help seeking attitudes among African American college students enrolled in one HBCU. Of the 209 students surveyed, he identifies the

percentage of freshman and sophomores, but does not identify the percentage of juniors and seniors. Furthermore, the results from the study revealed that, as college classifications increased, students were more likely to utilize mental health support services. Henderson et al. does not indicate that this was longitudinal study and the best way to make this assessment was to research the help seeking behaviors of the same students as they matriculated through all four years of school.

Chapter 2 Summary

Multiple researchers describe the types of mental health issues an individual can experience (Barksdale & Molock, 2009; Cokley et al., 2017; Goode, 2016; Masuda et al., 2010; Moore et al., 2018; "New Partnership to Support Mental Health," 2016; Primm, 2018). Multiple researchers also describe the grim reality of the mental health crisis plaguing today's college students and establishes the case for mental health services on college campuses. The studies of Rosenbaum and Liebert (2015), Cokley et al. (2017), Dastagir (2018), Moore et al. (2018), and Henderson et al. (2007) contribute to the research illustrating the availability of mental health services and programs on some HBCU campuses.

From the list of 102 HBCUs compiled by College Navigator (2014), the mental health services and programs of 27 of those HBCUs were researched to assert that some HBCUs do offer mental health services and programs to their students. Out of the 27 researched, 13 were found to have detailed the mental health services and programs they offer to their students on their campus website. Combined, the mental health services and programs from the 13 HBCUs include individual counseling and therapy, group counseling, crisis support, outreach programs, hotlines, mental health and wellness courses, external referrals, and educational workshops and seminars. The scarcity in the current research lies in data describing the use of these services and

programs across HBCU campuses. The literature review revealed a dearth of information pertaining to the use of these services provided to African American students enrolled at HBCUs. The related literature is deficient in providing recent data on several key aspects of the mental health crisis on HBCU campuses. Much of the data points to the growing concern of mental health issues amongst college students worldwide and those attending PWIs, but do not specifically address the mental health crisis amongst African American students on HBCU campuses. At best, the current research identifies the need for mental health services for African American students and the services and programs currently being offered to meet those needs. The 2016 study, sponsored by law enforcement executives shows no information explaining to whom the results of the study was shared and whether there were any changes or implementations in HBCU counseling centers as a result of the study (White-Cummings, 2017).

Although the current research provides substantive data on mental health issues and mental health services and programs for African American undergraduate college students, there is a gap in the research calling for data on the use of these services. Little research is available describing students' use of these services on HBCU campuses. In this study, the researcher provided some of that data by researching participants' perception of the use of counseling services and programs to address the mental health needs of its student body and on the strategies used to influence participation in these services and programs. Bronfenbrenner's (1979) social ecological systems theory was a viable framework in which to interpret the results of the data to identify the factors influencing participant's perception both aspects of the counseling services and programs. The researcher discussed the results of the study in the context of the social ecological system theory to understand the influences upon participants' perception on both aspects of the campus counseling center. The researcher used a qualitative descriptive single case

study design to conduct this study. The researcher described the methodology, recruiting

methods, research sample, and data collection and analysis methods used to conduct this study in

Chapter 3.

Chapter 3: Methodology

African American college students suffer from mental disorders at a similar rate as other non-White college students (Primm, 2018). This population of students is one of the most susceptible (Smith & Ragouzeos, 2019) in regard to mental health issues and are often suffering in silence (Primm, 2018). In the 2012–2015 Healthy Minds Study, researchers sampled 43,375 undergraduate and graduate students at 60 institutions. They found that 13,000 of those students were students of color who identified with having a mental health disorder (Smith & Ragouzeos, 2019). Subsequently, the need for mental health services on the campus of today's HBCUs is of more importance today due to increased prejudice, imposterism, shame, cultural mistrust, and isolation (McClain et al., 2016; Steve Fund, 2019). Without data illustrating the importance and efficacy of mental health services on their campuses, administrators of HBCUs may not consider offering mental health services on their campuses a priority ("Managing Student Mental Health," 2016).

With the exception of Moore et al. (2018) and Henderson et al. (2007), studies that contribute to the research illustrating the availability of mental health services and programs on some HBCU campuses and students' use of those services are scarce. This study used a qualitative descriptive single case study design to investigate participants' perceptions of the use of counseling center services and programs to address the mental health needs of its student body and the strategies to influence participation in these counseling center services and programs on the campus of one HBCU.

Research Questions

While research shows many HBCUs offer mental health services and programs to meet the mental health needs of their students, more research is needed to learn the use of these services and programs. This study was guided by two research questions.

RQ1. What are the perceptions of the counseling center staff, faculty, and students of the use of counseling center services and programs to address the mental health needs of its student body?

RQ2. What are the perceptions of the strategies to influence participation in these counseling center services and programs?

The questions were posed to solicit data describing students' use of the mental health services and programs on one HBCU campus. The research questions were also conducive to the qualitative study design in that it allowed data to be collected on site, from the participants, in their natural setting (Creswell, 2013).

Purpose and Design of the Study

The purpose of this qualitative descriptive single case study was to investigate the perceptions of students, faculty, and counseling center staff of the use of counseling center programs and services. In understanding students' use of mental health services and programs, perhaps the HBCU counseling center staff can understand what influences students' participation in these services.

To conduct this study, the researcher used a qualitative descriptive single case study design to investigate participants' perception on the use of campus counseling services and programs to meet the mental health needs of the study body and the strategies used to influence this use on the campus of one HBCU. Qualitative interviews, qualitative documents, and

researcher's field notes were used to collect data for this study (Salkind, 2007). A qualitative approach is useful for understanding one research target—organization, policy, relationship, place, person, or a phenomenon—well (Merriam & Tisdell, 2016; Stake, 2010). The single case study design was suitable because the researcher investigated a real-life modern bounded system over time and place using detailed and in-depth data collection methods involving multiple sources of information (Creswell, 2013). The case study research design was also suitable for the study because it was impossible to separate the phenomenon's factors from its context (Merriam & Tisdell, 2016). With the case study research design, the researcher focused, "in-depth," on one case while maintaining a "holistic and realistic" view while studying the case (Yin, 2018, p. 5). Additionally, the case is bounded by one program, on one campus, and there is a limit to the number of participants who can be interviewed.

Descriptive research refers to the type of research question, design, and data analysis to be applied to the research topic (AECT, 2001). Descriptive research includes a comprehensive account of a phenomenon, that includes social setting, a group of people, a community, or a situation (Salkind, 2007). Descriptive research is also mostly aligned with quantitative research, but can also be used in qualitative research when the researcher seeks to investigate individuals' perceptions of a particular phenomenon—past or current (AECT, 2001; Salkind, 2007). Descriptive research was suitable for the study because research was conducted in a defined social setting collecting data using qualitative documents (Salkind, 2007). Qualitative in-depth, one-on-one interviews and researcher's field notes are the data collection methods also aligned with descriptive research (AECT, 2001; Salkind, 2007).

Research Population and Sampling Methods

Good data is pertinent to the research and obtaining it is contingent upon the selection of the research site, research sampling method, and research population (Creswell, 2013). The case study research was conducted on an HBCU college campus in South Carolina. The college meets the standards of an HBCU as outlined in the Higher Education Act of 1965. This college was selected for its accessibility, predominantly African American student population, and its mission to educate the whole student. The college's institution's Counseling Center is housed within the Division of Student Affairs. Its purpose is to foster emotional, social, and intellectual growth and help students successfully confront factors that impede their efforts to ensure a fulfilling college experience. As stated on the college's website, the college's counseling center offers individualized counseling, group counseling, enrichment workshops and seminars, crisis intervention and emergency services, outreach, referrals, and reasonable academic accommodations for students with documented disabilities to its student population. The overall mission of this college's Counseling Center is to ensure student's total development and reinforce the college's mission to educate the whole student personally, socially, and academically.

For researchers using a case study design, Creswell (2013) recommends, in addition to individuals, to also select programs, activities, events, documents, and processes to study as they relate to the issue being studied. This college was an ideal research site because it provided information on the latter component—documents. The study population consisted of three groups—students, faculty, and counseling center staff. Collecting data via one-on-one, in-depth qualitative interviews, qualitative documents, and field notes (Creswell, 2013; Yin, 2018), the researcher learned participants' perception on the use of the campus counseling services and

programs to address the mental health needs of the student body and on the strategies used to influence this participation.

Purposeful sampling (Easton & McColl, n.d.) was used to recruit the student population for this study. When using purposeful sampling, the researcher purposely selects individuals who can provide information and insight on the issue being researched due to their experience with the phenomenon being investigated (Easton & McColl, n.d.). When selecting the study population, the researcher should carefully detail what is being sampled, who is being sampled, and how many are being sampled (Creswell, 2013). Purposeful sampling is contingent upon the researcher's judgement; the researcher can opt to use a representative sample to fit the needs of the study or specifically select individuals who meet the characteristics of the study (Easton & McColl, n.d.). In qualitative research, a small select group of participants who are able to provide insight to the phenomenon in question are recruited. African American male and female students between the ages of 18 and 24 were recruited using purposeful sampling (Easton & McColl, n.d.).

The second study population consisted of counseling center staff, former counseling center staff, and faculty. Purposeful sampling and snowball sampling were used to select this second study population. The same context for purposeful sampling applies here (Creswell, 2013; Easton & McColl, n.d.). Snowball sampling, however, is a sampling method commonly used in social sciences when investigating hard-to-reach groups (Easton & McColl, n.d.). Its concepts consist of identifying primary informants and relying on those informants for referrals to other prospective participants who meet the criteria of a participant and can also provide information on the issue being studied (Creswell, 2013). The help of referrals gained through snowball sampling can increase the sample size for the study and when coupled with purposeful

44

sampling, is effective if identifying study participants proves laborious (Easton & McColl, n.d.).

Identifying participants for the second study population was difficult. The help of referrals

gained by using snowball sampling initiated a warm transfer to recruit additional counseling

staff, former counseling center staff, and faculty for the researcher. Using snowball sampling, the

former director of the campus counseling center and a counselor from Student Support Services

were recommended for this study.

Specific methods of recruitment at the research site included e-mail and informative

presentations. Recruitment began after securing Institutional Review Board (IRB) Approval

Letter and Permission Letter from the college. On June 14, 2019, the researcher was invited to

meet with two gatekeepers at the college to present the nature of the study, an introduction to the

researcher, and an outline of the mutually exclusive benefits of the research. On June 25, 2019,

verbal permission was granted. During August and September, the researcher communicated

with those gatekeepers at the college to secure the Permission Letter. The letter was secured on

September 10, 2019. The IRB Approval Letter was secured on August 15, 2019. To secure the

student population for the study, the researcher e-mailed faculty members first using purposeful

sampling (Creswell, 2013; Easton & McColl, n.d.) from September 10 to October 9, 2019. Using

the college's master course schedule, the researcher identified 22 faculty members. Using the

college's directory, the researcher located the e-mail address for the 22 faculty members and e-

mailed a request to present the study before their students and invite those students to participate

in the study (see Appendix A).

Out of the 22 faculty members, eight responded. With their permission, the researcher

presented the nature of the study to their students and invited those students to participate in the

study. Recruitment began on October 13 and concluded on November 13, 2019. Presentations

were conducted at the start of each class. The researcher presented a copy of the IRB Approval Letter and Permission Letter to each faculty before presenting. During the presentation, students were given a Business Card. The card contained the researcher's name, title, purpose of the study, telephone number, and e-mail address. The presentation was brief and addressed the purpose of the study, incentives for participating in the study, and the confidentiality of participants. Including students' questions, the presentation lasted for 10 minutes. Students contacted the researcher to volunteer via the e-mail and/or telephone number provided and their one-on-one interviews were scheduled. Consent Forms were reviewed, signed, and collected on the day of each interview before the interview began. A total of 16 students participated in this study.

To recruit faculty participants for the study, the researcher used purposeful sampling (Easton & McColl, n.d.) and invited three of the faculty members to participate in the study. After presenting the purpose of the study, incentives for participating in the study, and the confidentiality of participants, two faculty members agreed to participate in the study. Their one-on-one interviews were scheduled, and consent forms were reviewed, signed, and collected on the day of the interview before the interview began.

Using purposeful sampling (Creswell, 2013; Easton & McColl, n.d.), the researcher secured the counseling center staff and former counseling center staff for the study. Initially, purposeful sampling was used to select the director of the Counseling Center for the study. Snowball sampling followed because the director recommended that the researcher recruit a counselor in the Academic Support Services Department and dean for the study. Before scheduling a day and time for the one-on-one in-depth interviews, the director and the researcher sat down and introduced themselves in the campus Counseling Center. The researcher shared the

details of the study and invited her to participate. The researcher presented a copy of the IRB

Approval Letter, Permission Letter, Business Card, and Consent Form during the meeting. The

director contacted the researcher via the telephone number provided and volunteered to

participate in the study. Her one-on-one interview was scheduled and consent form collected on

the day of the interview before the interview began.

The researcher also met with the counselor for Student Support Services and the Dean

and shared the details of the study, presented them with copies of the IRB Approval Letter,

Permission Letter, Business Card, and Consent Form. After they agreed to participate in the

study, their one-on-one interviews were scheduled and consent forms collected on the day of the

interview before the interviews began. A total of three counseling center staff participated in this

study. The recruitment methods disclosed the purpose and parameters of the study and placed the

researcher in direct contact with both study populations resulting in a recruitment total of 21

participants—16 students, three counseling center staff, and two faculty.

Instrumentation

The researcher used an Interview Protocol to facilitate each qualitative, one-on-one in-

depth interview (see Appendix B). Before and after interviews, the researcher collected field

notes and used the Observation Protocol to dictate organization and content of the field notes

(see Appendix C). Qualitative documents used were the organization's print promotional

materials such as pamphlets, Evaluation Form (see Appendix L) and Narrative Report for

Objective 2 (see Appendix I; Merriam & Tisdell, 2016). Using the Document Analysis Protocol,

the researcher organized each document according to document type, audience, and purpose (see

Appendix D).

Data Collection

Initially, the data collection method for this study included semistructured, in-depth, one-on-one, qualitative interviews, qualitative observations, and qualitative documents. Data collection began after securing IRB approval and permission from the research institution. Occurring in three stages, data collection began on October 24, 2019 and commenced on December 11, 2019. In Stage 1, counseling center staff were interviewed. In Stage 2, students were interviewed and qualitative documents collected. In Stage 3, faculty were interviewed. Field notes were recorded during each stage of data collection. The purpose of the qualitative interview was to obtain perspectives on a given issue from the participants (Creswell, 2014). Interviewing is useful when the study population cannot be observed directly and the researcher seeks to have more control over the interview questions (Creswell, 2014).

Semistructured, in-depth, one-on-one qualitative interviews were conducted with faculty, students, and counseling center staff (Creswell, 2013; Yin, 2018). Responses from the one-on-one interviews provided data to describe the participants' perceptions of the use of counseling center programs and services to meet the mental health needs of the student body and strategies to influence participation in those counseling center services and programs.

Interviewing is the principal data collection method in qualitative research making it pertinent for the researcher to pose provocative interview questions that result in responses inciting the researcher to probe for additional information (Merriam & Tisdell, 2016). Interview questions for each study population were developed using the results from the literature review, the research questions, and the theoretical framework. See Appendix E for student interview questions, Appendix F for faculty interview questions, and Appendix G for counseling center staff interview questions.

Interview Protocol

Twenty-one participants participated in a one-on-one, in depth interview for this study. The purpose of this study was to investigate the perceptions of the students, faculty, and counseling center staff on the use of its campus counseling services and programs to address the mental health needs of the student body and strategies used to influence participation of these services and programs. Participants were selected for the study because they responded to the request, via phone or e-mail, after being informed of the study and its purpose. Each participant was interviewed one-on-one for 60–90 minutes. Because additional information was required, one follow-up one-on-one interview was scheduled with the director of the campus counseling center.

Participation for the study was strictly voluntary and participants reserved the right to refuse to answer any question without penalty. There were no risks to participating in this study and as an incentive to participate, student participants were rewarded with a Chick-fil-A gift card and a voucher to use an online writing service for college students. Faculty and counseling center staff participants were awarded with a gift card. Each participants' privacy was guaranteed. None of the information provided had any identifying information listed. Secret codes to analyze the data were used and no participant was identified in any publication or report. Participants' information was kept private at all times on a password protected computer. Signed consent forms were reviewed and collected before the interview began.

