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University of Northern Colorado  
Greeley, Colorado

FACTORS IMPACTING THE MENTAL HEALTH STIGMA IN THE AFRICAN AMERICAN  
COMMUNITY WITH A FOCUS ON AFRICAN AMERICAN MALES

A Thesis/Capstone

Submitted in Partial

Fulfillment for Graduation with Honors Distinction and  
the Degree of Bachelor of Arts

Juniel Figures

College of Education and Behavioral Sciences

May 2023

Factors Impacting the Mental Health Stigma in the African American Community with a Focus  
on African American Males

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*RECEIVED BY THE UNIVERSITY THESIS/CAPSTONE  
PROJECT COMMITTEE ON:*

*5/05/2023*

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### **Abstract**

There have been numerous studies done on various topics involving mental health with different populations, for mental health plays such a significant role in everyone's lives. Mental health essentially drives how individuals think, feel, and act. However, mental health tends to be overlooked with minority populations, thus causing the number of studies done on minority populations to be so little. This study will focus solely on the African American community, for the African American community experiences this mental health stigma that is not seen so often with the White population due to certain factors. Not only that, but the males also experience higher levels of stigma than the females in terms of mental health. The purpose of this study is to further explore these factors that are contributing to the mental health stigma within the African American community along with the factors that are causing African American males to experience higher levels of stigma. The research design for this project was done with a qualitative method by looking at multiple journal articles and statistics to help identify the factors causing this mental health stigma among the Black community along with factors causing males to experience higher levels of stigma. The research will involve qualitative methods of collecting data including the survey design method and the interview (round table talk) design method. Both the survey and interview questions will be open-ended for participants to respond to. The survey will be distributed electronically while the interview process will be done in person or via Zoom in order to observe any patterns in relation to mental health stigma in the African American community. Because some individuals will experience their first onset of mental health issues during young adulthood (age ranging from 18-25), utilizing African American male college students from various universities will be most effective.

## Introduction

Recognizing how common mental health problems are among college students is important, especially due to the challenging new changes and new onset of adult-like responsibilities that college students must cope with and adapt to. Most mental health disorders tend to have their peak onset during young adulthood (when students are entering/in college) (Pedrelli et al., 2015). The peak that most young adults experience would be the first onset of mental health that some students will experience. However, mental health tends to be overlooked with minority communities. Not only that, but these minority communities experience levels of stigma that can actually keep people from seeking the help they need. This issue has been observed specifically with the African American community. Many Black Americans believe that the stigma that is associated with mental health is quite strong within the Black communities (Campbell & Mowbray, 2016). Those who experience mental health illnesses and are known to have one by others reported the stigmatizing attitudes and behaviors they received from others in their community. These stigmatizing attitudes and beliefs have caused those who were diagnosed with a mental illness to be hesitant to reveal their illness in fear of judgement and rejection.

The main concern, however, is the gender difference of the existing stigma in which men suffer a greater stigma than women. Perceived stigma of mental health tends to be higher with males than females of the same race/ethnicity (Lipson et al., 2018). According to Chatmon (2020), the prevalence of mental illnesses in men is typically lower. However, men are less likely to seek mental health treatment than women, which could explain the low prevalence. This examination seems to be a common trend with the Black community and other minority communities in which men suffer from a greater mental health stigma than women. For this trend, understanding not only what is causing African American males to experience higher levels of mental health stigma but also why the difference exists is crucial. The purpose of this research study is to examine what is causing the mental health stigma within the Black community and the gender difference associated with the stigma. This research study will explore social, cultural, medical, and any other factors that are responsible for the mental health stigma. Along with that, these factors will be further examined in order to determine what is causing African Americans to experience mental health stigmatization.

There were a few guiding research questions in order to explore the various factors affecting mental health stigma. Ultimately, the major research question that is being explored

asks how cultural, social, and medical factors play a role in mental health stigma experienced by the African American community and African American male college students.

