

COMMUNITY, CULTURE, AND CARE

A Cross-Institutional Analysis
of Mental Health Among
HBCU and PBI Students



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UNCF commissioned this analysis to address research gaps in student mental health at Historically Black Colleges and Universities (HBCUs) and Predominantly Black Institutions (PBIs). The collected data enables evidence-based practice sharing and informs targeted programming development. We extend our appreciation to the Healthy Minds Study team for their expertise in mental health assessment and data analysis, and to the Steve Fund, the nation's leading organization supporting mental health for young people of color, for their valuable guidance in refining this report. UNCF remains committed to these partnerships in pursuit of sustainable improvements across the HBCU community and higher education sector.

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Executive Summary

Community, Culture, and Care: A Cross-Institutional Analysis of Mental Health Among HBCU and PBI Students delves into the mental health challenges faced by students at Historically Black Colleges and Universities (HBCUs). Collectively, UNCF's Institute for Capacity Building (ICB), the Healthy Minds Network (HMN), and the Steve Fund developed this research to better understand HBCU student experiences with mental health challenges and efforts by HBCU campuses to address these challenges. This report highlights the critical role of HBCUs in the empowerment and well-being of their communities, emphasizing the urgent need to address the mental health concerns of HBCU students.

The findings gleaned from this report reveal several core insights including:

- HBCU and PBI students face lower rates of depression and anxiety compared to national estimates
- HBCU and PBI students report higher rates of flourishing, or positive mental health
- HBCU and PBI students have lower rates of mental health service utilization compared to national estimates and show preference towards dealing with mental health challenges on their own or with the support of family and friends, rather than therapy or counseling
- HBCU and PBI students agree that mental health is a priority at their school and the majority believe their campus encourages free and open discussions about mental health
- HBCU and PBI students face unique challenges and areas such as loneliness and financial stress are associated with negative mental health outcomes
- HBCUs and PBIs have successfully created a strong sense of community among students and are uniquely positioned to utilize community as a resource to prioritize mental health and actively cultivate a culture of care
- While Black college students share similar mental health experiences, it is important to acknowledge the impact of the range of factors that comprise a person's identity. Approaching mental health programming with an intersectional lens critical in promoting positive mental health.

Overall, this report aims to comprehensively understand and effectively respond to the mental health challenges faced by HBCU students today and serves as a critical resource for stakeholders invested in promoting the well-being and academic success of HBCU and PBI students.



Background on Partnership and Initiative

Since the establishment of the first Historically Black College and University (HBCU) in 1837, these institutions have played a pivotal role in the empowerment and uplift of marginalized communities. HBCUs have not only provided opportunities for higher education and upward mobility but have also served as safe havens for building cultural communities, promoting identity formation, and encouraging self-actualization amidst significant societal challenges. The impact of HBCUs is evident in the well-being of their graduates, who are more likely to thrive in various aspects of life—physical, social, financial, purpose, and community—compared to peer college graduates from non-HBCU institutions.

To better understand and address the mental health challenges faced by HBCU students today, it is crucial to contextualize their experiences within the broader landscape of societal issues and structural-level impacts in the United States and globally. In recent years, major social and political events have reshaped public discourse and significantly impacted the lived experiences of HBCU students. These events include widespread social justice movements in response to police violence, the global COVID-19 pandemic, and increased geopolitical tensions.

UNCF (United Negro College Fund), established in 1944, has deep roots in the Black community and continues to uphold the legacy of service and excellence within HBCUs. Recognizing the emerging mental health crisis catalyzed by the multifaceted impacts of the coronavirus pandemic, UNCF launched a mental health initiative in 2020 through its Institute for Capacity Building. This effort aimed to understand and respond more effectively to the mental health challenges faced by HBCU students, faculty, and administrators.

The reality of these challenges has highlighted the need for more robust research to proactively address students' mental health needs. By building on the legacy of holistic care that HBCUs provide, there is a unique opportunity to develop proactive resources and interventions tailored to the HBCU community.

In response to the emerging perspectives and needs within the HBCU ecosystem, UNCF initiated a series of activities designed to mitigate mental health disparities. Their strategic, multi-pronged approach focuses on cultural relevance, accessibility, and research. This approach recognizes that as HBCUs increasingly center mental health supports on their campuses, they will benefit from exploring new insights into the attitudes and mindsets that best engage and empower their students, faculty, administrators, and communities.