All interviews were scheduled based on the availability of each participant and logged on the Research Interview Schedule (see Appendix H). Student interviews were conducted October 29 thru December 11, 2019 on campus, in a private Conference Room located in the Student Center and lasted 45–60 minutes. Counseling Center Staff interviews were conducted October 24

thru October 30, 2019 off campus in a private Conference Room located at Prisma Health

Pediatrics and lasted 60–90 minutes. Faculty interviews were conducted November 6–19, 2019

in private conference rooms on campus in faculty participants' office building and lasted 60–90

minutes. Each interview was recorded, transcribed, and coded. The Interview Protocol is

described in Appendix B.

Documents Protocol

Qualitative documents associated with the individualized counseling, group counseling,

enrichment workshops and seminars, crisis intervention and emergency services, outreach, and

referrals from the campus Counseling Center were collected. The qualitative documents

consisted of physical documents; the documents were available in the research area (Merriam &

Tisdell, 2016) and provided by the director. Qualitative documents used were the pamphlets,

Evaluation Form (see Appendix L) and Narrative Report for Objective 2 (see Appendix I). Using

the Document Analysis Protocol, Appendix D, the researcher recorded the location name, date,

and type of document. Additionally, the researcher described the type of document, data included

in the document, and the author or authors of each document. Finally, the intended audience and

purpose for each document were also recorded (Yin, 2018). Data collected finalized which

qualitative documents, related to students' mental health and use of services and programs on

campus were used in the study (Creswell, 2014).

Field Notes Protocol

Field notes contain three parts that include "verbal descriptions of the setting, people, and

activities, the substance of conversations and dialogue with the people who are present if

applicable, and the researcher's comments, known as reflections, on what is seen (Merriam &

Tisdell, 2016). The Observation Protocol is a two-column table that includes a column for

descriptive and reflective field notes (see Appendix C). Details describing the location, people, activities, and behaviors were recorded in the descriptive column while the researcher's commentary regarding feelings, reactions, hunches, initial interpretations, speculations were recorded in the reflective column (Merriam & Tisdell, 2016). Logistics such as date, location, time, and site description were also included (Creswell, 2014).

Identification of Attributes

The theoretical framework used for this study defines attributes which influenced participant's perception. The attributes that outline this study are extracted from the ecological systems theoretical framework (Bronfenbrenner, 1979) and are the building blocks of influences present in participant's microsystem. Participants' perceptions on the use of the counseling center programs and services to address the mental health needs of the student body and on the strategies used to influence this use are the focus of this study. These building blocks are used to rationalize participants' responses on their perception of the use of the counseling center services and programs and strategies used to influence this use. Campus Experiences, Faculty-Staff Interactions, Cultural Norms, and Student-Faculty Interactions are the attributes from participants' microsystem the researcher used to rationalize participants' perception.

Data Analysis Procedures

Coding was used to analyze the data that was digitally recorded from each of the interviews, field notes, and qualitative documents. Coding is the use of an attribute ascribed to language-based or visual data including interview transcripts, observation field notes, photographs, and qualitative documents. Compared to the purpose of a title for a book, film, or poem, the researcher uses the code to capture the main point of the data (Saldaña, 2016). The data collected was coded in three cycles—precoding, first cycle and second cycle.

51

Precoding

During the research process, the researcher precoded data gathered from interviews, field notes, and qualitative documents. To precode transcribed interviews, the researcher used in-vivo coding, which is the use of words and short phrases from the participant's own language (Saldaña, 2016). This method allowed the researcher to assign preliminary codes to the data before transitioning into more specific coding methods (Saldaña, 2016). Using NVivo, a CAQDAS, a codebook was utilized to maintain a confidential record of emerging codes from the interview data throughout the study (Saldaña, 2016). In vivo codes for student interviews are listed in Table 5. Codes for faculty interviews are listed in Table 6. Codes for the counseling center staff interviews are listed in Table 7.

The researcher also used in vivo coding to precode qualitative documents The in vivo codes selected for the qualitative documents were informed by the documents collected and the Document Analysis tool (see Appendix D). In vivo codes for the qualitative documents are listed in Table 8. In vivo coding was also used to precode the field notes, which was informed the researcher's field notes and the Observation Protocol (see Appendix C). In vivo codes for the field notes are listed in Table 9.

First Cycle Coding

To categorize the in vivo codes devised during the initial cycle of coding from the interviews into broader categories, the researcher began the first cycle of coding using descriptive coding (Saldaña, 2016). Descriptive coding was also used to assign labels to the data gathered from the researcher's field notes and qualitative documents. The descriptive labels helped to identify the word or phrase to assign to a section of data to help categorize it (Saldaña, 2016). The descriptive codes for student interviews are listed in Table 5. Codes for faculty

interviews are listed in Table 6. Codes for the counseling center staff interviews are listed in Table 7. In Table 8, the descriptive codes for the qualitative documents are listed and in Table 9, descriptive codes for the field notes are listed.

Second Cycle Coding

During the second cycle of coding, the researcher used the constant comparison method to discover emerging themes from data gathered via the one-on-one, in-depth qualitative interviews, qualitative documents, and field notes (Creswell, 2013; Yin, 2018). The constant comparison method is used in various types of qualitative research studies (Merriam & Tisdell, 2016). The process of constant comparison requires the researcher to start with an occurrence from the data and compare it with another occurrence in the same set of data (Merriam & Tisdell, 2016). Using the constant comparison method makes it feasible to compare two segments of data to determine similarities and differences, which can be used to identify emerging themes in the data (Merriam & Tisdell, 2016). The constant comparison method yields indefinite categories for further comparison of the data (Merriam & Tisdell, 2016). Those codes were compared to the descriptive coding categories devised during the first cycle of coding to determine which of them was comparable to the tenets of the social ecological systems theoretical framework (Bronfenbrenner, 1979). The constant comparison codes for student interviews are listed in Table 5. In Table 6, the constant comparison codes for the faculty interviews are listed and in Table 7, the constant comparison codes for the counseling center staff interviews are listed. Additionally, the researcher listed the constant comparison codes for the qualitative documents in Table 8 and codes for the field notes in Table 9. Final codes comparable to the tenets of the social ecological systems theoretical framework were found to be Student-Faculty Interactions, Campus Experiences, Cultural Norms, and Faculty-Staff Interactions.

Limitations of the Research Design

Limitations

There are limitations to using a single case study. The researcher is limited in the number of cases being studied. Using a single case study requires the researcher to work diligently to produce a substantiated case because there is one research target that is the source of the data (Yin, 2018). In this study, the researcher investigated participants' perception on the use of campus counseling services and programs to address the mental health needs of its student body and the strategies used to influence this use. The researcher conducted the study on the campus of one HBCU. Because the gap in the literature indicates an increase in the number of mental health cases amongst African American students, 16 African American students participated in this study. Although the researcher's study does not address these services in a multi-case study across more than one HBCU campus and with additional participants, the researcher selected three data collection methods, qualitative interviews, documents, and field notes to build a substantial case.

Analysis and interpretation pose another limitation. Because the researcher is responsible for making the findings of their study meaningful using analysis and interpretation, that meaning can remain "negotiable and incomplete" (Glesne, 2016). This means the researcher must incorporate validation methods to ensure the integrity of the study's findings (Creswell, 2013). To ensure this study's findings are trustworthy, the researcher utilized triangulation, member checking, and rich, thick descriptions.

Delimitations

As the researcher conducted the study, information regarding unavailable documents, people, and places were recorded (Glesne, 2016). Permission to observe outreach activities, enrichment seminars, and enrichment workshops were to be obtained. The observation protocol contained the activity and/or workshop to be observed and characteristics of what was being observed. The characteristics were chosen from the Equity in Mental Health Framework (EMHF). To develop the framework, methodologists drew on the results of their literature review, campus-based surveys, student surveys, national experts in higher education, including college and university presidents, deans, professors, college counseling center directors, psychologists, and psychiatrists who specialize in working with the students of color population (Steve Fund & Jed Foundation, 2019). The EMHF was ideal to determine the look of successful efforts of counseling center's mental health services and programs.

Learning there were no outreach activities, enrichment seminars, and enrichment workshops to observe during the fall 2019 semester when the study was conducted severely limited the researcher's efforts to observe any strategies used to influence participation in the counseling center services and programs. As a result, the researcher executed a change in one of the data collection methods that was initially to be used for this study (Yin, 2018). The researcher opted for field notes as a data collection method in lieu of observation. Using field notes also allowed to researcher to remain integral to the original purpose of the study (Yin, 2018).

Site and time boundaries are also described (Glesne, 2016). The counseling center on the campus was understaffed, which presented a limitation to the sample size of the study. The director of the counseling center also serves as the counselor and has one administrative

assistant. As a result, 10 counseling center staff could not participate in the study because the center is staffed with one counselor who is also the director. Through snowballing, the researcher located two additional counseling staff participants; one of them is the former director of the Counseling center and the other is a counselor in the office of Student Support Services. The Administrative Specialist in the office of the Campus Counseling Center did not respond to the researcher's request to be interviewed for this study.

Validation

Several validation methods are available to ensure credibility and dependability of qualitative research data. Validation methods are used to evaluate the quality and accuracy of a qualitative study using at least two of the eight recommended strategies (Creswell, 2013). Each method involves the researcher, research participants, and readers' efforts to ensure the credibility and dependability of the researcher's data. The researcher used triangulation to examine the data collected from the study to justify the selected themes determined from the study (Creswell, 2014). Triangulation aids the researcher's effort to not only be accurate in measuring the data, but also in interpreting the data (Stake, 2010). If using triangulation reveals that the themes were developed from multiple sources of data of participants' perspectives, then it can be used to validate the study (Creswell, 2014).

Member checking involved the participants directly. Member checking is beneficial in three ways. One, member checking can confirm that the researcher has accurately reflected the participants' perspectives. Their response will also help to determine which information can be problematic if published. The final benefit is that member checking can help the researcher develop new ideas and interpretations (Glesne, 2016). Participants were presented with a semi-polished version of the data results and not a work in progress, via secure e-mail, which allowed

participants to give an informed response (Creswell, 2014). As participants in the study and members of the organization, they can provide critical and constructive responses to the accuracy of the data (Stake, 2010).

Finally, the researcher used rich, thick descriptions to convey the data collected from field notes, qualitative documents, and interviews. The descriptions made it possible to determine additional emerging themes from the study (Creswell, 2014). Using triangulation, member checking, and rich, thick descriptions helped to ensure the credibility and dependability of the data from the study.

Expected Findings

The purpose of this study is to learn participants' perceptions on the use of counseling center services and programs to address the mental health needs of the student body and perceptions of the strategies used to influence this use. From their previous studies conducted on the use of mental health services and programs on HBCU campuses, researchers' data have indicated a gap in available research regarding the use of these services on HBCU campuses. The researcher expected findings to offer new knowledge describing the use of these services on one HBCU campus, reasons for the use, and perceptions of the use partially filling the research deficit on this issue. The researcher also expected to discover the strategies used to promote participation of these services and participant's perceptions of these strategies. The researcher also expects to find data describing the counseling center's efforts to track students' use of these services.

Ethical Issues

Conflict of Interest Assessment

The researcher was careful to ensure no conflict of interest was present while conducting this study. A conflict of interest is not just when financial interests are involved, but rather any circumstance that could result in perception of undue influence or coercion. The researcher was not an employee of the college nor has any financial, professional, or personal ties with the college. The researcher fully disclosed information about professional background, purpose, and graduate institution for the study with college gatekeepers and participants.

Researcher's Position

The researcher was the primary instrument collecting data (Creswell, 2013). The researcher collected, coded, and transcribed data collected for this study. The researcher used triangulation, member checking, and rich, thick descriptions to help ensure the credibility and dependability of the data from the study (Creswell, 2013, 2014; Stake, 2010). Each method ensures the validity and character of the researcher conducting the study all in an effort to maintain the integrity of the study and minimize researcher bias.

Ethical Issues of Study

To minimize the ethical issues, the researcher secured IRB approval and permission from the research institution where the study was conducted. Ethical issues regarding informed consent procedures, participant confidentiality, research benefits vs. risks to participants (Creswell, 2013) were also considered when developing the study. Before the study began, the college gatekeepers were presented with a Synopsis of Study as requested (see Appendix N). Along with the participants, the college gatekeepers were presented with consent forms for the study that disclosed the purpose and parameters of the study including the risks, expected level

of participation, and length of the study. Participants were informed that there were no foreseeable risks, such as stress one may encounter when completing an exam-like instrument, discomfort associated with negative feedback about a learning assessment, or the physical fatigue and discomfort associated with exercise, while participating in the study.

Participants were also informed that their contribution will help to compose an informed study and provide recommendations for other HBCUs to begin understanding the use of the counseling services and programs on campus in an effort to improve their current offerings of mental health services on campus. Participating in the study also provided them with an outlet to share their concerns regarding the recent increase in the mental health needs of students on campus and how those needs can best be accommodated (Creswell, 2013).

Data collection methods included one-on-one, in-depth qualitative interviews, qualitative documents (Creswell, 2013; Yin, 2018) and researcher's field notes (Merriam & Tisdell, 2016). The parameters of the study were disclosed to the college to minimize possible issues that can arise when collecting data via interviews (Creswell, 2013). Using triangulation, member checking, and rich, thick descriptions helped to ensure the credibility and dependability of the data collected from the study.

Participants' personal identifying information was safeguarded. Participants' name or any piece of information that could allow a person, other than the researcher, to link their identity (name) with the information provided was not used. Participants were assigned pseudonyms and are referenced by those pseudonyms throughout the study. Maintaining confidentiality also included the safekeeping of participants' data on a password protected computer. The researcher maintained a record of participants' names on a password protected computer, but names were not needed to conduct the study or included in the final report. Participants' names, nor the name

of the institution, appears in any publication related to this study. The researcher used the means above to ensure ethical issues were addressed for the completion of this study. All study documents are destroyed 3 years after the study has concluded. Recorded interviews are destroyed after each has been transcribed.

Chapter 3 Summary

The purpose of this study was to investigate participants' perception on the use of campus counseling center services to meet the mental health needs of the student body. The researcher also investigated participants' perception on the strategies used to influence participation of these services. After securing IRB approval and the research institution's permission, the researcher conducted the study on the campus of one HBCU in South Carolina. The researcher conducted this study using a qualitative, descriptive, single case study design. Two research questions guided this study:

> RQ1. What are the perceptions of the counseling center staff, faculty, and students of the use of counseling center services and programs to address the mental health needs of its student body?

> RQ2. What are the perceptions of the strategies to influence participation in these counseling center services and programs?

To collect the data for this study, the researcher used qualitative interviews, qualitative documents, and field notes. The researcher recruited a total of 21 participants for this study—16 students, two faculty, and three counseling center staff. Data was coded in three cycles using in vivo, descriptive, and constant-comparison coding methods. The data and results are presented in Chapter 4.

Chapter 4: Data Analysis and Results

Using a qualitative descriptive single case study design, the researcher recruited students, faculty, and counseling center staff to determine their perceptions of the use of counseling center services and programs to address the mental health needs of its student body and their perceptions of the strategies to influence participation in those counseling center services and programs. Semistructured, in-depth, one-on-one, qualitative interviews, qualitative documents, and researcher's field notes were used to collect data for this study.

This topic was investigated using Bronfenbrenner's ecological systems theory. As described in Chapter 1 and Chapter 3, the ecological systems theory contains four allied systems of influence: (a) micro-, (b) meso-, (c) exo-, and (d) macrosystems (Bronfenbrenner, 1979; Ettekal & Mahoney, 2017). The researcher rationalized the results of this study in the context of the microsystem. By Bronfenbrenner's (1979) definition, "a microsystem is a pattern of activities, roles, and interpersonal relations experienced by the developing person in given setting with particular physical and material characteristics" (p. 22). The college campus, a historically Black college serving predominantly African American students as defined by the Higher Education Act of 1965, is the primary setting, or a place where people can readily engage in face-to-face interaction for students, faculty, and counseling center staff. Subsequently, the way in which students, faculty, and counseling center staff interconnect on a college campus relies substantially on the type of relationships they form with people and interactions they have with those people and services on campus. The factors of activity, role, and interpersonal relation constitute the elements, or building blocks, of the microsystem (Bronfenbrenner, 1979). At the micro level, these interactions transpire via peer-to-peer interactions, student-staff interactions,

student-faculty interactions, faculty-staff interactions, campus experiences, student obligations, cultural norms, attitudes, and family influence.

Each building block within the microsystem influences how students, faculty, and counseling center staff perceive the use of campus counseling services and programs to address the mental health needs of the student body. Each building block also influences their perception on the strategies used to increase participation in these services. After the data was coded, the building blocks in the microsystem that influenced participants' perceptions were determined to be Student–Staff Interactions, Student–Faculty Interactions, Campus Experiences, and Cultural Norms and are illustrated. The building blocks were used to determine the influences for the perceptions of counseling center staff, faculty, and students of the use of counseling center programs and services to address the mental health needs of its student body and their perceptions of the strategies to influence participation in the counseling center services and programs. The researcher discussed the data and results of this study in the context of the social ecological systems theory in Chapter 5.