As an African American female myself, I have experienced stigma in regards to mental health. Within the Black community, going to see someone for mental health-related issues seemed to be looked down upon as if seeking professional help was shameful or embarrassing to struggle with mental health. This attitude toward seeking help caused me to be very conflicted with my mental health when I began struggling with mental health problems as a child. I felt guilty and embarrassed for feeling depressed and not okay. But I believe that no one should ever have to feel this way. Recognizing how perfectly fine it is to struggle with mental health and to seek help for mental-related issues is necessary. I chose to do my research project on this topic in order to better understand why this mental health stigma exists and why this stigma is so strong within the Black community. In the future, searching for solutions to help combat this stigma as well would be interesting to perform. But for right now, I am more focused on fully understanding how and why the stigma exists.

### **Literature Review**

In order to gain a full understanding of the mental health stigma problem that exists within the African American community, previous literature that discusses mental health, mental health stigma, and various factors that influence stigma in relation to the Black community was reviewed. This literature review is necessary due to the lack of study done on mental health within the African American community. This review will specifically examine the extent to which cultural, social, and medical factors play a role in the mental health stigma that exists among African American male college students. Qualitative studies exploring this issue discovered that stigma is a major barrier to gaining information about mental health problems for Black Americans (Abdullah & Brown, 2020). This can prevent people from recognizing the existence of mental illnesses along with recognizing the need to seek help. More importantly, this mental health stigma seems to be higher with males than females, no matter the race/ethnicity. This is due to how overlooked mental health is in males. According to Chatmon (2020), mental health among men tends to go untreated because men are less likely to seek mental health treatment than women due to numerous factors. This is common with any race/ethnicity in which mental health issues are greater with males. Thus, determining what is



causing the mental health stigma especially within the African American community and determining what is causing the gender difference with the stigma is significant. It is important to understand why males are experiencing such a high level of stigma.

### **Mental Health among College Students**

According to Hefner and Eisenberg (2010), evidence indicates how mental disorders among college students in the United States is becoming increasingly numerous and serious, with college counseling centers reporting approximately a 92% increase in severe psychological problems among college students. Recognizing how common mental health problems are among college students is necessary, especially because of how college students are experiencing challenging, new changes and new onset of adult-like responsibilities that they must learn how to cope with and adapt to. Most mental health disorders tend to have their peak onset during young adulthood, when students are entering/in college (Pedrelli et al., 2015). This would be the first onset of mental health that some students will experience.

However, mental health tends to be overlooked with minority communities. The college experiences of Black students can be identified as cumbersome, which can place them at risk for more negative mental health outcomes (Mushonga, 2020). Along with typical college stressors, Black students must also cope with minority status stress (discrimination, lower socioeconomic status, undereducation, identified racism, etc). This can make adjusting to college life much more difficult and can have a significant impact on their mental health, putting them at risk for higher levels of psychological distress. Due to the racism and discrimination that African Americans experience, they are 20% more likely to experience more severe mental health problems as well. Along with that, African Americans tend to underutilize mental health services. Seeking mental health treatment with this group is not very common (Mushonga, 2020). This is why it is so necessary to conduct more studies on the Black college student population in order to gain more insight into the mental health of the African American community.

### **Mental Health Stigma**

Stigma is one of the many barriers that cause people to choose not to seek help for their mental health issues. Abdullah and Brown (2020) best define mental health stigma as “the

societal devaluation of individuals with mental illnesses” (p. 12). This devaluation can involve negative and unfavorable stereotypes/perceptions, discrimination, negative emotional and behavioral responses, and so on. This can lead to negative and harmful perceptions about mental illnesses. Moreover, Lannin et al. (2020) highlights that stigma in association with seeking psychological help can be seen from two perspectives: public stigma and self-stigma. Public stigma corresponds to an individual’s perception of negative stereotypes associated with those who seek mental health services. Self-stigma relates more to an individual applying those negative labels about those seeking services to their own self. Both of these categorizations of stigma can further highlight how some individuals tend to internalize their self-stigma from their public stigma, leading individuals to be hesitant to seek help for their mental health problems.