To further this goal, UNCF partnered with the Healthy Minds Network (HMN) in 2023 to undertake a groundbreaking effort to understand the state of mental health among Black college and university students. The Healthy Minds Network, one of the nation's leading



research organizations in adolescent and young adult mental health, has been an invaluable collaborator in this endeavor. The Healthy Minds Network's commitment to improving the mental health and emotional well-being of young people through innovative, multidisciplinary scholarship aligns perfectly with UNCF's mission.

For over a decade and a half, the Healthy Minds Network has been at the forefront of mental health research in higher education. HMN's flagship project, the Healthy Minds Study, has gathered insights from more than 850,000 students across over 600 colleges and universities nationwide. This wealth of data and experience has positioned HMN as a crucial resource for post-secondary education administrators, researchers, clinicians, policymakers, and the public at large.

The partnership between UNCF and the Healthy Minds Network led to the creation of the first Black college student mental health module, designed to understand the dynamics of student mental health on HBCU and Predominantly Black Institution (PBI) campuses. This collaboration exemplifies the power of combining UNCF's deep understanding of the HBCU ecosystem with the Healthy Minds Network's extensive research expertise. The Healthy Minds Network's willingness to lean into this work, adapting their established methodologies to address the unique needs of HBCU students, demonstrates their commitment to inclusive and comprehensive mental health research.

This report aims to summarize the lessons learned through UNCF's engagement with stakeholders across the HBCU ecosystem, including the invaluable insights gained from the partnership with the Healthy Minds Network. By building on these lessons and leveraging such powerful collaborations, HBCU leaders, partners, researchers, and champions can ensure that mental health and well-being are prioritized for HBCUs and the communities they serve.

The following sections will delve deeper into the findings, challenges, and opportunities identified through this comprehensive research and engagement process, highlighting the unique perspectives gained from the UNCF-Healthy Minds Network collaboration and its potential to drive meaningful change in addressing mental health challenges within the HBCU community.

Development of UNCF Module and Report

The Black College Mental Health module (BCMh) was developed in collaboration with researchers from the Healthy Minds Network, The Steve Fund, UNCF ICB, and UNCF's Frederick D. Patterson Research Institute. Collectively, partners sought to create a survey module specific for HBCUs and PBIs to provide an accurate assessment of the current state of Black college student mental health that contributes novel research to the field and furthers



efforts on HBCU and PBI campuses to improve mental health outcomes for students. First, researchers from UNCF identified the key areas of mental health concerns at HBCUs and PBIs. This step was critical in ensuring that the survey will provide relevant data to HBCUs and PBIs to improve mental health outcomes on their campuses. Beginning with the current literature in public health and expertise from leaders in the UNCF Frederick D. Patterson Research Institute (FDPRI), researchers from all organizations worked together to identify themes, constructs, risk factors, and protective factors that are critical to capture.

Once priority areas were identified, researchers from the Healthy Minds Network and the Steve Fund selected existing validated survey measures that align with the priority areas. These survey items, some of which were drawn from the Healthy Minds Study, were modified to appropriately measure factors related to the HBCU and PBI college student experience. The Healthy Minds and The Steve Fund researchers also developed new survey items using previous research and advice from experts on the Black college student experience and how mental health is experienced by Black college students. The BCMH module was then assessed and tested by experts and survey methodologists to ensure that data is accurately captured and reflects the identified constructs and themes.

The data from the BCMH module was used to create this report on HBCU student mental health. To ensure a comprehensive report, a multi-faceted approach was taken which included three primary actions: 1) a review of current literature on Black college student mental health, 2) two listening groups with HBCU leaders including students, faculty, and staff, and 3) a strengths-based analysis and examination of data gleaned from the HMS and Black College Student Mental Health Module.

First, a comprehensive review of the current literature was conducted to thoroughly assess various areas including an exploration of the prevalence of mental health challenges among Black college students, factors related to mental health outcomes and service utilization, emerging trends and patterns, and gaps in the research to further inform evaluation for the present report. Exploring existing data on the prevalence of depression, anxiety, suicidality and other mental health measures provided an overview of the landscape of mental health among Black students and identified patterns that exist across studies. Findings from this literature review are referenced throughout each section of the report. With this deep dive into the present literature, our team was able to compare findings gleaned in our analysis with existing literature to further describe this issue holistically. Beyond prevalence, this review sought to better understand behavioral factors (e.g. stigma), environmental factors (e.g. school climate, location, size), and policy-level factors (e.g. state policies regarding access to mental health care) related



to Black college student mental health. While this literature review was primarily focused on the mental health of Black HBCU and PBI students, the search also included Black college students at Predominantly White Institutions (PWIs) to ensure a thorough understanding of the cultural norms, emerging trends, and key differences illuminated throughout. Doing this highlights how the outcomes, experiences, and behaviors of Black HBCU and PBI students differ and underscores the strengths of HBCU and PBI institutions.