Teaching, researching, writing, coordinating, and leading describe the researcher's 12-year career in higher education as an educator and lead faculty. Prior to designing and executing the methodology for this study, the researcher had obtained 12 years of teaching experience at three higher education institutions that include two technical colleges, and one HBCU. The HBCU is where the researcher gained four years of her teaching experience. For four years, as a faculty member, the researcher was in direct interaction with a predominantly African American student body at an institution with a nonselective admissions policy. While advising students, the researcher became cognizant of some of the students' reluctance to utilize the counseling services, academic or otherwise, the college made available to them. During the early stages of

research, the researcher discovered that research describing the use of counseling services and programs to address the mental wellness needs of its student body on HBCU campuses were scarce. The scarcity inspired the researcher to locate HBCUs to determine what, if any, counseling services and programs to address the mental health needs of its student body were offered. The researcher located 27 HBCUs out of 104 and discovered that 13 of those HBCUs offered a form of counseling, which then created the desire within the researcher to learn how these services were being used. The scarcity created an approach for the researcher to learn the perception on the use of counseling center services and programs to address the mental health needs of students at an HBCU who offers such services for the mental welfare of its students. With this purpose, the researcher opted for a qualitative descriptive single case study design—centered on one HBCU for a predetermined length of time—and developed the following research questions:

RQ1. What are the perceptions of the counseling center staff, faculty, and students of the use of counseling center services and programs to address the mental health needs of its student body?

RQ2. What are the perceptions of the strategies to influence participation in these counseling center services and programs?

While recruiting participants for the study, faculty, students, and counseling center staff were informed of the researcher's background in higher education, the purpose of the research study, and the benefits of participating in this study. Participants would have the opportunity to share recommendations for their, and other HBCUs, to begin understanding the use of these services on campus. The researcher also informed the participants the study also provided them

with an outlet to share their concerns regarding the recent increase in the mental health needs of students on campus and how those needs can best be accommodated (Creswell, 2013).

Description of the Sample

Participants for this study included faculty, students, and current and former counseling center staff resulting in a total of 21 participants for this study. In Table 1, all participants were included and profiled by population. In Table 2, only student participants were included and are profiled by gender and undergraduate classification. In Table 3, only faculty participants were included and profiled by occupational title and gender. In Table 4, only counseling center staff participants were included and profiled by occupation title, gender, and department. A detailed description of each participant follows the presentation of each table.

Students' pseudonyms are denoted by "*SP*." Faculties' pseudonyms are denoted by "*FP*." Counseling Center Staff pseudonyms are denoted by "*CCSP*."

Table 1

Total Number of Participants by Population

Population	Number of participants
Student	16
Faculty	2
Counseling center staff	3
Total	21

Description of Student Participants

The researcher used purposeful sampling (Easton & McColl, n.d.; Glesne, 2016) to recruit student participants for the study. Student participants who were recruited for the study included five African American males and 11 females. One freshman, three sophomores, five juniors, five seniors, and two graduating seniors describe the college classification of each

student participant. Each student participated in a semistructured, one-on-one, in-depth interview with the researcher.

Table 2

Total Number of Student Participants by Gender and Classification

	Classification				
Gender	Freshman	Sophomore	Junior	Senior	Graduating senior
Male	0	1	2	2	0
Female	1	2	3	3	2
Total	1	3	5	5	2

SP1. An African American male who is a senior. His major is Elementary Education. His ultimate career goal is to become a college professor and own a charter school. He says having access to mental health services and programs in college will help him to achieve his ultimate career goal by aiding in his maturation as he prepares to become an educator.

SP2. An African American female who is a sophomore. Her major is Criminal Justice and her ultimate career goal is to become a forensic psychiatrist. She says having access to mental health services and programs in college will help her to achieve her ultimate career goal by encouraging her to seek counseling services and programs when experiencing stress, anxiety, or depression.

SP3. An African American female who is a senior. Her major is Mass Communications and her ultimate career is to become a traveling speech pathologist. She says having access to mental health services and programs in college will help her to achieve her ultimate career goal by encouraging her to seek counseling services and programs when the need to communicate about her mental well-being arises.

SP4. An African American male who is a sophomore majoring in Sociology with a minor in Forensics. His ultimate career goal is to secure gainful employment in a Correctional Facility or working with veterans. He says having access to mental health services and programs in college will provide him the skills needed to improve his interpersonal communication for the workplace with a population who may be suffering with mental health issues.

SP5. An African American female who is a senior. Her major is sociology and her ultimate career goal is to own a private counseling practice. She says having access to mental health programs and services in college will provide alternative ways to relieve stress by providing her with a counselor she can confide in about her concerns.

SP6. An African American female who is a freshman. Her major is Health Science and her ultimate career goal is to become an OB GYN. She says having access to mental health services and programs in college will help her to achieve her career goal by providing an outlet to channel the stressors of being a college student.

SP7. An African American male who is a junior. His major is criminal justice and his ultimate career goal is to become a lawyer. He says having access to mental health services and programs in college will help him to achieve his ultimate career goal of becoming a lawyer by offering methods to manage stress associated with college, family, and oneself.

SP8. An African American female who is a junior. Her major is Social Work. Her ultimate goal is to become a Social Worker. She believes having access to mental health services and programs in college will help her to achieve her ultimate career by offering resources to manage stress and promote achievement in the midst of the stress.

SP9. An African American female who is a senior. Her major is also Social Work. Her ultimate goal is also to become a Social Worker. She says having access to mental health

services and programs in college will help her to achieve her ultimate career goal by offering resources to manage stress for herself and families.

SP10. An African American male who is also a senior majoring in Social Work. His ultimate career goal is to become a school counselor. He says having access to mental health services and programs in college will help him to achieve his ultimate career goal by illustrating the hallmarks of effective counseling practices.

SP11. An African American male who is a junior majoring in Health Science. His ultimate career goal is to become a Physical Therapist. He says having access to campus counseling services in college will help him to achieve his ultimate career goal. Because college can become stressful at times, it's necessary to have a strong support system that can provide help when needed.

SP12. An African American female who is a senior majoring in mass Communication. Her ultimate career goal is to secure gainful employment in her career field. She believes having access to mental health services and programs in college will help her to achieve her career goal by providing her with a counseling professional to assist her in coping and solving issues related to stress.

SP13. An African American female who is a graduating senior majoring in Mass Communications. Her ultimate career goal is to become a journalist. She believes having access to mental health services and programs in college will help her to achieve her ultimate career goal by bringing a personal awareness to one's mental health.

SP14. An African American female who is junior majoring in Sociology with a minor in Psychology. Her ultimate career goal is to become a Child Psychologist. She believes having access to mental health services and programs in college will help her to achieve her ultimate

career goal in certain ways; for example, she could work as an intern in the campus counseling center on campus to gain professional experience for her future workplace.

SP15. An African American female. She is a graduating senior majoring in Sociology. Her ultimate career goal is to become a Social Worker. She believes having access to mental health services and programs in college will help her to achieve her ultimate career goal because if effective, such counseling can provide personal and professional guidance for students as they matriculate through their college years.

SP16. An African American female who is a junior majoring in Sociology. Her ultimate career goal is to become a counselor in the prison system and be promoted to Warden. She believes having access to mental health services and programs in college will help her to maintain her mental wellness and effectively counsel inmates.

Description of Faculty Participants

Purposeful sampling (Creswell, 2013; Easton & McColl, n.d.) and snowball sampling were used to recruit the faculty population for the study. The researcher recruited one African American male faculty and one Caucasian American female faculty for the study. Each participated in a one-on-one semistructured, in-depth interview with the researcher.

FP1. A Caucasian American female and a full time Associate Professor currently teaches and describes her duties to be primarily teaching and advising. She's held her position for 6 years and currently holds no other positions at the college. She states there has been an increase in mental health needs of today's college students—namely, overall in their campus population. As a result, she believes the counseling center staff can provide more counseling to the student body.

Table 3

Total Number of Faculty Participants by Gender and Occupational Title

	Occupational title	
Gender	Chair, instructor	Associate professor
Male	1	0
Female	0	1
Total	1	1

FP2. An African American male is an interim chair and instructor. He's been an

instructor 9 years and the interim chair for a year and half. He does not hold multiple positions at

the college and believes there has been an increase in the mental health needs of today's college

students. In his conversations with students, FP2 has noticed more of those conversations

centering on depression. He also believes the counseling center staff can serve more of an active

role in accommodating these needs of the student body.

Description of Counseling Center Staff

The college's Counseling Center Staff consists of two personnel, which includes the

director and the administrative specialist. The researcher secured multiple interviews with the

director, Counseling Center and also interviewed the counselor, Student Support Services. The

Counseling Center and Student Support Services are two separate departments on campus.

However, because the Counseling Center on campus is staffed with two personnel, the

counselor, Student Support Services also moonlights as a counselor for the Counseling Center.

The former director, Counseling Center was also interviewed because she served as the director,

Counseling Center for 2 years. The administrative specialist for the Counseling Center did

not respond to the researcher's request to be interviewed. As a result of these findings, the

researcher deemed it necessary to include the department of each of the Counseling Center Staff

in Table 4. Both departments are housed within the Division of Student Affairs. Each counseling center staff participated in a semistructured, one-on-one, in depth interview with the researcher.

CCSP1. A counselor in Student Support Services, she has held that position for five years. She has an extensive background in mental health and before assuming this role, she worked within mental health and disabilities for 20 years. As a counselor, Student Support Services, her responsibilities primarily include working with first generation college students, low income college students and/or people who have a disability. Her office consists of a director and a supplemental instructor, in math, a supplemental instructor, in English and a secretary. She believes students on campus can use additional counseling services to help them cope with issues of stress and depression, but does not believe mental health counseling is needed per se.

CCSP2. Director of the campus counseling center, she has held that position for five years. Her overall job duties are to provide personal, academic, career, and disciplinary counseling services to students on campus. She believes due to the college's student demographics, the students have more challenges than other students at other institutions. She sees students on the campus suffering from stress, anxiety, and depression.

CCSP3. Formerly an assistant counselor and testing assistant in the counseling center, who after 12 years, was promoted to the director of the counseling program. Two years later, she was promoted to Dean of student affairs. However, while in the counseling center, she was primarily responsible for ensuring quality counseling services that address the psychological, personal, intellectual, and in some cases, financial, were provided. Because the volume of students have increased on their campus, she does believe the need for counseling services and programs that address the mental health needs of the study body has also increased.

Table 4

Total Number of Counseling Center Staff Participants by Gender and Occupational Title

	Occupational title		
Gender	Director	Former director	Student support services counselor
Male	0	0	0
Female	1	1	1
Total	1	1	1

Research Methodology and Analysis

Case Study

The researcher used a qualitative descriptive single case study to (a) investigate the perceptions of the students, counseling center staff, and faculty on the use of counseling center programs and services to address the mental health needs of its student body and (b) investigate their perceptions on the strategies used to influence participation in these programs and services. Using a case study allowed the researcher to retain a real-world perspective while investigating the influences upon participants' perception (Yin, 2018). The qualitative descriptive single case study design was first selected so the researcher could understand one research target— organization, policy, relationship, place, person, or a phenomenon—well (Merriam & Tisdell, 2016; Stake, 2010). The descriptive single case study design was also selected because it is suitable for investigating a real-life, modern bounded system over time and place using detailed and in-depth data collection involving multiple sources of information (Creswell, 2013). The case study research design was also suitable for this study because it was impossible to separate the phenomenon's factors from its context (Merriam & Tisdell, 2016). Thus, to determine the factors influencing participants' perception on the use of the counseling center services and programs and strategies used to influence participation of these services and programs, the study

71

needed to be conducted in the participants' primary setting (Bronfenbrenner, 1979), which is the

college campus.

The researcher selected one HBCU as the research target for the study. The study was

conducted during the fall 2019 semester with a total of 21 participants—16 students, two faculty,

and three counseling center staff. The researcher conducted class presentations and distributed

Business Cards to recruit students for the study. Faculty and counseling staff were recruited via

an informal meeting with the researcher and also the use of the Business Cards.

Data Collection

To collect the data for this study, the researcher used qualitative documents, qualitative

semistructured, one-on-one in-depth interviews, and field notes. Due to the absence of

enrichment workshops, seminars, and outreach efforts during the semester the study was

conducted, the researcher removed qualitative observations as a data collection method and

replaced it with researcher's field notes (Yin, 2018). As a result, data was collected via

qualitative documents, qualitative semistructured, one-on-one in-depth interviews, and field

notes.

The researcher used triangulation and member checking to ensure accurate representation

of participants' views and gave participants the opportunity to share additional ideas and

interpretations (Creswell, 2014; Glesne, 2016) of the interview data. The counseling center staff

and faculty participants were also provided with a semi-polished summary of the study's

findings from the data to provide critical and constructive responses to the accuracy of the data

(Creswell, 2014; Stake, 2010).

Data Analysis

The collected data was coded in three cycles—precoding, second cycle, and third cycle (Saldaña, 2016). During precoding, the researcher used in vivo coding. In the first cycle, the researcher used descriptive coding (Saldaña, 2016). Finally, in the second cycle, the researcher used the constant comparison method to discover emerging themes within the data (Creswell, 2013; Yin, 2018).

Interviews. The researcher transcribed and coded each of the participant's interview data. NVivo Transcription Services was used to transcribe each of the participant's interviews. The interview data provided each participant's perception of the use of counseling services and programs to address the mental health needs of the students and strategies used to influence participation of these services and programs. Once transcribed, the researcher reviewed each transcription in conjunction with its audio for accuracy within the NVivo Transcription Services database. After the review, the researcher uploaded each participant's transcription into the participant's private electronic file housed on the researcher's password protected computer.

Transcribed data was also coded in three stages—precoding (initial) coding, first cycle coding, and second cycle coding (Saldaña, 2016). Using in vivo coding, the researcher extracted words and short phrases from the participant's own language in the data records to provide a rationale for participants' perception on the use of the counseling center services and programs (Saldaña, 2016). The researcher recorded the in vivo codes as nodes in the NVivo 12 Pro database. The nodes were exported to excel creating a codebook for each in vivo code created during the precoding cycle. To categorize the in vivo codes devised during the initial cycle of coding into broader categories, the researcher began the first cycle coding using descriptive coding (Saldaña, 2016) to categorize the in vivo codes into broader categories that could be used

to answer the research questions. The researcher used the constant comparison method to identify which descriptive coding categories devised during the first cycle of coding was comparable to the tenets of the theoretical framework.

The researcher used the social ecological systems theory to analyze the data for this study. In the social ecological systems theory, Bronfenbrenner (1979) describes four systems of influence upon an individual and divides them into the microsystem, mesosystem, exosystem, and macrosystem. Each system contains its own set of building blocks of influence. The researcher made use of the microsystem from Bronfenbrenner's theory to analyze the data for this study. The researcher discussed the data and results of this in the context of the study's theoretical framework in Chapter 5.

Constant comparison was used to determine and select the direct building blocks from the microsystem that influenced participants' perception on the use of counseling center services and programs to address the mental health needs of the student body and on strategies used to influence participation in these services and programs. The constant comparison method yields indefinite categories for further comparison of the data (Merriam & Tisdell, 2016). Those codes were compared to the descriptive coding categories (Table 10) devised during the first cycle of coding to determine which of them was comparable to the tenets of the social ecological systems theoretical framework (Bronfenbrenner, 1979). Participants' responses were matrixed by a constant comparison of codes that were determined to be the building blocks of influence from their microsystem. At the microlevel, these building blocks are student-staff interactions, student−faculty interactions, faculty−staff interactions, campus experiences, and cultural norms.

Table 5

Codes for Student Interviews

In vivo code	Descriptive code	Constant comparison code
"Never there"	Absenteeism	Student–staff interaction
"Let us know about services"	Advertisement	Campus experiences
"Pray about it"	Faith	Cultural norm
"Don't know about services	Awareness	Campus experiences
"Need more people in the counseling center"	Shortage	Campus experiences
"Information gets out"	Confidentiality	Student-staff interaction
"Don't value counseling"	Stigma	Cultural norm
"Prefer to talk to faculty member"	Faculty	Student-faculty interaction
"Let us see you"	Absenteeism	Student-staff interaction
"Not approachable"	Perception	Student-staff interaction
"Nosey"	Confidentiality	Student-staff interaction
"Preaching vs. teaching	Approach	Student-staff interaction
"Don't want to be judged"	Stigma	Cultural norm
"Reach out to us"	Outreach	Campus experiences
"Where it is"	Location	Campus experiences
"Check on us"	Outreach	Campus experiences
"No communication with students"	Outreach	Campus experiences
"Students are going through"	Stressors	Attitude

Documents. To learn the perceptions of the counseling center staff, faculty, and students of the use of counseling center programs and services and strategies used to influence participation in these services and programs, data was also collected using counseling center artifacts. The first set of documents collected and reviewed were pamphlets addressing the counseling needs of students. These documents were important to the study because they provided evidence to the counseling center's strategies to influence participation in their counseling services and programs by way of outreach and information dissemination. A total of 11 pamphlets were collected.