African American college students are found to be just as distressed as students from other racial/ethnic backgrounds, but these college students are less likely to use mental health services (Madusa et al., 2012). This is most likely due to the stigmatization this group experiences. Stigmatization is one of the main barriers to mental health services utilization among the African American community. Based on the study done by Stansbury et al. (2011), about one third of the respondents who identify as African American college students acknowledged how mental illness is stigmatized and viewed as a personal weakness among the African American community. Although the majority of college students were knowledgeable about how to find information about mental health and where to find these resources, the stigmatization along with other factors (cost of treatment, lack of availability of services, and so on) can still cause some individuals to be hesitant to reach out for help (Stansbury et al., 2011).

### **Social Factors and Mental Health Stigma**

When discussing social factors that contribute to the mental health stigma in the African American community, it is important to recognize how social support can play a major factor in one’s mental health. Harandi et al. (2017) establish how social support is able to provide physical and psychological advantages for anyone who is involved in stressful physical and psychosocial events. Social support can help to reduce any psychological distress that occurs when individuals are faced with stressful events. In other words, social support can reduce the negative effects of mental stress. Further evidence that supports the importance of social support includes college

students who are psychologically distressed being consistently found to be more socially isolated (Hefner & Eisenberg, 2010). Higher levels of psychological distress are also associated with individuals who, overall, have no one to confide in. This can be seen within the African American community in the sense that the social support system that surrounds African American individuals struggling with mental health can influence how more likely they are to hide their illnesses. According to Campbell and Mowbray (2016), African Americans who experience mental health illnesses and are known to have one by others reported the stigmatizing attitudes and behaviors they received from others in their community. This lack of support most likely influences individuals who were diagnosed with a mental illness to become hesitant in revealing and sharing their illness in fear of rejection, ridicule, and judgement along with the desire to seek treatment. In Lindsey et al. (2010) study about the role of mental health stigma and social support on African American boys, they express how higher levels of social support among adolescent boys predicted lower levels of depressive symptoms. This highlights the important role social support plays in mental health stigma by portraying how having a strong social support system correlates with African American boys being more open about their mental health, which can lead to a decrease in mental health stigma.

The racism and discrimination that the African American community experiences on a daily basis also contributes to the stigma the community has. African Americans students, along with other ethnic minority students, who attend predominantly white institutions (PWIs) must be able to cope with not only the new challenges and stresses that college brings, but the campus environment that they could experience as distressing, isolating, and discriminatory (McClain et al., 2016). Black students also report higher levels of race-related stressors, which can cause negative psychological outcomes. Creating these feelings of distress and isolation along with the negative attitudes the Black community has towards mental health can make it difficult for Black students to recognize symptoms of distress and seek help. Krill Williston et al. (2019) also found how experiencing racial discrimination was correlated with higher odds of individuals delaying treatment or not getting the mental health care they need. Racial discrimination can lead African American individuals to not utilize the mental health services available to them.

There are also levels of self-stigma that African Americans apply to themselves that keeps them from recognizing mental illnesses and seeking services when needed. This self-

stigma stems from various cultural and social outlets. For example, in a study that consisted of focus groups with 46 young Black male college students, these individuals reported that young Black men believed that Black men did not seek mental health care or utilize mental health services when they most likely should have. This is due to the cultural expectations of strength and endurance that Black men are supposed to have, requiring active coping and leading to these men not able to show their vulnerability (Cadaret & Speight, 2018). It was also found that the perceived stigma that African Americans experience is higher than the personal stigma, with both being higher among males in comparison to females of the same race/ethnicity (Cadaret & Speight, 2018). This further demonstrates how impactful self-stigma can be along with the gender difference of mental health stigma.