Table 6

Codes for Faculty Interviews

In vivo code	Descriptive code	Constant comparison code
"Don't take advantage of services"	Help-seeking	Cultural norm
"Don't seek help on their own"	Help-seeking	Cultural norm
"High school vs. college environment"	Stressor	Attitude
"Pray about it"	Faith	Cultural norm
"Faculty send students to the counseling center"	Referrals	Campus experiences
"Too many responsibilities for director"	Shortage	Campus experiences
"Tell students about the campus counseling center"	Awareness	Campus experiences
"Students prefer to talk with faculty"	Evaluation	Student-faculty interactions
"Where it is"	Location	Campus experiences
"Be a man about it"	Stigma	Cultural norm
"Don't want to be seen as crazy"	Stigma	Cultural norm
"Workshops"	Outreach/student involvement	Campus experiences
"Students do not believe information would be safe"	Trust	Student-staff interactions
"More counselors"	Shortage	Campus experiences
"Licensed counselor/community mental health provider"	Staff shortage	Campus experiences
"Administrative support"	Administrative support	Faculty–staff interactions

Other artifacts examined consisted of the counseling center's Evaluation Form (see Appendix L), which details the statistical use of the campus counseling center and results of the evaluation students completed on the campus counseling center (Merriam & Tisdell, 2016). The Narrative Report for Objective 2 (see Appendix I) is an official college report detailing the use of the counseling center, and students' evaluation responses about the counseling center.

Table 7

Codes for Counseling Center Staff Interviews

In vivo code	Descriptive code	Constant comparison code
"Don't take advantage of services"	Help-seeking	Cultural norm
"Don't seek help on their own"	Help-seeking	Cultural norm
"Services are available"	Help-seeking	Cultural norm
"High school vs. college environment"	Stressor	Attitude
"Pray about it"	Faith	Cultural norm
"Walking billboard"	Advertisement	Campus experiences
"Tell students about the campus counseling center"	Awareness	Campus experiences
"Freshman orientation"	Awareness	Campus experiences
"Enrollment orientation"	Awareness	Campus experiences
"Feedback from students"	Evaluation	Student−staff interactions
"Students do not believe information is safe"	Trust	Student−staff interactions
"Don't want to be seen as crazy"	Stigma	Cultural norm
"Workshops"	treach/student involvement	Campus experiences
"Game and movie nights"	Outreach	Campus experiences
"Mid-term/disciplinary reasons"	Outreach	Campus experiences
"Licensed counselor/community mental health provider"	Staff shortage	Campus experiences

The Matrix Retention Program (see Appendix K) describes the method used by a contracted licensed counselor who, serving in a time-limited position, provided counseling services to the student population on campus. The documents were provided to the researcher by the director of the counseling center. These documents were an important follow-up to the two interviews conducted with the director of the counseling center and spoke directly to the use of the counseling center and participants' perception of that use as well. The Matrix Retention Program (see Appendix K) provided the method used to determine the recommendations that

should be provided to accommodate the students' counseling needs on campus. The documents served to triangulate the data collected from students and counseling center staff regarding use of the counseling center and completion of evaluations on the counseling center.

The qualitative documents were coded in three cycles—precoding, second cycle, and third cycle (Saldaña, 2016). During precoding, the researcher used in vivo coding. In the first cycle, the researcher used descriptive coding to assign labels to the data gathered from the qualitative documents (Saldaña, 2016). The researcher used the constant comparison method to discover emerging themes from data gathered from the qualitative documents in the second cycle of coding. (Creswell, 2013; Yin, 2018).

Table 8

Codes for Qualitative Documents

In vivo code	Descriptive code	Constant comparison code
"Campus safety pamphlet"	Take a course in campus safety	Campus experiences
"Anger management pamphlet"	Anger and how to handle it	Campus experiences
"Grief pamphlet"	About grief	Campus experiences
andle your problems pamphlet"	solving conflict: finding satisfying solutions	Campus experiences
"College life pamphlet"	Finding your place	Campus experiences
"Time management pamphlet"	ke time to make time: time management skills for students	Campus experiences
"Anxiety issues pamphlet"	Anxiety disorders	Campus experiences
"Narrative report"	Narrative report for objective 2	Student–staff interactions
"Counseling curriculum"	The matrix retention program	Student–staff interactions
"Evaluation form"	unseling center: counseling services evaluation	Student–staff interactions

Field notes. The researcher used an Observation Protocol, Appendix C, to collect field notes. Field notes contain three parts that includes "verbal descriptions of the setting, people, and activities, the substance of conversations and dialogue with the people who are present if applicable, and the researcher's comments, known as reflections, on what is seen" (Merriam & Tisdell, 2016, p. 152). The observation protocol is a two-column table that includes a column for descriptive and reflective field notes. Details describing the location, people, activities, and behaviors were recorded in the descriptive column while the researcher's commentary regarding feelings, reactions, hunches, initial interpretations, speculations were recorded in the reflective column (Merriam & Tisdell, 2016). The researcher visited the campus counseling center and used the observation protocol to describe. Field notes corroborated participants' responses regarding the perception of the use of the counseling center.

The field notes were also coded in three cycles. The researcher used in vivo coding to precode field notes. Descriptive coding was used in the first cycle to assign labels to the data gathered from the researcher's field notes. The descriptive labels helped to identify the word or phrase to assign to a section of data to help categorize it. (Saldaña, 2016). During the second cycle of coding, the researcher used the constant comparison method to discover emerging themes from data gathered from the field notes (Creswell, 2013; Yin, 2018).

Summary of the Findings

This study was guided by two research questions posed to students, faculty, and counseling center staff. The researcher collected data for both research questions using qualitative documents, qualitative semistructured, one-on-one, in depth interviews, and field notes. Sixteen students, two faculty members, and three counseling center staff participated in this study.

Table 9

Codes for Field Notes

In vivo code	Descriptive code
"Location"	Logistics
"Campus environment"	Description
"Counseling center"	Logistics
"In-class presentations"	Recruitment
"Faculty meetings"	Recruitment
"On-campus arrival"	Campus safety
"Interview sessions"	Description
"Workshops/activities"	Campus activities

Note. Constant comparison code was *campus experiences* for all in vivo codes.

Research Question 1

The first research question solicited participants' response on the use of the campus

counseling center's services and programs:

RQ1. What are the perceptions of the counseling center staff, faculty, and students of the

use of counseling center services and programs to address the mental health needs

of its student body?

Students. The data from this study reveals that students perceive their campus counseling

center offers services and programs to address the mental health needs of the student body, but

perceive that these counseling center programs and services to address the mental health needs of

the student body are rarely being used on their campus. Students also perceive they do not have

access to these counseling services and programs to help address their mental health needs but

believe they should have access because most students on their campus suffer from stress,

anxiety, and depression. Subsequently, the students cited faculty, workload, finances, loneliness,

bullying, and grief as additional stressors that can worsen their preexisting stress, anxiety, and

depression. Students believe having access to this help will help them achieve their ultimate career goals and cope with the stressors associated with being a college student.

Counseling center staff. The researcher collected data from the counseling center staff using semistructured, one-on-one, in depth interviews. The data reveals that the counseling center staff discover that students enroll in college with preexisting mental health issues. The CCSP perceive that their campus counseling center offers services and programs to address the mental health needs of the student body. The counseling center staff also perceive that these counseling center programs and services are being used sparingly by students. Contrary to the students' belief, the counseling center staff say students have access to these counseling services and programs to help address their mental health needs but are not seeking these services and programs.

Faculty. The faculty also perceive that these counseling center programs and services to address the mental health needs of the student body are not being used enough by students. Faculty do believe students are not seeking the services. The researcher collected data from the faculty using semistructured, one-on-one, in depth interviews. The data reveals that the faculty perceive their campus counseling center offers services and programs to address the mental health needs of the student body, but students are not aware of these services. The faculty also perceive the counseling center is understaffed and unequipped to help students make the best use of the services and programs offered to address their mental health needs. The faculty have had multiple experiences where students opted to confide in them and not the counseling center staff. The codes that summarize participants' responses to RQ1 are listed in Table 10.

81

Research Question 2

The second research question solicited participants' response on the use of counseling center's strategies to influence participation in their services and programs:

RQ2. What are the perceptions of the strategies to influence participation in these counseling center services and programs?

Students and faculty. Both perceive strategies to influence participation in the counseling center services and programs need improvement to increase students' participation of these services and programs. Many of their recommendations mirror the reasons rationalizing their perception on the use of these services and programs.

Counseling center staff. The counseling center staff admits to the absence of promoting and advertising strategies to influence participation in the counseling center services and programs. While they too perceive the current strategies being used to increase students' use of its services and programs are in need of improvement, they are pleased with the current efforts of the counseling center staff. The codes that summarize participants' responses to RQ2 listed in Table 11.

Presentation of Data and Results

The presentation of the data and results were organized by the two research questions for the study. For each research question, the researcher presented participants' responses using the building blocks of influence in participants' microsystem that answered each research question. Pseudonyms are used to denote student, faculty, and counseling center staff' responses. Faculties' pseudonyms are denoted by "*FP*." Students' pseudonyms are denoted by "*SP*." Counseling Center Staff pseudonyms are denoted by "*CCSP*."

Research Question 1

The data collected from the interviews, documents, and field notes revealed data that respond substantially to Research Question 1: What are the perceptions of the counseling center staff, faculty, and students of the use of counseling center services and programs to address the mental health needs of its student body? All of the participants' responses described the use as infrequent. Analyzing their responses revealed nine descriptive codes rationalizing their perception (see Table 10).

Table 10

Participants' Coded Responses to Research Question 1

Descriptive code	Constant comparison code	Counseling center staff	Students	Faculty
Location	Campus experience	3	5	2
Awareness	Campus experience	0	14	0
Confidentiality	Cultural norm	0	7	1
Understaffed	Campus experience	2	9	2
Advertise and promote	Campus experience	0	11	0
Faculty	Student−faculty interactions	0	3	2
Faith	Cultural norm	1	3	1
Stigma	Cultural norm	3	6	2

Campus experience: Awareness. Of the eight, awareness, understaffed, advertise and promote, and stigma were the common responses amongst participants. Responses from 14 student participants described their lack of knowledge of the campus counseling center, its services and programs, and the counselor. The researcher learned from CCSP2, the director of the counseling center, that students are introduced to counseling center services, programs, and the counselor during Freshman Orientation. Freshman Orientation is a two-week-long session designed to orient students to the college during their first semester before the semester begins.

83

In describing the orientation, CCSP2 says "they [students] arrive on Saturday and they see me every day from Saturday-Sunday and in that time, I explain who I am and where my office is located." CCSP 2 is also the coordinator of the Freshman Orientation program and according to her, it is students' first introduction to the campus counseling center and its resources. Although the CCSP and FP did not cite awareness as a reason for the infrequent use, 14 of the 16 student participants did.

SP5, a senior, attended Freshman Orientation and says, "I was introduced to the counselor, but there was no in-depth discussion of services and programs offered." One of the students, SP6, was a freshman student during the semester of the study and did not recall any experiences with Freshman Orientation. She says, "I just don't know about them [campus counseling center, services, and programs]. It would be best to know who I can go to as a point of contact, so I don't have to search to find who I need to talk to because over time, I'm just going to quit." Another student, SP11 is a transfer student classified as a junior. As a transfer student, he did not attend Freshman Orientation. There was also no advertising or promotion of the campus counseling center that he saw and says, "I had to figure it out or learn about things on campus from other students. I was overwhelmed and I felt lost." By virtue of being an institution of higher learning, SP11 concluded a campus counseling center was present on campus. He says, "there were no formal announcements about one. But for me, the counseling center and its programs and services are kind of nonexistent and I didn't really know about it because I don't see it a lot. A lot of students don't even know about it [counseling center] like that." The other student participants' perception of awareness align with those of SP6 and SP11 and is summed up by SP1, a senior, who says, "students have to be aware that it's [counseling center services

and programs] there first and they have to be aware of the services that it [campus counseling center] offers first." Fourteen out of the 16 student participants shared this sentiment.

Campus experiences: Understaffed. Having an understaffed counseling center is the third most cited reason from each group of participants. Nine students, two counseling center staff, and two faculty participants described the campus counseling center as being understaffed. The campus counseling was staffed with a director and her administrative specialists and all participants agree that more counseling staff are needed to adequately meet the counseling needs of the students. FP1 describes the staff as outnumbered in its ratio to counsel an entire campus of students. FP1 describes the student population as one experiencing family and home issues and need counseling to create a healthy balance. FP1 believes the counseling center staff can implement strategies to curb students reluctance to use their services, but the current counselor is overwhelmed with her other duties and simply does not have the time needed to develop strategies to increase the use of the counseling center. FP1 also believes she is aware of the counseling needs of the students here on campus, but time in addressing them is a factor for her. Part of the challenge lies in the college being understaffed. FP2 agrees that even her most concerted efforts to reach out to students and/or counsel the referred students can be easily thwarted by any of our other positions that she possibly has on campus.

Serving in additional leadership roles on campus for FP2 not only impacts students' use of the counseling center. He says, "the counselor is over different organizations and this creates too many opportunities for conflicts of interest. FP2 asserts that because the counselor is also the person who exacts disciplinary actions upon students makes students reluctant to also be counseled by her. Instead of seeking the counseling they need, he finds out later that many students opted to remain in their rooms for days and eventually end up withdrawing from school

all together. After analyzing the student and counseling center participants' responses, they too agreed for various reasons. Their responses are detailed in the next section that describes participants' perception of the current strategies being used to influence participation in the counseling center's services and programs.

      Campus experience: Advertise and promote. Lack of advertising and promoting was the next most common response from SP. The challenge for students here is that they do not see constant advertising and promoting of the campus counseling center and its resources. In addition to their introduction during Freshman Orientation, the students prefer constant reminders of the campus counseling center, counselor, and its resources. SP1 says it [counseling center services and programs] needs to be more broadcast and pushed out more often. In her two years of attending the college, SP2 has not seen any advertising or promoting of counseling services and programs. SP3 is in her senior year, and speaking specifically to her senior year, she has not seen any advertisement, promotions, or reminders about the counseling center or its programs and services. SP8 has not either, not even on the new flat screen television monitors. She says they just got these TVs up where they are promoting the event that's going on around campus. And I look at them from time to time, but I can't remember the last time I saw something about the counseling center. She says she found out about the counseling center her senior year from a friend. Eleven student participants cited advertising and promoting as a key influencer of the use of the campus counseling services and programs.

      Campus experience: Stigma. Cultural and gender stigmas still surround the use of help-seeking. Both stigmas are operating amongst the student body at the college and accounts for yet another reason students opt not to visit the counseling center. Nine of the participants cite stigmas as a primary deterrent in students' use of the counseling center. For one, the topic of

mental health is rarely discussed on the college's campus. This silence is perpetuating the taboo that surrounds the idea of mental health in the African American community. Perception is integral in students' decision to use, or not use, the campus counseling center. One of the stigmas he explained is the attitudes of the males on campus regarding help-seeking. Most of them are reluctant to seek the help on their own. Masculinity is important to a man and seeking counseling services for them can compromise it. SP4 is a sophomore and believes males do not seek counseling even though they may need it. Even when his brother passed, SP4 did not seek counseling, He says, "as a male, I should be tough enough to handle the grief on my own and not reveal my problems to anyone else because I am a male." The general consensus amongst these participants is that that females will seek counseling on their before males will even though they may need it. Three counseling center staff, six students, and two faculty participants cited stigmas as an influencing factor of their perceptions.

The least described reasons for the infrequent use of the campus counseling center and its resources included confidentiality, faith, faculty, and location. Confidentiality, raises major concerns for the students. The college's enrollment is 615–620 students. Participants described the campus as a family unit and most of the student body is comfortable with the faculty and staff on campus. With the size of the campus and number of enrolled students, confidentiality was cited as a major concern of the student participants. FP2 says students would tell him, "I don't want to go over there [campus counseling center] when he recommended they seek help on their own. Many of the students confide in some of the faculty members at the college more so than the counselor in the counseling center. FP2 says, "the faculty as a whole are used heavily to talk to the students. Some of the female faculty are matronly figures and students will visit them in their offices to talk well past 6:00 p.m. in the evening. Some faculty members are people some

students just prefer to talk to; they feel comfortable." Some of the students are also more comfortable talking with FP2, but he wants them to go the counselor. However, students described one of the reasons for their reluctance is due to gossip. While FP2 does not know whether confidentiality is an issue or not, students have confided in him and shared this reputation of the campus counseling center. He says, "in speaking with a young lady in my office and recommending her to the counseling center, she said that she's [counselor] probably going to spread my news and gossip about me."

Students do not believe their information would remain confidential. Seven out of the 16 students interviewed cited confidentiality as an issue one of the reasons they perceive the use of the counseling center and its services to be infrequent. SP16 describes her experience of confidentiality breach with her friend who suffered a nervous breakdown in her room. She says, the counselor who was called came to the dorm and to talk to my friend. Because I was present, my friend was very open with the counselor. The next time we were in the presence of someone else, she [counselor] asked about my friend and was not mindful of the surroundings. Even though that is my friend and she confided in me, she could have shared new information with the counselor.

The consensus amongst the students is that their information would not remain confidential and the mere thought of a confidentiality breach deters his use of the counseling center. According to the National Council on Disability (2017), confidentiality is a concern for students and most of them, if believed their information is not private, will not use their counseling center on campus. The student participants in this study did not want to take the risk that their business will be shared and cited confidentiality a key reason other students also may not use the counseling center. Seven students and one faculty cited confidentiality as a concern.

Multiple participants dubbed faith as another deterrent rationalizing students' infrequent use of the campus counseling center. The college is affiliated with the Baptist denomination and the chapel sits in the middle of the campus. The chapel is also the tallest building on campus. The students see the spiritual value in using prayer to assist them when and where applicable; they also seek to understand the benefits of professional counseling practices and for the students, not getting enough of the latter is another factor that leads students away from the counselor center. The students see the spiritual value in using prayer to assist them when and where applicable; they also seek to understand the benefits of professional counseling practices and for the students, not getting enough of the latter is another factor that leads students away from the counselor center. Three of the student participants believe there is an on overreliance on prayer to meet the counseling needs of the student body while one faculty and counseling center staff participant believe the same.

Finally, location was also described as a least deterrent. The campus counseling center is housed in the upstairs portion of a highly visible administrative building whose name appears on a sign on the front lawn of the building. Because the building is named after a donor, the posted name does not reveal the purpose of the building on campus. Upon entering, the researcher learned that this building also houses another department on campus. Three counseling center staff, five students, and two faculty participants found the location of the campus counseling center not conducive to counseling students. SP10 says the current location is not private and he would rather visit a counseling center that is more discreet. He says the counseling center should be relocated to one of the newer, more discreet administration buildings on campus. The current counseling center is in an older building and that is uncomfortable including the lighting and the furniture. It does not feel like a counseling center. SP3 has major concerns about the location and

says because the counseling center and another office are in the same building, it creates a

problem for students. She says students only go there for the other office and are more than

likely unaware that a counseling center is also in that building. As a result, SP3 finds the location

weird and would have the counseling center moved into a welcoming and bright building that

offers a safe space for students to have a private conversation with a counselor. SP4 finds the

location to be too far in distance for students. According to SP4, the campus counseling center

should be located in the front of the admissions building because it is considered the heart of

campus. SP6 and SP7 both know the campus counseling center for its other office, so for them,

the counseling center is the same as that other office.

Research Question 2

The second research question for this study solicited participant's perception on another

aspect of the campus counseling services and programs. When asked what their perceptions on

the strategies being used to influence participation in the counseling services and programs,

participants acknowledged the efforts of the counseling center, but described their efforts to be

weedy. Advertise and promote, outreach, grief counseling, and an increase counseling center

staff are the four areas participants cited. Analyzing their responses revealed 10 descriptive codes

rationalizing their perception (see Table 11).

Campus experience: Advertise and promote. Thirteen of the 16 students cited the need

for more advertising and promoting. One faculty and one counseling center staff also described

additional needs for advertising and promoting. Beyond freshman orientation, ongoing

advertising and announcements about the campus counseling center services and programs are

not happening as often as the students would prefer to see it. FP1's recommendation includes

leveraging technology, such as e-mail, to advertise and promote the counseling center programs

and services. Weekly announcements was another practice for improvement was recommended by the students. The students described their weekly assembly as the ideal space for the announcements because of the students are already present and come to expect the announcements. In their announcements, the campus counseling center can announce that counseling services are available and even broach a topic on mental health. Many of the students believe this is a great time to promote the counseling center and its services and programs and even talk about mental health.

Table 11

Participants' Coded Responses to Research Question 2

Descriptive code	Constant comparison code	Counseling center staff	Students	Faculty
Workshops	Campus experience	1	6	2
Outreach	Campus experience	0	11	2
Student involvement	Campus experience	0	9	1
Awareness	Campus experience	0	7	0
Grief counseling	Campus experience	2	10	1
Increase counseling center staff	Campus experience	2	9	2
Advertise and promote	Campus experience	1	13	1
Referrals	Faculty-staff interactions	3	0	2
Administrative support	Faculty-staff interactions	1	0	2
Location	Campus experience	2	0	2

Social media was another practice students recommended. The college has a community network online and these students described them as ideal online location to begin advertising and promoting services. Creating social media pages to enhance digital advertising efforts was also described as effective advertising and promoting by the students. The campus counseling center can leverage technology to advertise and promote their services by using the current communication channels of the college.

Finally, students cited guerilla marketing as another practice. Using flyers and posters by placing them caf, dorms, and bulletin boards around campus can also be used to advertise and promote the counseling center's services and programs. The use of display tables and class presentations are also examples of the flamboyant advertising and promoting students want to experience throughout the school year.

Campus experience: Outreach. Eleven students and two faculty prefer to see current outreach efforts enhanced. The results from this study show that students are reluctant to use campus counseling services, so it is not surprising that faculty and students cite more outreach. Students also want to be involved. Nine students cited student involvement as a challenge on campus. Outreach could be one way to involve them. The campus counseling center staff reaches out to students during mid-term point in the semester, when behavioral issues arise, or a tragedy has taken place; however, the students would like to see more outreach efforts beyond these experiences. Conducting wellness checks, follow-ups, and academic checks as well as facilitating class presentations and attending students' extracurricular activities were the outreach practice recommendations from students and faculty.

Campus experience: Grief counseling. Students' responses highlighted a strong need for grief counseling. Ten of the 16 students described that concerted efforts to provide grief counseling efforts are needed. Two of the counseling staff agree that more grief counseling is needed. There were two student deaths on campus that student participants recalled. There were also deaths students had experienced in their own families. In their responses, they described their current method of grief involved themselves and peers; however, they would have liked to have obtained some form of grief counseling from their campus counseling center. One of the students preferred to have an extended meeting time with the counselor to grieve properly, but

the other nine students did not elaborate on the specific grief services they would prefer. Simply

not knowing what the options are could have accounted for this. The counseling center

recognizes grief as area of concern for the students and described their efforts to streamline

outside referrals for grief counseling services with one of those resources being the campus

Chaplain.

        Campus experience: Increase counseling center staff. Participants believe the campus

counseling center is understaffed and increasing the counseling staff would increase participation

of the services and programs. Two faculty, two counseling center staff, and nine students are in

favor additional counseling center staff. The student to counselor ratio at the time of this study

was 600:1. The campus has a little over 600 students enrolled and when issues that warrant

counseling arise, there is only one counselor for students to see. There is only one counselor in

the campus counseling center. The counselor center agrees that it can become difficult to manage

the increase of students who need counseling. As a result, she recommends some of those

students to the Counselor in the Student Services Support department who is also credentialed to

counsel students. Faculty participants asserted that professional counselors with a specialization

in various areas are needed on campus. While conducting this study, the researcher learned that a

licensed counselor volunteered to counsel students on campus independent of the campus

counseling center in an unspecified time-limited capacity. This licensed counselor facilitated a

group therapy session using a cognitive behavioral model to help the participants understand

their thoughts, feelings, and emotions that lead to certain behaviors as stated in the Matrix

Retention Program document (see Appendix K). At the conclusion of his work, one of his

recommendations confirmed the need for the campus counseling center, its staff, and the current

work they're doing to accommodate the counseling needs of the student body. In his second

recommendation, he described students' need for community mental health services. The counseling center staff recognized that a benefit of having him on campus provided students with another counselor with whom to communicate, which is what students expressed they wanted.

Students described that additional counselors would also mitigate bias and virtually eliminate the waiting period they occasionally encounter when the counselor is unavailable. For students, multiple counseling center staff can operate as a team in addressing the counseling needs of the students and advertising and promoting those services. The students are also in favor of having male and female counselors, non-Greek counselors, and licensed counselors on campus.

Administrative support, location, student involvement, referrals, workshops, and awareness were the areas least cited by participants for improvement. Securing administrative support would aid the counselor's efforts to increase the use of the services and programs and FP1 recommends a transactional dialogue between faculty and staff and administration. Currently, faculty are not engaged to offer feedback on college programs and services. Information regarding it, particularly the use of referrals, is shared during some faculty and staff meetings. FP2 believes that the college administration engages the director of the counseling center and then the director engages the faculty and students in some way to provide feedback. One CCSP and two FP described administrative support as area in need of improvement.

Location is another area cited for improvement. All of the participants agreed that changes in the location and structure of the campus counseling center can increase students' use of it. The location should be more accessible and he also recommends that the center include multiple, private offices to accommodate student conferencing. The atmosphere of the campus counseling center has to be conducive for counseling students. The location of the campus

counseling poses a concern for the counseling center as well a better venue for the counseling

services would best accommodate the students. Also, nine students and one faculty member cited

a need for more student involvement. Student participants described the various student

organizations on campus that the campus counseling center can partner with to increase

participation in the counseling center services and programs. Participants also asserted that this

partnership can alleviate the workload of the campus counselor. At the time of this study, there

was only one counselor for the student body on this campus.

Worth mentioning from the results are workshops and awareness. The latter was cited by

participants as a reason for the infrequent use and again as an area in need of some refining. One

CCSP, six SP, and two FP recommend hosting more workshops on topics that point toward

counseling services for faculty and students. Facilitating informative workshops for faculty

would help them to help students use the counseling center. Workshops that center on mental

health, counseling and student stressors will help students to understand its use. With more

education and information, can help to eliminate the stigma of using counseling. The workshops

can provide a form of counseling they can seek to handle these issues. While the campus

counseling center does not host workshops that center mainly on maintaining mental health

needs of the student body, the workshops do center on college topics, such as time management,

academics, overcoming stress, that affect college students. These workshops are held throughout

the semester and in students' dormitories. Like these workshops, participants' are pushing to

have similar workshops on topics related to mental health topics and the counseling center's

services and programs that can address their mental health concerns.

Seven students cited awareness. In responding to the perception of the strategies being

used to promote use the counseling center and its resources, students emphasized the need for

awareness. The researcher learned from CCSP 2 that students are made aware of the counseling center services and programs during freshman orientation and enrollment recruitment events. Hosting orientation is a best practice in education because it introduces the many facets of college into digestible portions for the new students. In the same way, it is equally effective for the campus counseling center and its resources because in addition to being introduced to these resources, the introduction can help to normalize mental health and counseling (National Council on Disability, 2017). The counseling staff coordinates Freshman Orientation and Enrollment Recruitment and incorporates awareness of those services and programs into them. Although they are informed during freshman orientation, students want to be aware throughout the fall and spring semesters.

Chapter 4 Summary

Sixteen students, two faculty, and three counseling center staff participated in this study. The data they provided answered the two research questions that guided this study:

RQ1. What are the perceptions of the counseling center staff, faculty, and students of the use of counseling center services and programs to address the mental health needs of its student body?

RQ2. What are the perceptions of the strategies to influence participation in these counseling center services and programs?

An analysis of participants' data revealed their perception is that the counseling is used infrequently. Derived from their responses, the eight themes describing the influencers of their perception of the use of the counseling center's services and programs to address the mental health needs of the student body are (a) awareness, (b) advertise and promote, (c) understaffed,

(d) confidentiality, (e) stigma, (f) location, (g) faith, and (h) faculty. Participants cited awareness, advertising and promoting, understaffed, and confidentiality as the major influences.

Faculty and student perceptions of the strategies used to influence participation in these services and programs cite multiple areas of improvement. The counseling center staff are content with its use of their strategies to influence participation. Analyzing faculty and student responses revealed 10 themes describing the influencers for their perception that include (a) advertise and promote (b) outreach (c) grief counseling (d) increase counseling center staff (e) administrative support (f) location (g) referrals (h) workshops (i) awareness. In Chapter 5, the researcher summarizes the results of the study and discusses those in relation to the current literature and theoretical framework. The researcher also discusses the implication of the results for practice, policy, and theory and concludes Chapter 5 with recommendations for further research.

Chapter 5: Discussion and Conclusion

The mental health crisis amongst college students (Cunningham & Prichard, 2019) including African American college students on the campuses of HBCUs (Msilineup, 2015) are evident in the current literature. The need for counseling services and programs that address the mental health of students is also evident in the current literature (Kingkade, 2017; Smith & Ragouzeos, 2019; Watkins et al., 2012). The fact that African American college students need these services as a result of suffering from mental health issues is also described in the current literature (Barksdale & Molock, 2009; Cokley et al., 2017; Goode, 2016; Masuda et al., 2010; Moore et al., 2018; "New Partnership to Support Mental Health," 2016; Primm, 2018). African American college students also experience mental health issues on a similar level as other college students (Primm, 2018). The increased demand for mental health services on HBCU campuses (Kingkade, 2017; Smith & Ragouzeos, 2019; Watkins et al., 2012) and PWIs are documented (Smith & Ragouzeos, 2019). As a result, more attention has been given to mental health issues in college students (Knowlden et al., 2013; Soet & Sevig, 2006), but research describing that attention to African American students on HBCU campuses are scarce.

While some HBCUs offer these services on their campuses, as documented on their institutional websites, research describing the use of these services on HBCU campuses is sparse. Using a qualitative, descriptive single case study design, the researcher investigated participants' perception on the use of counseling center services and programs offered to meet the mental health needs of the student body and the strategies being used to influence participation of them on one HBCU campus.

The study was guided by two research questions:

RQ1. What are the perceptions of the counseling center staff, faculty, and students of the
use of counseling center services and programs to address the mental health needs
of its student body?

RQ2. What are the perceptions of the strategies to influence participation in these
counseling center services and programs?

Recruiting a total of 21 participants for this study, the researcher collected data using one-on-one qualitative interviews, documents, and field notes. The data was coded in three cycles using in vivo, descriptive, and constant comparison coding methods and analyzed using Bronfenbrenner's (1979) ecological systems theory. The purpose of this chapter is to discuss the study's main findings in the context of the ecological systems theory and in relation to the current literature described in Chapter 2. The researcher also discussed the implication of the results for practice, policy, and theory and concluded Chapter 5 with recommendations for further research.

Summary of the Results

Using the data collected from the qualitative interviews, documents, and field notes, the researcher deduced participants' perception of the use of counseling center programs and services to address the mental health needs of its student body to be infrequent. After analyzing the data, the researcher discovered eight themes that responded to RQ1.

Research Question 1

The first research question solicited participants' response on the use of the campus counseling center's services and programs. RQ1: What are the perceptions of the counseling center staff, faculty, and students of the use of counseling center services and programs to

address the mental health needs of its student body? All participants perceive that most students on their campus suffer from stress, anxiety, and depression. Each participant also perceive their campus counseling center offers services and programs to address the mental health needs of the student body. All participants perceive that these counseling center programs and services to address the mental health needs of the student body are rarely being used on their campus.

Students also perceive they do not have access to these counseling services and programs to help address their mental health needs, but believe they should have access because the help is important to have in college to help them achieve their ultimate career goals and cope with the stressors associated with being a college student. Contrary to the students' belief, the counseling center staff say students have access to these counseling services and programs to help address their mental health needs. Both faculty and counseling center staff believe students are not seeking these services and programs (see Table 10).

Students described eight influencers for the infrequent use of the campus counseling center services and programs. Awareness, understaffed, advertise and promote, and stigma are the four most common reasons described by the participants. Fourteen out of 16 students cited awareness as one cause for the infrequent use of the campus counseling center. Nine students, two counseling center staff, and two faculty participants described the campus counseling center as being understaffed. The campus counseling center was staffed with a director and her administrative specialists and all participants agreed, independently of the other, that more counseling staff are needed to adequately meet the counseling needs of the students.