### **Medical/Healthcare Factors and Mental Health Stigma**

Not only is the mental health stigma influenced by cultural and social factors, but it is also influenced by medical/healthcare factors. Unfortunately, African American individuals can have negative experiences and consequences if they choose to follow through with seeking help for their psychological distress. Some of these negative experiences are due to the cultural mistrust and microaggressions that are done by therapists and healthcare providers (Friedman & Paradis, 2019). Not only that, but healthcare providers who are not experienced in treating ethnic patients such as African Americans tend to have problems with misdiagnosing Black patients. Friedman and Paradis (2019) explain how clinicians need to consider multiple factors when working with underrepresented populations such as misdiagnosing. This problem occurs due to differences in symptom presentation. Avoiding therapeutic ruptures is another factor that clinicians need to be aware of. Overall, clinicians must be aware of any cultural biases that exist and how those biases can influence their diagnosis on their Black patients, for those diagnoses can have an immense and possibly harmful impact on a patient. For example, research has found that Black Americans who suffer from anxiety and/or mood disorders are more likely to be misdiagnosed with a more serious illness such as schizophrenia and are then unnecessarily admitted to a psychiatric hospital (Friedman & Paradis, 2019). Problems such as this provide evidence as to why African American patients tend to be hesitant on reaching out to their healthcare providers for psychological help.

As mentioned before, mental health stigma in the Black community is further reinforced due to mistrust that Black individuals feel towards healthcare providers/systems. It is important to recognize that this cultural mistrust that has developed towards healthcare providers/systems stems from a history of mistreatment along with inhumane, horrific medical experimentation (Krill Williston, 2019). Not only that, but there is also a history of mental health providers and mental health care institutions being racially biased, racist, and discriminatory. This leads Black and any ethnic patients to view medical and mental healthcare providers as untrustworthy. This creates a barrier between the African American community and the medical/mental healthcare providers, thus leading to a mental health stigma within the African American community.

The mental health stigma that healthcare providers reinforce in the African American community is mostly due to the lack of cultural competence that some healthcare providers have. But being a culturally competent provider overall improves the care given to all patients, regardless of whether they are members of an identified minority group (Tyson & Flaskerud, 2010). If healthcare providers want to combat the mental health stigma and mistrust among the African American community and other ethnic groups, there are several factors that healthcare providers must consider. Recognizing the racism that exists at an individual, organizational, and societal level is one of these factors. Being aware of the history of discrimination and institutional bias against racial/ethnic groups and understanding their culture will also help to rebuild trust and more open communication with racial/ethnic patients. Public education is also another factor that should be explored in order to decrease stigma and increase the desire to seek help (Tyson & Flaskerud, 2010).

Mental health stigma also includes terminology that the African American population perceives as more culturally stigmatizing. For example, the African American men in this study were able to recognize certain clinical symptoms of depression such as “sadness,” but they viewed those symptoms as normal and did not connect those symptoms to having depression/major depressive disorder (Mitchell et al., 2015). This highlights how the language of depression and the language of any mental health illnesses/disorders become significant in how African American men perceive their own mental health and how they communicate their symptoms to healthcare providers. This language discrepancy that exists between racial/ethnic

patients and healthcare providers can create yet another barrier that contributes to the stigmatizing beliefs among the Black community.

Cultural/social, and medical factors play a crucial role in how African Americans view mental health and in forming the mental health stigma that exists within the African American community. These factors also play a crucial role in developing a high mental health stigma that African American males specifically experience. While coping with the everyday stressors that come with racism and discrimination, African Americans struggle to recognize when they are in distress because of their assumptions that the emotions they feel when dealing with these everyday stressors is normal. Males are also expected to portray this appearance of strength and endurance while also not being allowed to show their emotions as often as females. This is also seen with social support in the sense that being surrounded by African Americans who believe that seeking help is weak and unnecessary could cause African Americans, males especially, to delay getting help. On top of these cultural/social factors, there is also a collected sense of mistrust in the professional healthcare system due to past history of mistreatment physically and mentally. Conducting research that further explores this gender difference with the mental health stigma is needed in order to provide more knowledge and understanding not only as to why there is a gender difference with stigma, but also what is causing the gender difference and mental health stigma overall. But for right now, this research will focus solely on the mental health stigma impact on the African American community with a heavy focus on the males.