Lack of advertising and promoting was the next most common response from SP. Eleven student participants cited advertising and promoting as a key influencer of the use of the campus counseling services and programs. Cultural and gender stigmas account for yet another reason

for the infrequent use. Six students, three counseling center staff, and two faculty participants

cited stigmas as a primary deterrent in students' use of the counseling center.

Research Question 2

Second research question solicited participants' response on the use of counseling

center's strategies to influence participation in their services and programs: What are the

perceptions of the strategies to influence participation in these counseling center services and

programs? All participants perceive strategies to influence participation in the counseling center

services and programs are in need of improvement to increase students' participation of these

services and programs. Some of their recommendations mirror the reasons rationalizing their

perception on the use of these services and programs. Advertise and promote reappears in

participants' responses to RQ2. Participants described the efforts to advertise and promote the

counseling center and its services and programs to be minimal. As a result, participants not only

described the need for active advertising and promoting, but described suggestions for

implementation. Counseling Center Staff admit to the absence of promoting and advertising

strategies to influence participation in the counseling center services and programs. While they

too perceive the current strategies being used to increase students' use of its programs and

services are in need of improvement, they are pleased with the current efforts of the counseling

center staff. Similarly, in describing their need for addition counselors in the counseling center,

participants described the prototype for those counselors describing them as diverse, non-Greek

affiliated, and licensed. CCSP 2 recognized that insufficient counselors created a challenge for

her. Participants' responses to research question two, the perceptions of the strategies to

influence participation in these counseling center services and programs, revealed the 10 themes

listed in Table 11.

Thirteen of the 16 students cited the need for more advertising and promoting. Eleven students and two faculty prefer to see current outreach efforts enhanced. Students' responses highlighted a strong need for grief counseling. Ten of the 16 students described that concerted efforts to provide grief counseling are needed. Two faculty, two counseling center staff, and nine students are in favor of having additional counseling center staff.

Each theme derived from participants' responses to research questions one and two align with the tenets of the social ecological systems theoretical framework (Bronfenbrenner, 1979). Analyzing the results of the study in this context, the researcher described the direct influences upon participants' perception present in their setting. Dictated by the framework, campus experiences, cultural norms, and student-faculty interactions were the direct influences for participants' perception of the use of the campus counseling center and its resources. Campus experience and faculty-staff interactions are the direct the influences for participants' perception of the strategies used by the counseling center staff to promote participation in these services and programs.

Discussion of the Results

Research Question 1

Results from this study revealed major themes regarding participants' perception on the use of the campus counseling services and strategies to influence this use. Participants in this study described the use of the counseling center services and programs to address the mental health needs of the student body to be infrequent. In their responses, students described awareness as one cause for this use. The results of the study regarding awareness also revealed that students are informed about the campus counseling center, its services and programs, and given a formal introduction to the counselor during two specific activities during the school year.

Following best practices, CCSP asserted that students are informed as freshman during Freshman Orientation Week and Enrollment Orientation Week (National Council on Disability, 2017).

Fourteen student participants, including freshman, sophomores, juniors, seniors, and one transfer student admitted that they prefer to also learn about the campus counseling center, its services and programs, and the counselor throughout the semester. Participants described the ways in which awareness dictates use of the campus counseling center services and programs asserting that they are unable to use these services if they are not aware those services exist. In describing their perception of the strategies used to influence participation of these services and programs, seven student participants emphasized the need for enhanced efforts in ensuring the student body is aware these services and programs are available on campus.

Eleven student participants described ineffective advertising and promoting efforts as another cause for the infrequent use. Thirteen students and one FP described the need for additional advertising and promotion regarding the campus counseling center to influence participation of their services. In their responses, these students described two options that should be considered. One of these options is to make an announcement during the weekly All College Assembly and the other is to leverage the college's current social media channels to make these announcements as well. The one FP asserted that e-mail announcements is another option to consider. One of the CCSP acknowledged the absence of some advertising and promoting efforts and asserted that more are needed.

At the time of this study, the campus counseling center was staffed with a directory and secretary to accommodate the counseling needs of its student body. Nine students, two faculty, and two counseling center staff asserted that having an understaffed counseling center was another cause for the infrequent use. To increase the use, these participants added that an

increase in the counseling center staff is needed. The increase would offer a more practical means to serve a student population of 600 students and offer students additional options for counselors depending upon their need. Additionally, students would have more reassurance of privacy. Seven students and one faculty participant described confidentiality as another cause for the infrequent use. Confidentiality was a major deterrent for these student participants. According to the National Council on Disability (2017), confidentiality is a concern for students and most of them, if believed their information is not private, will not use their counseling center on campus. In the case of this study, the campus counseling center's reputation of breached confidentially concerned these students and they opted not to take the risk in using those services.

The least described reasons for the infrequent use of the campus counseling center and its resources include confidentiality, faith, faculty, and location. Nine of the participants cite stigmas as a primary deterrent in students' use of the counseling center. Three of the student participants believe there is an on overreliance on prayer to meet the counseling needs of the student body while one faculty and counseling center staff participant believe the same. Three counseling center staff, five students, and two faculty participants found the location of the campus counseling center not conducive to counseling students.

Research Question 2

To influence participation in these services and programs, participants described needed improvements in outreach, student involvement, and additional grief counseling options. Eleven students and two faculty prefer to see current outreach efforts enhanced. Nine students cited student involvement as a challenge on campus. Ten of the 16 students described that concerted efforts to provide grief counseling efforts are needed. Two of the counseling staff agree that

104

more grief counseling is needed and explained part of the strategic plan for the counseling center asserting that a partnership would be developed with the campus Chaplain to serve this specific counseling need for the students.

Administrative support, location, referrals, workshops, and awareness were the areas least cited by participants for improvement. Securing administrative support would aid the counselor's efforts to increase the use of the services and programs. All of the participants agreed that changes in the location and structure of the campus counseling center can increase students' use of it. Workshops and awareness were reasons cited for the infrequent use and again as areas in need of some refining. One CCSP, six SP, and two FP recommended hosting more workshops on topics that point toward counseling services for faculty and students. Seven students cited awareness again and emphasized the need to be aware throughout the fall and spring semesters.

Discussion of the Results in Relation to the Literature

The study's findings from participants show that the students enrolled in the college are suffering from stress, anxiety, and depression at an alarming rate. This finding is consistent with the conclusion found in the current literature that students enrolled at HBCUs suffer from numerous mental health issues with acute stress and generalized anxiety being the top two mental health issues (Mesidor & Sly, 2013). Many of the student participants described their moments of stress, depression, and anxiety since they have been enrolled in the college. One of the faculty participants described a few cases of her students who appeared to have been experiencing a psychological breakdown. Even so, the results of this study still revealed the perception that the counseling center is used infrequently.

From the list of accredited HBCUs (College Navigator, 2014), the counseling services and programs of 27 of those HBCUs were researched. The research illustrated that 13 of those

HBCUs detailed the mental health services and programs they offered to their students on their campus' website. This college was one of them. The researcher discovered that personal, academic, career, and disciplinary counseling services have been found to be offered by the college's counseling center. Referrals to mental health agencies are also available for students and have been used by the counselors when students' circumstances dictated cause. Although for varying reasons, the finding that participants perceive the use of the campus counseling center to be infrequent is also consistent with results described in the current literature. While African American college students suffer from mental disorders at a similar rate as non-White college students, Primm (2018) asserts that they may not be responding to the mental health services and programs being offered to them on campus. The study's results revealed that this lack of response is due to several influential factors and contributed significantly to the participants' infrequent use of the campus counseling center.

Consistent with the findings in the currently literature, the researcher's findings from this study identified two cultural norms contributing to the infrequent use of the campus counseling center—gender and faith. Eisenberg et al.'s (2009) study revealed results concluding that help seeking attitudes of college students were also largely influenced by personal stigmas that included gender, faith, and socioeconomic status. While socioeconomic status was not revealed from the results of this study, gender and faith were revealed as significant influences upon students' decision of whether to use the counseling center. Participants described males' usage as less than that of female usage. The data revealed that part of these preferences are cultural. In the African American culture, the male is perceived to be a source of strength and help for his family. Five males participated in this study and, as described in their responses, each one of them has been indoctrinated by this belief. In fact, the FP and CCSP described the males'

reluctance to seek counseling even when circumstances of anger and suicide warranted help. The results also revealed that males prefer counseling to be conducted by a male counselor. Their indoctrination has resulted in a development of what Vogel, Bitman, Hammer, and Wade (2013) terms self-stigma. It is the male's perception that if he seeks counseling, it will significantly reduce his "self-esteem" and "self-worth" (Vogel et al., 2013).

Adding to the rationale of the male reluctance to seek counseling services is Cadaret and Speight (2018) who discovered that social stigma also has influence upon African American males' decision to seek mental health help. Not only do the males not want to view themselves as crazy, they also do not want their public to perceive them this way. The study's results revealed students' perception of the term mental health is synonymous with crazy or the slang term mental; thus, the view of themselves seeking help reinforces the stereotypical perception of help-seeking. Self-stigma reinforces public stigma and public stigma reinforces self-stigma. Confessing the need for help compromises both of these perceptions for them and thus many African American males rarely seek counseling under their own auspices.

Consistent with the study's findings is the other conclusion from Eisenberg et al.'s (2009) study that describes faith as a reason. The results of this study also revealed faith as an influence upon students' decision to use the campus counseling services. The findings from Hays's (2007) and Farris's (2018) study were similar to this study's findings in that they describe the role of the religious clergy in determining use of counseling services. Participants in this study described one of the primary counseling methods used by the campus counselor is prayer. Participants view prayer as a spiritual resource and not a counseling practice. One of the CCSP has also described methods to be prayer and that students are sometimes referred to the campus Chaplain instead of an off-site mental health agency. One of the CCSP also described a prayer she taught

students to use to aid their efforts in resolving their issues. This study's findings revealed that students use prayer on their own and upon visiting the counseling center, they are hoping to leave with another strategy with which to couple it; they are not necessarily seeking Christian counseling when they visit the campus counseling center.

In describing the efficacy of the counseling center's strategies to enhance the use of the counseling services and programs, the participants described the need for improvement. Seven out of eight of the participants' responses aligned with some of the findings from the National Council on Disability (2017) study. One of these consistencies is the need for outreach efforts. Another consistency is transparency. Participants' responses indicated a high need for the counseling center to utilize its current campus media channels and technology to inform students of its services and programs. In their advocacy for additional workshops, students cited a preference to have more interaction with their peers. For the students, there is a comfort and sense that other students understand their experiences more. This finding is also consistent with the study in that it found student facilitated workshops and activities can reduce stigma about the counseling center. A second consistency is awareness. Yorgason, Linville, and Zitzman's (2008) study results revealed lack of knowledge as one of the reasons students did not use campus counseling services. The results of this also described a significant break in the awareness efforts of the campus counseling center. Fourteen of the 16 student participants' interviews described lack of aware as one of the key reasons for the infrequent use of the counseling.

Student participant also cited awareness as one the strategies in need of improvement if influencing participation in these services and programs is a goal. Grief counseling was not a result directly consistent with the findings of the current literature, but the findings of this described a high need for it.

108

Limitations

Time and the single case study were limitations. A total of 21 participants, including students, faculty, and counseling center staff were recruited for the study. Sixteen students, two faculty, and three counseling center staff participated. The total number of participants provided adequate data to address the research questions. A replication of the study could include more faculty participants and some college administrators. The researcher also recommends a two-case, longitudinal study to learn about, and observe, the workshops the counseling center facilitates. This type of study would also allow for comparison of use and strategies regarding campus counseling services and programs to address the mental health needs of the student body across more than one HBCU.

Accommodating student "no-show" participants was another limitation in regard to this study. There was a total four students who did not appear for their scheduled one-on-one interview with the researcher. To accommodate those students' nonappearance, the researcher had to extend recruiting efforts, which demanded time from what was already a compacted research schedule. Initially, the researcher opted to use observation as a data collection method because it lends well to qualitative, descriptive, single case studies. However, because the study was conducted during the fall 2019 semester between October and December, this time frame eliminated the researcher's option to use observation as a data collection method posing a third limitation to this study. During these months, counseling center staff participants informed the researcher that there were no workshops scheduled during these months. Instead, the researcher selected field notes as a replacement, which also lends well Because each lends well to qualitative descriptive single case studies. This method was chosen to remain integral to the original purpose of the study (Yin, 2018).

Student transportation posed the final limitation to this study. Because most of the students did not have reliable transportation to the off-campus interview location, the researcher was required to identify a private location on campus that offered the same level of confidentiality. Efforts to secure this location was coordinated with the Office of Campus Safety and Dean, Student Affairs. Student interviews were conducted October 29 thru December 11, 2019 on campus, in a private Conference Room located in the Student Center, which required security level access for entry.

Implication of the Results for Practice, Policy, and Theory

Practice

Results of this study revealed participants' preference for awareness of the mental health services and programs their campus offers as well as more promotion and advertisement of those services and programs. The EMHF intentionally developed recommendations that HBCUs can implement that will address both concerns on their campuses. Expert recommendations build understanding of the challenges while equipping colleges and universities to better address our students' needs. This effort is critical to the mental health, college completion, and life chances of the nation's most rapidly growing demographic and the population which drives our work—young people of color (Jed Foundation, 2017). Each recommendation contains key implementation strategies and was developed to be viewed as pragmatic and implementable for students of color, who are the primary ethnic population on HBCU campuses. The recommendations for practice are extracted from the EMHF.

The results of the study revealed that one of the stigmas surrounding the use of counseling services and programs on an HBCU campus is that mental health is not discussed amongst the faculty, staff, and students. To improve this practice, counselors can identify and

promote the mental health and well-being of students of color as a campus-wide priority by incorporating mental health and well-being into the institutional creed, standard order of operations, mission and vision statements, and strategic plans to centralize the importance of mental health (Steve Fund & Jed Foundation, 2019).

Another finding of the study revealed students' preferences for more grief counseling and gender-based counseling. At the end of the spring semester each year, students are engaged by way of an Evaluation Form to provide feedback on their campus counseling center. To obtain student responses on the counseling center's services and programs, counselors can also engage students to provide guidance and feedback on matters of student mental health. Suggestions for practice include focus groups and surveys (Steve Fund & Jed Foundation, 2019). Feedback from these evaluations can help the counseling center offer additional programs, and emphasize a few they already have, according to the student needs identified from their evaluations.

From the study, students have indicated their preference for the counseling center staff to offer more workshops and outreach activities. To inform practice in this area, counseling center staff can develop programs in a variety of ways that include an opportunity to connect with mentors, discussion groups, and workshop facilitators (Steve Fund & Jed Foundation, 2019). Student participants also cited advertising and promoting as one of the strategies in need of improvement. To inform practice in this area, the counseling center staff can advertise and promote using their campus media channels such as their Internet, social media, and the campus paper (Steve Fund & Jed Foundation, 2019). Each of these channels allows the counseling center staff to share information on mental health services and programs more efficiently and possibly reduce their stigma about utilizing these services.

Policy

Several factors are increasing students' need for campus counseling services and programs to address their mental health needs. The increased demand has placed implications on college and university policies dedicated to ensuring applicable student services are available on campus. One of these services is counseling services and more recently, mental health counseling services. The number of students enrolling in college in need of mental health counseling has increased within the last three years (National Council on Disability, 2017). The findings of this study revealed stress, depression, anxiety, finances, relationships, and parenting to be the sources of the students' needs on this college campus.

Be it referrals or a contracted licensed counselor, most HBCUs (College Navigator, 2014) offer a form of mental health counseling to its students to address these issues. However, with the current influx of students entering college in need of mental health services and programs, such offerings can no longer be casual (Jed Foundation, 2008; Wesley, 2019). While the counselors can reasonably implement these services and programs for their center on campus, extensive implementations require policy changes that must be enacted by senior administrators at the institution. Using the findings from this study, the researcher described the recommended policy changes.

One of the findings from the study highlighted cost as one factor blocking students' access to extended mental health care as recommended by the counselor. One policy practice to offset the challenge of cost is to incorporate the cost of mental health services into the current cost students pay for the institution's health insurance (Wesley, 2019). This way, at least one-offsite visit per year, or semester, can be covered. The Jed Foundation (2008) also recommend that students be provided with the names of at least three agencies in the area they can follow up

with on their own. After students have exhausted their one visit, they will have the information needed to continue treatments as needed. Another finding from the study described students' need for awareness. Many of the students are not informed of the current offerings from the campus counseling center. To enhance its awareness, the counselor can make awareness a college-wide initiative by having it included in the institution's diversity and inclusion strategic plan (National Council on Disability, 2017).

Another suggestion is to reevaluate the center's current model for counseling. According to Krasnow (2019), a new model should be designed with student counseling success can be implemented to counteract the influx of college students with counseling needs and relieve the strain of an understaffed counseling center. A major characteristic of new models is accessibility; access to the counseling services and programs should be a priority.

Hiring additional counselors, full-time or part-time, is a policy recommendation for this college. (Wesley, 2019). Additional counselors in the counseling center was another need identified through the study's findings. More counselors diverse in gender and specialization are desired strongly by the participants. This diversity will also aid efforts to address cultural stigmas associated with obtaining counseling services (National Council on Disability, 2017) A close examination of institutional resources would determine the logistics of implementing this recommendation. This campus counseling center currently offers triage services, but because there is only one counselor and administrative specialist, making use of them becomes difficult. A final policy recommendation is to leverage current personnel to create a protocol that quickly discerns the needs of the students and schedule them accordingly. With additional counseling center staff, fewer students would need to be rescheduled or required to wait until a counselor is available.

Theory

Bronfenbrenner's (1979) ecological systems theory was the framework used to discuss the results of this study. With this theory, Bronfenbrenner offers insight into human development, or as he defines it, "the lasting change in the way in which a person perceives and deals with his [or her] environment" (Bronfenbrenner, 1979, p. 3). Involved in this human development is the individual, his or her environment, and the progressing interaction between that individual and environment. This environment is an ecological one where four systems of influence operate. Each system is instrumental in human development such as, at minimum, behavior and decision-making.

The four allied systems of influence are a set of nested structures, one overlapping the other: (a) micro-, (b) meso-, (c) exo-, and (d) macrosystems (Bronfenbrenner, 1979; Ettekal & Mahoney, 2017). Each system level increases in distances to the individual to illustrate the degree of direct and indirect influences upon the individuals (Ettekal & Mahoney, 2017; Hong et al., 2015). The microsystem denotes a setting where individuals interact directly; the most direct influences upon an individual are in the microsystem (Ettekal & Mahoney, 2017; Hong et al., 2015). The meso system is comprised of the interrelationships between multiple microsystems that affect the individual (Hong et al., 2015). The exosystem consists of interrelationships between two or more microsystems or settings involving the individual directly (Hong et al., 2015). The macrosystem reflects cultural factors of influence that include beliefs, values, upbringing, that affect the state and process of conditions in the microsystem (Hong et al., 2015). The chronosystem reflects any change, over time, in the individual and environment in which the individual is embedded (Hong et al., 2015). Each system is interconnected to exert influences upon the developing individual. These influences can be activities, roles, and even

114

interpersonal relations. For this study, the researcher focused on the influences upon participants in the microsystem. In the case of this study, results revealed participants' perceptions on the use of the campus counseling center services and programs, as well as strategies used to influence this participation, are influenced by all three. For this study, the researcher discussed the results in the context of the participants' microsystem.

The participants are the target within their microsystem, the college. The participants are suitable targets because they are active participants within that microsystem. In this microsystem, students interact with faculty, staff, peers, services, programs, and coaches as they matriculate through four years of college. In their microsystems, participants' behavioral patterns are dictated by the influences of these interactions. In this study, participants' combined direct influences were student-faculty interactions, faculty-staff interactions, cultural norms and campus experiences. These influences frame the foundation for participant's perception on the use of campus counseling services and programs to meet the mental health needs of its student body and strategies used to influence participation of these services and programs.

The apparent setting for the participants' microsystem is their college campus where their direct influences upon their behavior are present. The results of this study revealed the direct influencers of participants' perception on the use of the counseling center services and programs and are listed in Table 10. The results of this study also revealed the direct influences of participants' perception on the strategies used to influence participation in these services and programs and are listed in Table 11.

Participants' responses described their need for a robust campus experience and meaningful engagement between faculty and staff to change their perception of the campus counseling center's services and programs. Participants' perceptions were influenced by the

ongoing interactions, campus experiences, cultural norms, faculty-staff interactions, and student–faculty interactions, within their microsystem. The results of the study revealed a breakdown in these interactions, which resulted in infrequent use of the campus counseling center and recommendations to overhaul current promotional strategies. As the results of the study revealed, awareness, student involvement, outreach, and workshops are means participants can use to interact within their microsystem. The results of this study also revealed there is a breakdown in these interactions. The channels used to ensure awareness of the campus counseling center services and programs are virtually non-existent warranting participants' need for additional awareness activities. With the multiple student organizations present on campus, participants prefer to see the students partner with the campus counseling center to enhance their involvement in destigmatizing the use of it and informing the student body of which services and programs are available. Frequent and consistent outreach efforts from the campus center counselor would strengthen the relational interactions amongst them. Without solid foundations to execute the former activities results in an interactional breakdown amongst the student body and campus counselor. As a result of this interactional breakdown, participants perceived the topic of mental health and counseling services and programs for college students to be unimportant. An absence of those means results in an interactional breakdown, leaving students ill-equipped to navigate their microsystem.

Recommendations for Further Research

The researcher used a qualitative descriptive single case study design to learn participants' perception on one HBCU campus. Creating an alternative for no-show students was a challenge in conducting the interviews for this study. In replicating this study, future researchers can utilize a web-based questionnaire across this campus. This questionnaire can also

confirm more students' need for mental health services across the campus. To learn more about

the needs students report on the questionnaire, future researchers can facilitate one-on-one or

focus group interviews with the student participants. Data gathered can be used to substantiate

the case for mental health services and programs on HBCU campuses.

Another recommendation is to use a phenomenological research design to focus in-depth

using a small number of homogenous participants and focus on understanding the perceptions of

each participant (Glesne, 2016). Many of the student participants say student-staff interactions

and campus activities influenced their perception. A phenomenological study would allow the

researcher to focus on the lived, everyday experiences of its participants, which include these

campus activities and interactions with counseling center staff.

Finally, further researchers can develop a quantitative study focused on gathering

participants' perceptions on the same topic from multiple HBCU campuses using the list of

accredited HBCUs (College Navigator, 2014). Further research can use a survey instrument, a

questionnaire, informed by the conclusions listed in Tables 10 and 11 drawn from this study. The

questionnaire can solicit multiple perspectives from students, faculty, and counseling staff from

multiple HBCUs on their perception of counseling services and programs to address the mental

health needs of its student body and the current strategies being used to influence this use.

Conclusion

The purpose of this study was to investigate participants' perceptions on the use of these

services, and the strategies used to influence the use of them, on one HBCU campus. A review of

the current literature indicated a gap in the research describing use of these services on HBCU

campuses. Using a qualitative descriptive single case study design, the researcher recruited 21

participants and investigated their perceptions on both aspects of the campus counseling center

on their campus. Using RQ1, the researcher learned participants' perception on how the

counseling center is used on their campus to address the mental health needs of the student body.

The second research question had the participants to consider the strategies used by the campus

counseling center and provide their perception on the efficacy of these strategies. After coding

the data, the researcher analyzed the data in the context of the social ecological systems theory

(Bronfenbrenner, 1979). Using the context of this theory, the researcher's analysis of the data

described participants' perception, and the building blocks of influence, and responded to each

research question.

In Bronfenbrenner's (1979) ecological systems theory, the microsystem is an "ecological

environment where all connections between other persons present in the setting, the nature of

these connections, and their indirect influence on the developing person through their effect on

those who deal with him or her first-hand transpire" (p. 7). These are the people, places, services,

and activities with whom students interact, which impact their behavior and personal

development. Essentially, the results of the study described an active absence of these factors,

specifically awareness, outreach, workshops, and advertisement, regarding the counseling

center's services, programs, and counselor. Participants also viewed each factor pertinent to

dismantling the cultural norms of religion (Eisenberg et al., 2009; Farris, 2018; Hays, 2007),

gender (Cadaret & Speight, 2018; Eisenberg et al., 2009), and stigma (Vogel et al., 2013) that are

actively prohibiting students from seeking the help they need. However, when students do not

have interaction with these activities, it deters them from seeking help resulting in infrequent use

as the study describes.

While conducting this study, the researcher learned from participants that a campus

experience that includes awareness, outreach, workshops, promotion, and advertisement were

essential in their perception of the counseling center services and programs and its strategies used to influence participation in these services and programs. Initial introductions to the campus counseling center services, programs, and counselor are made during the first two weeks of students' freshman year while attending their Freshman Orientation. The Counseling Center Staff participants asserted that such introductions are conducted to make students aware of their counselor and the campus counseling center, services, and programs. Participants were grateful and even described their experience attending Freshman Orientation. Participants also appreciated the workshops held in their dormitories and the movie night events facilitated by the campus counseling center and the outreach efforts executed primarily during mid-term week.

Enhancing the counseling center's practices regarding awareness, outreach, workshops, promotion, and advertisement has the potential to instigate more usage of its services and programs. Using the Equity in Mental Health Framework (EHMF), the researcher identified several implementations to improve practices in these areas. Focus groups and surveys can be used to garner student feedback on these areas that are of concern to them. Advertise and promote using the campus' current media channels—Internet, bulletin boards, and social media will aid efforts to inform the students of the campus counseling center, services, programs, and its staff. Organizing additional workshops and outreach efforts in a variety of ways was also recommended. In addition to modifications in practices, modifications in policy can also increase participation in the counseling center's services and programs to address the mental health needs of its student body.

Counseling center staff will also require senior level administrative support from the college to enhance their counseling practices. Participants' responses highlighted a grim financial reality for an institution whose goal is to increase use of and expand its current counseling center

services and programs. To hire a diverse staff of counseling personnel and even employing a

licensed counselor with a mental health services specialization, the counseling center will need

financial support and administrative investment. Also instituting campus-wide promotion of

mental health and mental health services and programs may require a revision of the college's

current mission, vision, and strategic plan. Including some of the costs for mental health

treatments for students into their tuition and fees for the year is one policy change to ensure

students have this option for treatment at their disposal if needed. Each has the potential to

positively alter participants' perception of the counseling center and even influence increase their

use of it.

From conducting this study, the researcher learned of services and programs presently in

place to meet the mental health needs of the students. The results of the study revealed that most

of the participants believed in the counselor's ability to counsel effectively and see the

administrative barriers impeding her efforts to do so. Counseling center staff were forthright in

sharing context regarding the purpose, use, and frequency of those services. The researcher

discovered new knowledge describing the use of these services on the HBCU campus partially

filling the research deficit on this issue. The researcher also learned of the strategies used to

influence participation of these services and programs and whether they were effective in

garnering student participation. This study also provided participants with a platform to share

their perceptions of the campus counseling center on their campus with the hopes that the data

would enhance current practices resulting in redecorated counseling services and programs for

the student body.

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Appendix A: E-mail Request to Faculty

Hello Professor_____:

I hope all is well.

My name is Stacey Reed and I have been granted permission by the college administration to conduct a research study on the use of the Counseling Center here on the campus of_____.

May I have a few minutes of your class time on Tuesday, November 5th at 2:00PM in_____ to invite your students to participate in my research study? My presentation will be brief.

I can meet with you, if needed, to provide additional details of the study and answer any questions you may have before allowing me to present to your students.

Thank you for your consideration Professor_. I can be reached via phone and e-mail.

Stacey D. Reed

Doctoral Candidate, Higher Education

Concordia University–Portland

Appendix B: Interview Protocol

Location:

Date:

Start Time:

End Time:

Researcher:

My name is Stacey Reed and I am a doctoral candidate at Concordia University–Portland. I am the researcher and I will be facilitating our interview today.

The purpose of this study is to investigate the perceptions of the student counseling coordinators, faculty, and students on the use of its mental health services and programs.

During this interview today, I will be interviewing you to learn your perception on the use of mental health services and programs on campus.

You were selected for the study because you responded to the request, via phone or e-mail, after you were informed of the study and its purpose. Today, you will participate in a one-on-one interview. Your participation in the interview will last 60–90 minutes. Should additional information be needed, you will be scheduled for another interview in order for the researcher to collect all necessary data for the study.

Your participation is strictly voluntary and you may refuse to answer any question without

penalty. There are no risks to participating in this study other than providing your information.

As an incentive to participate, you will be rewarded with a gift card and a voucher to use an

online writing service for college students. Both incentives will be awarded at the conclusion of

the full study.

Before we begin, I will collect your Consent Form. If you did not bring your consent form, I can

provide you with a consent form to read and sign today. Consent forms from each participant

must be submitted before participation can be allowed in the interview today.

As a reminder, your privacy can be guaranteed. None of the information you provide will have

identifying information listed. A secret code to analyze the data will be used and you will not be

identified in any publication or report. Your information will be kept private at all times and all

study documents will be destroyed 3 years after the study has concluded. Recorded interviews

will also be destroyed after they have been transcribed.

If there are no questions, we will begin.

Researcher will probe, as needed, for additional information using command phrases such as

tell me more, can you explain, can you describe, can you give an example.

Appendix C: Observation Protocol

Descriptive Notes	Reflective Notes

Appendix D: Document Analysis Protocol

Name of document:

Date of document:

Data of document analysis:

Type of document (brochure, website, course catalogue, flyer, pamphlet, report, meeting minutes, etc.):

Author(s):

Intended Audience: Intended Purpose:

Location of document:

Source of document:

Appendix E: Student Interview Questions

What is your classification at the college? What is your major?

What is your ultimate career goal?

Do you believe having access to mental health services and programs in college will help you to

achieve your ultimate career goal?

What is your understanding of the term mental wellness?

IQ1. What do you think contributes to mental wellness in college students? RQ1

IQ2. How would you describe the condition of students' mental wellness on this campus? RQ1

IQ3. How would you describe the mental health and counseling services that are available to you

    on campus? RQ1

IQ4. Describe the events, programs, seminars, or workshops the college uses to promote these

    services and make students aware of them. RQ2

IQ5. Do you believe students use these services frequently? Often? Or a lot? RQ1

IQ6. Do you think these services can be used more by students? RQ1, RQ2

IQ7. What do you believe can increase student use of the mental wellness counseling services

    currently offered by the school? RQ2

IQ8. Do you think these services are beneficial in ensuring students maintain their mental

    wellness? RQ1, RQ2

IQ9. In what ways are these services beneficial to students in maintaining their mental wellness? RQ2

IQ10. How does mental wellness affect your academic performance on campus? How does mental wellness affect your social interactions on campus? RQ1

IQ11. Describe the influence that your experience with campus counseling services has had on your academic performance? RQ1

IQ12. Describe the influence that your experiences with campus counseling services has had on your social interactions on campus? RQ2

IQ13. How are you engaged by the college administration to provide feedback on matters of student mental wellness? RQ2

IQ14. What campus events are offered to you to discuss current events (school shootings, campus violence, assaults, student deaths) that have the propensity to negatively impact your mental wellness? RQ2

IQ15. What type of mental wellness programs and services do you believe the college should offer? Why? RQ2

IQ16. If given the opportunity to share your thoughts on the use of the counseling center with college administrators, what would you tell them? RQ1, RQ2

IQ 17. Would you like to add anything else?

Appendix F: Faculty Interview Questions

What is your position at the college?

How would describe your overall job duties in this position? How long have you held this position at the college?

Have you held any other previous positions at the college? Do you currently hold multiple positions at the college?

IQ1. Do you believe there is an increase in the mental health needs of today's college students? RQ1

IQ2. Do you believe there is an increase in stress, anxiety, and depression in today's college students? RQ1

IQ3. Based on your experiences and interactions with students, what do you perceive are the mental health wellness needs and concerns of your undergraduate students? RQ1

IQ4. Describe how mental wellness has impacted a student's academic performance in your class? RQ1

IQ5. Has any of your students shared their concerns regarding their stress, anxiety, and depression with you? If so, can you recall how many? RQ2 Did you refer any of them to the counseling center? If so, can you recall how many?

IQ6. Describe how you make students aware of the counseling services available on campus? RQ2 Describe how the counseling center staff make students aware of the counseling services available on campus? How would you describe students' use of the counseling center on campus?

IQ7. Does the administration promote and support accessible means for faculty to communicate

campus concerns that have the propensity to impact the mental and emotional well-being of

the students? How does administration respond? RQ2

IQ8. Describe how you are engaged to provide guidance and feedback on matters of student

mental wellness? RQ2

IQ9. Can you describe the supportive programs and services focused on students' mental

wellness have you participated in on campus? RQ1

IQ10. What type of mental wellness programs and services do you believe the college should

offer? Why? RQ2

IQ11. In your role as a faculty member, how often do you refer students to the mental health

counseling services and programs the college offers? RQ1

IQ12. Would you like to add anything else?

Appendix G: Counseling Center Staff Interview Questions

What is your position at the college? How long have you held this position?

Have you held any other previous positions at the college?

How would you describe your overall job duties in this position?