### **Methodology**

This research project will explore the relationship between mental health stigma and the African American community through a mixed methods study. Both methods will involve qualitative measures. A survey design will most likely be utilized. Using a survey method design will allow for a quick and simple collection of data in order to better understand the attitudes and views that those within the African American community have on mental health. This method will also explore the possible various levels of stigma that exists between African American males and females. An interview method will most likely be utilized as well along with the survey design method. Using an interview method will allow for commonalities, patterns, and differences to occur as various participants are interviewed. This also allows for more open-

ended questions to be asked in order to gain more insight about the attitudes and views about mental health from the African American community. Both methods will allow for open-ended questions to be asked in order to explore the experiences, attitudes, and beliefs of the participants.

## **Methods**

Due to problems with staffing at the Office of Research and Sponsored Program (ORSP), the IRB application was not reviewed. The methods discussed in this section will be in terms of what would have been done had the IRB application been approved.

### **Survey**

For the survey method, a Qualtrics with questions would be utilized. The survey would be utilized to explore participants' attitudes and thoughts towards various topics related to mental health, mental health stigma, seeking professional help, and social support within the African American community. A cross-sectional survey would be done. These surveys would be distributed electronically.

### **Interviews**

For the interview method, a set of open-ended questions will be developed to explore different topics on mental health, stigma, attitudes towards seeking help, and any other topics relating to the research project. These interviews would most likely be conducted face-to-face or via Zoom for those that cannot meet in person. This interview would be in the form of a round table talk in which participants will have a discussion to share their thoughts and opinions with one another about the question proposed.

## **Participants**

### **Survey**

The participants would be African American college students (18-25) from University of Northern Colorado. The desired number of survey participants would be more than fifty African American male college students.

## **Interview**

Participants for the interview portion of the study would be recruited by sending out an email and posting flyers asking for volunteers to participate in the interview in person or via Zoom. Some form of compensation would be provided for the participants being interviewed. The desired number of interview participants would be approximately five to seven African American male college students.

## **Site**

The research would take place at University of Northern Colorado. The interviews would be conducted in a private setting such as an office with a closed door in one of the academic buildings or privately online via Zoom.

## **Data Collection and Analysis Procedures**

Data for the intended research would be collected through responses to the surveys along with transcribing the conversations that were had between the researcher and participant during the interview process. These results would be analyzed to determine what the mental health stigma is like among the African American community. These results would also be analyzed to examine the mental health stigma difference between African American males and African American females. The goal is to also find any similarities, differences, and any overall patterns that exist about mental health stigma in the African American community. The expected results would involve African American males having a specific set of attitudes, beliefs, and thoughts regarding mental health, mental health stigma, seeking help, and social support system and how they are affected.

## **Discussion**

Due to time constraints, staffing challenges in Office of Research and Sponsored Programs (ORSP), and the IRB application not being reviewed, this discussion will focus on the expected results that could have occurred with the survey and round table talk. As mentioned, the survey would have focused on the participants' attitudes, beliefs, and thoughts towards various topics related to mental health, mental health stigma, seeking professional help, and social



support within the African American community. Because African American male college students would be taking this survey, the results would have reflected how African American males view these topics within the African American community and how these topics affect them. The survey would most likely have revealed how African American males did not discuss mental health growing up along with not being able to be vulnerable about their emotions and mental health state. This would be due to males believing that showing emotions is a sign of weakness and makes them less of a man. The survey would have also revealed how African Americans males would be more comfortable with sharing their true emotions with individuals they consider to be part of their support system (in other words, who they consider close to them). Finally, the survey would reveal the negative thoughts and beliefs that African American males hold towards seeking help such as therapy. They would most likely believe that talking to someone who is essentially a stranger to them would not help because they either do not understand the purpose of paying someone to talk about their emotions or do not feel comfortable sharing their true emotions with a stranger. However, the survey would explore how African American males do cope with mental health if they do not believe in or do therapy. The round table talk would reveal similar predicted results. The purpose of the round table talk would be to not only observe the thoughts, attitudes, and beliefs of African American males, but also how the males would interact with each other while discussing these questions that are prone to vulnerability and emotional expression.