How many staff members do you have? What role do those staff members serve in?

IQ1. What are some of the mental wellness challenges of students in college? Can you elaborate?
   RQ1

IQ2. How would you describe your perceptions of mental wellness in college among the
   students? RQ1

IQ3. How would you describe the condition of students and their mental wellness in college?
   RQ1

IQ4. Do you believe there is an increase in the mental wellness needs of today's college
   students? RQ1, RQ2

IQ5. Can you describe some of the most common mental wellness needs of those students? RQ1,
   RQ2

IQ6. What are the mental health and counseling services that are available to students on your
   campus? RQ2

IQ7. How would you describe the mental health and counseling services that the college makes
   available to students on campus? RQ1

IQ8. What are the protocols for students who seek any of these services as walk-ins to the

counseling center? RQ2 What are the protocols for students who seek theses services as

referrals? RQ2

IQ9. If you have experienced increased demand in volume and complexity of students in need of

these mental health services, how have you managed these increases? RQ2

IQ10. How do you recruit new counselors for the counseling center? How do you train those new

counselors to meet the needs of the student population on campus? RQ1, RQ2

IQ11. Would you describe how the students on this campus use these services? RQ2

IQ12. How does the counseling center promote the mental wellness of its students of color as a

campus wide priority? RQ1

IQ13. How are students engaged to provide guidance and feedback on matters of student mental

wellness? RQ1, RQ2

IQ14. School shootings, campus violence, assaults, community violence and discrimination, at

minimum, have the propensity to negatively disrupt students' mental wellness while in

college. What campus events are offered to students to discuss these, and other similar,

current events? RQ2

IQ15. How does the administration support the counseling center's effort to develop accessible

means for students to communicate campus concerns that have the propensity to impact

their mental wellness? How does administration respond? RQ2

IQ16. What supportive programs, focused on the mental wellness of students, are offered on

campus? RQ2

IQ17. How do you collect data to assess the efficacy of these programs to ensure they are

meeting the mental wellness needs of the students? RQ2

IQ18. How are the counseling services that are available on this campus to students promoted? RQ2

IQ19. How do you collect data to assess the success of these promoting methods to measure its effectiveness on campus? RQ2

IQ20. How are your students' mental health needs being assessed and measured to determine whether those needs are being met by the counseling center? RQ2

IQ21. What type of mental wellness programs or services do you believe the college should offer? Why? RQ1, RQ2

IQ22. Would you like to add anything else

Appendix H: Research Interview Schedule

Time	Type	Incentive received
October 24, 2019		
1:00–2:30 p.m.	CCSP1	Yes
3:00–4:30 p.m.	CCSP2	Yes
October 29, 2019		
11:00 a.m.–12:00 p.m.	SP5	Mailed
12:30–1:30 p.m.	SP—no show	
2:00–3:00 p.m.	SP7	Mailed
3:30–4:30 p.m.	SP2	Mailed
October 30, 2019		
Noon–1:00 p.m.	SP14	Mailed
2:00–3:00 p.m.	CCSP 3	Yes
4:00–5:30 p.m.	SP—no show	
October 31, 2019		
1:00–2:30 p.m.	SP—no show	
2:00–3:00 p.m.	SP5	Mailed
3:30–4:30 p.m.		
November 6, 2019		
Noon–1:00 p.m.	SP1	Mailed
4:30–5:30 p.m.	FP2	
November 7, 2019		
10:00–11:00 a.m.		
11:00 a.m.–noon		
Noon–1:30 p.m.	CCSP 2—second interview	Yes
2:00–3:00 p.m.	SP6	Mailed
3:00–4:00 p.m.	SP3	Yes
4:00–4:30 p.m.		
November 12, 2019		
Noon–1:00 p.m.		
1:15–2:15 p.m.		
2:30–3:30 p.m.		

Time	Type	Incentive received
3:45–4:45 p.m.		
November 13, 2019		
11:45 a.m.–12:45 p.m.	SP13	Yes
3:00–4:00 p.m.	SP4	Yes
4:15–5:15 p.m.	SP8	Yes
November 14, 2019		
1:45–2:45 p.m.		
3:00–4:00 p.m.	SP12	Yes
4:15–5:15 p.m.	SP9	Yes
5:15–6:15 p.m.	SP—no show	
November 19, 2019		
12:15–1:15 p.m.	SP11	Yes
3:15–4:15 p.m.	FP2	Yes
December 3, 2019		
1:30–2:30 p.m.	SP10	Yes
3:30–4:30 p.m.	SP15	Yes

Note. CCSP = counseling center staff participant; FP = faculty participant; SP = student participant.

Appendix I: Narrative Report for Objective 2

During the 2018–2019 academic year, a total of 221 students visited the individual counseling and 542 students participated in outreach sessions for a total of 763 students who received services. Individual counseling sessions were held in the Counseling Center and addressed students' issues pertaining to academics, interpersonal and social problems, relationship issues, disciplinary problems, anger management, grief support counseling, and others. A log of these visits is kept in the CC *(See Counseling Center's 2018–2019 Annual Report)*.

- The staff of the Counseling Center does not evaluate individual counseling sessions: however, at the end of each academic year we submit evaluations to all residence halls for students to complete. Approximately 71 students completed and returned a Likert-type scale to evaluate our services. According to the evaluation results students strongly agreed, agreed or somewhat agreed approximately 80% with the services offered through the Counseling Center. The results from this evaluation suggested that overall; 82% were satisfied with their experience from the Counseling Center. Eighty percent (80%) felt counseling helped them to be more effective in their academic performance, 82% felt they were informed of the various resources (pamphlets, brochures, tutoring etc.) that are available through the Counseling Center and on campus, 83% would recommend the Counseling Center to a friend who needed help 82% regard the Counseling Center as a necessary part of the College, 80% agreed that the Counseling Center provided programs that assist students in the development of a positive self-concept and awareness of their own feelings, attitudes and values,77% agreed that the Counseling Center provided programs that assist students in the development of educational plans to achieve career goals. Reasons for

visiting the Counseling Center include: 49% academic skills, 24% Communication skills, 23% Social skills,11% Grief support and/or coping skills, 6% Spiritual awareness and 9% Anger Management/Conflict Resolution. (See Counseling Services Evaluation-August 2018-May 2019).

- A total of 63 students visited the Counseling Center between July 2019 and November 2019

- A total of 6 students were referred for off-campus mental health concerns from Fall 2017–Fall 2019.

Appendix J: Request Letter for Gatekeepers

Dear Dean:

I am seeking permission to conduct my dissertation research on the campus of during the fall 2019 semester. Can you provide the steps to secure permission to conduct my dissertation research on the campus of _____?

I am a graduate student seeking my Doctoral degree in Higher Education Leadership at Concordia University–Portland.

The college was carefully selected from a detailed list of accredited private, not for profit HBCUs based upon its accessibility, student population, and mission to educate the whole student including ensuring the welfare of their mental well-being.

Should there be any questions about this study before the steps to obtain permission can be obtained, I can be contacted via phone_____or e-mail_____.

You may also contact my Faculty Supervisor via e-mail _____. Thank you for taking the time to assist me with my research.

Sincerely,

Stacey D. Reed

The Matrix Retention Program

(Matrix=Making*All*Things*Reality*ln*X=Life)

"Life, whether it be Good or Bad the future is in your hands"

The Matrix Psych-Educational Curriculum is designed specifically for African American college students that are at risk of academic failure. This interactive program has 8 objectives:

- Meet the students where they are and build positive rapport.

- Provided specialized support services to increase retention and stabilize the students in their academic environment.

- Assist students in the development of positive values and counter negative values.

- Teach critical thinking skills and enhance cultural awareness.

- Assist students in the development of the skill sets needed to be productive.

- Teach coping skills that will assist them dealing with daily challenges.

- Increase levels of resilience and self-efficacy through the continuous support and intervention provided by highly skilled culturally competent clinicians.

- Increase student retention.

It is the intent of Family Support Services to facilitate the Matrix: Personal Development (Retention) program for students that are at risk of failing to meet academic requirements. Based upon a 20-hour programming package, Family Support services will facilitate 12

intensive psycho-educational groups serving 102 students at a frequency of twice per week in

groups of 17. Each group session will begin with a lecture and be followed by a Matrix group

therapy session. A cognitive behavioral model will be utilized to help participants understand

their thoughts, feelings and emotions that lead to behaviors. Family Support Services will

also provide 8 hours of consultation which can be utilized as assessment, lecture, therapeutic

interventions and professional consultation for support staff.

Appendix L: Evaluation Form

COUNSELING CENTER COUNSELING SERVICES EVALUATION

Thank you for taking time to complete this evaluation. We are interested in your perceptions of your experience with the Counseling Center thus far. Your participation in this evaluation will help us continue to improve our services. Your responses are anonymous unless you choose otherwise.

Please complete:

Age: _   Gender: M   F

Classification: Fresh_   Soph_   Jr_ _   SR _   MCMI Student _

Do you live: on campus_ _   off campus_

Number of times you visited the Center per semester: 1–5 5–10 10–20 20+

For items 1–18, please place a check in the box under the statement that best indicates your level of agreement.

Counseling Relationship	Strongly Agree	Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Disagree	Strongly Disagree	NIA
1. My counselor is helpful								
2. My counselor was courteous, empathetic and understanding								
3. My counselor understands my concerns								

4. My counselor helps me take responsibility for my behavior and feelings							
5. My counselor creates a safe atmosphere in which I can explore my concerns							

Counseling Goals and Outcomes	Strongly Agree	Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Disagree	Strongly Disagree	NIA
6. My counselor helped me set appropriate goals for counseling								
7 . Counseling helped me to be more effective in my academic performance (may /may not apply)								
8. Counseling helped me to cope better with my emotions								

9. My counselor informed me of the various resources (pamphlets, brochures, tutoring etc.) that are available in the Counseling Center and on campus.								
10. I feel I benefited from engaging in counseling								
11. Overall, I am satisfied with the experience from the Counseling Center								
12. If needed help in. the future, I would return to the Counseling Center								

Counseling Goals and Outcomes	Strongly Agree	Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Disagree	Strongly Disagree	NIA
13. I would recommend the Counseling Center to a friend who needed help								
14. I have not visited the Counseling Center this year, but if I had a problem I would go to the Counseling Center								
IS. I would go to the Counseling Center if a friend recommended that I go.								
16. I regard the Counseling Center as a necessary part of								

Counseling Programs	Strongly Agree	Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Disagree	Strongly Disagree	NIA
l 7. The Counseling Center provided programs that assist students in the development of a positive self-concept and awareness of their own feelings. attitudes and values.								
18. The Counseling Center provided programs that assist students in the development of educational plans to achieve career goals								

My reason for visiting the Counseling Center was for: (check all that apply)

        Academic skills Communication skills

       Social skills Grief support and/or

       coping skills

       Spiritual awareness

       Anger Management /Conflict Resolution

Other comments or suggestions about your counselor or the service:

How could we improve the services of the Counseling Center?

Appendix M: Synopsis of Study Requested by Gatekeepers

Exploring Historically Black Colleges and Universities' (HBCUs) Capacity to Provide Mental Health Services on Campus

Researcher:

Stacey D. Wilson
Doctoral Candidate, Higher Education Concordia University–Portland

OVERVIEW OF STUDY:

Purpose of the Study. The purpose of this study is to investigate counseling center programs and services at Historically Black Colleges and Universities and the perspectives of students, faculty, and mental health coordinators to better understand the benefits of mental health services on campus.

Length of the Study. The study is scheduled to begin in the fall 2019 semester and be completed no later than the end of the fall 2019 semester. I will be working diligently to conclude the study in a timely manner. I am scheduled to complete my doctoral studies in April of 2020 and would rather not prolong it.

Sampling Procedures. The study population will consist of two groups. The first study population will be students who have used and/or sought the mental health counseling services on the campus. Purposeful sampling will be used to congregate the student population for this study.

The second study population will be student counseling coordinators and faculty on campus. Purposeful sampling and snowball sampling will be used to select the second study population, which includes director of Counseling Center, counselor, director of Student Support Services, director of Student Health and Wellness, and dean of Student Affairs and selected faculty.

Securing Participants. Specific methods of advertising will include e-mail, social media, and presentations. To secure the student population for the study, I plan to connect with a Faculty Advisor who can recommend professors who would allow me to meet with their classes, briefly, to introduce myself and explain the purpose and nature of my study. During this time, I will distribute an information sheet inviting students to participate in the study. I also plan to connect with the director of Student Activities to schedule a meeting with the student organizations on campus to introduce myself and explain the purpose and nature of my study. During this time, I will also distribute an information sheet inviting these students to participate in the study. Finally, where applicable and permissible, the information sheet will be posted on the social

media sites of the student clubs and organizations and for the different schools housed within the college.

   To secure the staff and faculty population for the study, I will contact the Administrative Specialist of each department each staff and faculty work within via e-mail to introduce myself and explain the purpose and nature of my study. The e-mail will conclude with a request to set-up a time to interview selected staff and faculty. Follow-up e-mails, phone calls, and appointments will be conducted, as needed, to secure this population for the study. Minimal supervision will be needed to conduct the study. At minimum, the researcher may need assistance navigating the campus.

Incentives for Participants: For participating in the study, students will be granted complimentary use of an online writing service to submit one paper, of up to seven pages, on which they can receive feedback in up to three of the following areas of writing:

- Idea Development
- Organization and Structure
- Thesis Development
- Grammar, Mechanics, and Usage
- Formatting Styles (MLA, APA, or a requested style)

This paper help service is valued at $84.00 ($12.00 per page).

Faculty and staff participants will receive gift cards for their participation in the study.

Confidentiality. Participants' personal identifying information will be safeguarded. Participants' name or any piece of information that could allow a person, other than the researcher, to link their identity (name) with the information provided will not be used.

   Confidentiality will also include the safekeeping of participants' data on a password protected computer. Data documents will also be password protected. The researcher will have a record of participants' names or other identity, but names will not be needed to conduct the study. Participants' names, nor the name of the institution, will appear in any publication related to this study. Names will ONLY be submitted to a college official under the following circumstances:

1. If the researcher thinks any of the participants will hurt him or herself or others, names would be submitted to a college official.
2. If the researcher discovers that someone was going to hurt any of the participants, and the researcher needs to help, names would be submitted to a college official.

By law, the researcher must select option 1 or 2 if any of the participants are in danger or endangering the well-being of another.

   Participants' information will be kept private at all times and all study documents will be destroyed 3 years after the study has concluded. Participants are free, at any point, to choose not to engage with or stop the study completely. Coding will be used to analyze the data collected during the study. Study participants will sign and submit a consent form before engaging in the study.

Thank you for your time and consideration. If I can provide any additional information to aid in your decision, please let me know. I can be reached via e-mail, phone, or in-person.

Sincerely,

Stacey D. Wilson

Appendix N: Statement of Original Work

The Concordia University Doctorate of Education Program is a collaborative community of scholar-practitioners, who seek to transform society by pursuing ethically-informed, rigorously-researched, inquiry-based projects that benefit professional, institutional, and local educational contexts. Each member of the community affirms throughout their program of study, adherence to the principles and standards outlined in the Concordia University Academic Integrity Policy. This policy states the following:

Statement of academic integrity.

As a member of the Concordia University community, I will neither engage in fraudulent or unauthorized behaviors in the presentation and completion of my work, nor will I provide unauthorized assistance to others.

Explanations:

What does "fraudulent" mean?

"Fraudulent" work is any material submitted for evaluation that is falsely or improperly presented as one's own. This includes, but is not limited to texts, graphics and other multi-media files appropriated from any source, including another individual, that are intentionally presented as all or part of a candidate's final work without full and complete documentation.

What is "unauthorized" assistance?

"Unauthorized assistance" refers to any support candidates solicit in the completion of their work, that has not been either explicitly specified as appropriate by the instructor, or any assistance that is understood in the class context as inappropriate. This can include, but is not limited to:

- Use of unauthorized notes or another's work during an online test
- Use of unauthorized notes or personal assistance in an online exam setting
- Inappropriate collaboration in preparation and/or completion of a project
- Unauthorized solicitation of professional resources for the completion of the work.

Statement of Original Work (Continued)

I attest that:

1. I have read, understood, and complied with all aspects of the Concordia University–Portland Academic Integrity Policy during the development and writing of this dissertation.

2. Where information and/or materials from outside sources has been used in the production of this dissertation, all information and/or materials from outside sources has been properly referenced and all permissions required for use of the information and/or materials have been obtained, in accordance with research standards outlined in the *Publication Manual of The American Psychological Association.*

Stacey D. Wilson

Digital Signature

Stacey D. Wilson

Name (Typed)

April 10, 2020

Date