### **Conclusion**

Due to time constraints and staffing challenges in ORSP, the IRB application was never reviewed despite being submitted months in advance. Proceeding with the survey and round table talk was unable to be completed. In the future, the survey and the round table talk will be completed to obtain results. This research will also be applied to other universities to determine if there is a pattern among the African American male college student population with the attitudes, beliefs, and thoughts towards mental health stigma and mental health-related issues within the African American community. Exploring this research topic at historically Black universities and colleges (also known as HBCUs) for comparison with those who attend predominantly White institutions (also known as PWIs) will also be beneficial to determine if there are any differences in attitudes, beliefs, and thoughts between African American male college students who attend HBCUs (who are already surrounded by individuals within their

own community) and African American male college students who attend PWIs (who are not surrounded by Black individuals).

## Appendices

### Appendix A: IRB Questionnaire

#### Questionnaire

**Questionnaire Name:** IRB - New Protocol  
**Description:** IRB - New Protocol  
**Module:** IRB **Sub Module:**  
**Protocol Number:** 2303048492 **Sequence Number:** 0  
**Principal Investigator:** Juniel Figures  
**Title:** Factors Impacting the Mental Health Stigma in the African American Community with a Focus on African American Males

- In order to qualify for Exempt Review, all of the research procedures in your study must fit into one or more of the 6 categories below. If all procedures in the research do not fall into at least one of these categories, the study does not qualify for Exempt Review and must be submitted for Expedited or Full Board Review. Please answer "yes" or "no" to all of the following category questions. Check Yes to continue.

Yes

- Category 1: Will your research be conducted in an established or commonly accepted educational setting, that specifically involves normal educational practices that are not likely to adversely impact students' opportunity to learn required educational content or the assessment of educators who provide instruction? \*\*Research involving minors as participants is acceptable under Category 1.

No

- Category 2: Will your research only include interactions involving educational tests, survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) where at least one of the following criteria is met: (i) The information obtained is recorded by the investigator in such a manner that the identity of the human subjects cannot readily be ascertained, directly or through identifiers linked to the subjects; (ii) Any disclosure of the human subjects' responses outside the research would not reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, educational advancement, or reputation; or (iii) The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review. \*\*When research involves minors as participants, Category 2 is ONLY applicable under (i) and (ii) when the research involves educational tests or the observation of public behavior when the investigator(s) do not participate in the activities being observed. Item (iii) may not be applied to research involving minors.

Yes

- Category 3: Will your research include benign behavioral interventions in conjunction with the collection of information from an adult subject through verbal or written responses (including data entry) or audiovisual recording if the subject prospectively agrees to the intervention and information collection and at least one of the following criteria is met: (A) The information obtained is recorded by the investigator in such a manner that the identity of the human subjects cannot readily be ascertained, directly or through identifiers linked to the subjects; (B) Any disclosure of the human subjects' responses outside the research would not reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, educational advancement, or reputation; or (C) The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review. \*\*This exemption cannot be used if any participants are minors.

No

- Category 4: Will your study be using secondary research data for which consent is not required? Secondary research uses of identifiable private information or identifiable biospecimens, if at least one of the following criteria is met: (i) The identifiable private information or identifiable biospecimens are publicly available; (ii) Information, which may include information about biospecimens, is recorded by the investigator in such a manner that the identity of the human subjects cannot readily be ascertained directly or through identifiers linked to the subjects, the investigator does not contact the subjects, and the investigator will not re-identify subjects; (iii) The research involves only information collection and analysis involving the investigator's use of identifiable health information when that use is regulated under 45 CFR parts 160 and 164, subparts A and E, for the purposes of "health care operations" or "research" as those terms are defined at 45 CFR 164.501 or for "public health activities and purposes" as described under 45 CFR 164.512(b); or (iv) The research is conducted by, or on behalf of, a Federal department or agency using government-generated or government-collected information obtained for nonresearch activities.  
No
- Category 5: Will your study include research and demonstration projects that are conducted or supported by a Federal department or agency, or otherwise subject to the approval of department or agency heads, and that are designed to study, evaluate, improve, or otherwise examine public benefit or service programs?  
No
- Category 6: Will your research include taste and food quality evaluation and consumer acceptance studies (without additives or safety questions)?  
No
- Will your research include any procedures that do not fit into one of the six categories above?  
No
  - Give details of the procedures that relate to the subjects' participation.  
For the interview method, this will take on the round table talk style. A set of open-ended questions will be developed to explore different topics on mental health, stigma, attitudes towards seeking help, and any other topics relating to the research project. This table talk interview will most likely be conducted face-to-face or via Zoom. For the survey methods, a Qualtrics will be used to collect the data. A cross-sectional survey will be done. These surveys will be distributed electronically via email.
  - Describe the recruitment and enrollment procedures. State the mode of communication and attach a final copy of any recruitment letter, advertisement, e-mail, transcript of verbal recruitment announcement, audio/video recording, etc. in the Notes & Attachments section.  
The recruitment process will involve flyers being hung around on campus, going to talk to my faculty advisor's classes about my project, and sending the flyers via email to my faculty advisor to send out.
  - Describe the process for obtaining consent from participants - How will informed consent be distributed to potential participants? If collecting signatures, how will signed consent forms be returned to the researchers? If consent will be obtained in a non-signature manner, provide justification as to why this process will be used. While documentation of consent is not required, projects involving (but not limited to) interactions with participants must include a consent process. Please attach all consent materials in the Notes & Attachments section.  
The consent form will be on the first page of the survey Qualtrics for participants to select "I consent, begin the study" or "I do not consent, I do not wish to participate." For the round table talk interview, a consent form will be emailed to the participants to fill out. They will fill out the form and email the form back to me beforehand or bring a physical copy to the round table talk to be given to me.

- Describe any inducement or incentive that will be offered, including the amount and timing of payments to participants. Provide justification for any inducement other than those of trivial benefit.  
A \$10 gift card will be given to each participant in the table talk interview. The gift card will be given to the participants after the interview is complete.
- Will the study involve recording identifiable information, including direct identifiers (such as name, date of birth, Bear number, etc.) or indirect identifiers (such as demographics sufficient to identify individuals considering the study population)?  
Yes
  - Describe provisions to maintain the confidentiality of the data.  
To maintain the confidentiality of the data, the recording of the table talk will be stored in a locked room. Only my faculty advisor and I will have access to this recording when we look at it during our meeting times.
  - Describe provisions to protect the privacy of participants during the course of the study, including recruitment and data collection activities. For example, might participants be publicly identified or embarrassed (i.e., "outed"), or during the conduct of the study, might participants' responses be overheard or observed by individuals outside the research team (e.g., might participants see other participants' responses on a survey in a crowded classroom or overhear interview responses)?  
To maintain the privacy, the recording of the table talk and the responses to the survey will be stored in a locked room. Only my faculty advisor and I will have access to the recording and survey responses when I bring the data to be observed with my faculty advisor during our meeting times. Each participant will be given a number so that their name is not included when transcription of the audio recording occurs, ensuring anonymity.
  - Is there any additional information you would like to provide?  
No additional information to provide.
- As Primary Investigator, I have ultimate responsibility for the performance of this study, the protection of the rights and welfare of the human subjects, and strict adherence by all co-investigators and research personnel to all Institutional Review Board (IRB) requirements, federal regulations, and state statutes for human subjects research. I hereby assure the following: The information provided in this application is accurate to the best of my knowledge. All named individuals on this project have been given a copy of the protocol and have acknowledged an understanding of the procedures outlined in the application. All experiments and procedures involving human subjects will be performed under my supervision or that of another qualified professional listed on this protocol and that there are adequate resources (investigator time, equipment, and space) to protect participants before the study begins. I understand that, should I use the project described in this application as a basis for a proposal for funding (either intramural or extramural), it is my responsibility to ensure that the description of human subjects use in the funding proposal(s) is identical in principle to that contained in this application.  
Yes

## References

- Abdullah, T., & Brown, T. L. (2020). Diagnostic labeling and mental illness stigma among Black Americans: An experimental vignette study. *Stigma and Health*, 5(1), 11-21.  
<http://dx.doi.org/10.1037/sah0000162>
- Campbell, R. D., & Mowbray, O. (2016). The stigma of depression: Black American experiences. *Journal of Ethnic & Cultural Diversity in Social Work: Innovation in Theory, Research & Practice*, 25(4), 253–269.  
<https://doi.org/10.1080/15313204.2016.1187101>
- Chatmon B. N. (2020). Males and mental health stigma. *American Journal of Men's Health*, 14(4), <https://doi.org/10.1177/1557988320949322>
- Harandi, T. F., Taghinasab, M. M., & Nayeri, T. D. (2017). The correlation of social support with mental health: A meta-analysis. *Electronic physician*, 9(9), 5212–5222.  
<https://doi.org/10.19082/5212>
- Hefner, J., & Eisenberg, D. (2010). Social support and mental health among college students. *American Journal of Orthopsychiatry*. 79(4), 491-499. <https://doi.org/10.1037/a0016918>
- Krill Williston, S., Martinez, J. H., & Abdullah, T. (2019). Mental health stigma among people of color: An examination of the impact of racial discrimination. *International Journal of Social Psychiatry*, 65(6), 458–467. <https://doi.org/10.1177/0020764019858651>
- Lannin, D. G., Ludwikowski, W. M. A., Heath, P. J., Vogel, D. L., Wolf, L. J., & Wicker, I. M. (2020). How are personal values linked to help-seeking stigma? *The Counseling Psychologist*, 48(2), 249–276. <https://doi.org/10.1177/0011000019884815>
- Lipson, S. K., Kern, A., Eisenberg, D., & Breland-Noble, A. M. (2018). Mental health disparities among college students of color. *Journal of Adolescent Health*, 63(3), 348–356.  
<https://doi.org/10.1016/j.jadohealth.2018.04.014>
- McClain, S., Beasley, S. T., Jones, B., Awosogba, O., Jackson, S., & Cokley, K. (2016, April 1). An examination of the impact of racial and ethnic identity, impostor feelings, and



- minority status stress on the mental health of Black College students. *Journal of Multicultural Counseling and Development*, 44(2), 101-117.  
<https://doi.org/10.1002/jmcd.12040>
- Mitchell, J. A., Watkins, D. C., Shires, D., Chapman, R. A., & Burnett, J. (2017). Clues to the blues: Predictors of self-reported mental and emotional health among older African American men. *American Journal of Men's Health*, 11(5), 1366–1375.  
<https://doi.org/10.1177/1557988315600064>
- Mushonga, D. R. (2020, February 18). The glass is half full: The need to promote positive mental health in black college students. *Journal of College Student Psychotherapy*, 35(4), 313-326. <https://doi.org/10.1080/87568225.2020.1727804>
- Pedrelli, P., Nyer, M., Yeung, A., Zulauf, C., & Wilens, T. (2015). College students: Mental health problems and treatment considerations. *Academic Psychiatry: The Journal of the American Association of Directors of Psychiatric Residency Training and the Association for Academic Psychiatry*, 39(5), 503–511. <https://doi.org/10.1007/s40596-014-0205-9>.
- Stansbury, K.L., Wimsatt, M., Simpson, G.M., Martin, F., & Nelson, N. (2011). African American college students: Literacy of depression and help seeking. *Journal of College Student Development* 52(4), 497-502. <https://doi.org/10.1353/csd.2011.0058>.
- Tyson, S. Y., & Flaskerud, J.H. (2010). Mental health care guidelines for culturally diverse communities. *Issues in Mental Health Nursing*, 31(8), 545-547.  
<https://doi.org/10.3109/01612841003615911>