To guide the evaluation, two listening groups were held to amplify HBCU community voices and engage individuals with direct knowledge of pressing evaluative needs on an institutional level to ensure the present report reflects the priorities of HBCU and PBI institutions. All partner organizations worked in collaboration to host two 90-minute sessions at different stages of the evaluation process. In total, roughly 50 students, faculty, administrators, and clinicians participated in these listening sessions. The first listening group was held prior to evaluation of the data to explore what priority areas to focus on in the analysis plan. This session was held virtually via videoconference and was well attended by students, faculty, and HBCU administrators and leaders. The feedback received from this listening group informed the analysis of the evaluation data and directed the completion of the comprehensive review of extant literature. In analyzing the data, a strengths-based approach was taken to examine the data with a lens focusing on the historical significance of HBCUs and the strengths and values they provide to students. After the data was analyzed by the evaluation team using input from the first listening group, the second listening group was held. This listening group was held in person at the 2024 UNITE Conference, UNCF's annual conference in Atlanta, GA. In this session, the evaluation team shared data gleaned from the survey and the comprehensive literature review and received critical feedback on the framing of the data, areas for improvement, and recommendations to ensure that the diversity of HBCU institutions is represented throughout the report.

Importance of this Report

To better describe the mental health challenges faced by HBCU students today, it is crucial to first contextualize their experiences within the broader landscape of societal issues and structural-level impacts in the U.S. and globally. In the last decade, major social and political events have occurred such as widespread social justice movements in response to police violence, the COVID-19 global pandemic, and increased geopolitical tensions, all of which have reshaped public discourse and impacted the lived experiences of HBCU students. Concerningly, a recent study revealed COVID-19 exacerbated already rising mental health concerns among



Black college students with over 50% of Black students meeting the criteria for one or more mental health concerns in the 2020-21 academic year.¹ The HMS data reveal that the highest levels of depression, anxiety, and suicidal ideation were reported by students of all races and ethnicities during the 2020-2021 and 2021-2022 academic years (i.e. during and immediately after the onset of the COVID-19 pandemic).^{2,3} Furthermore, HBCU students have cited the experiences of the COVID-19 pandemic that have had a continued marked impact on their lives four years after the onset of the disease spread.⁴ This sentiment also arose in listening sessions in preparation for this report as students, faculty, and staff noted the experiences current undergraduate students had during the COVID-19 pandemic prior to entry to college continues to impact their adjustment to college life and their mental health and well-being.

It is critical to consider these contemporary issues and recognize that some HBCU students have observed these social and political events throughout their childhood and early adolescence prior to arriving on campus. Current undergraduate students and incoming students for years to come have experienced drastic changes in their education by abruptly shifting to virtual learning environments and experiencing deep disappointment due to the cancellation of pivotal milestones such as major sporting events, prom, and high school graduation ceremonies. These students are arriving on HBCU and PBI campuses having already experienced considerable challenges, therefore immediate support and engagement related to mental health is critical.

The collective trauma of a global pandemic during the transition from adolescence to adulthood is an important consideration throughout this report. Throughout this developmental stage, mental health is a critical concern as 75% of mental illnesses begin by age 24.⁵ At the same time, students are experiencing major life changes including moving to a new environment, adjusting to collegiate coursework and rigor, and developing new friendships and relationships, etc. In recent years, trends indicate a large increase in prevalence of mental health concerns among Black college students. Trend data on Black student mental health from 2013 to 2021 indicate a 45% increase in depression and a 170% increase in anxiety.¹ In many ways, these figures illuminate the state of mental health among Black college students nationwide. However, they fall short in providing detailed statistics that speak to the unique challenges and experiences of HBCU students and the measured impacts HBCU institutions have on student outcomes.

While HBCUs have taken action in addressing the unique challenges of HBCU students and their mental health, it is critical to emphasize the ongoing systemic injustices occurring on an institutional level. There has been a direct and intentional underfunding of HBCUs in state



and federal budgets over many decades that has critically undermined support for HBCUs thus negatively affecting campuses' financial ability to address rising mental health concerns. In 2023, the U.S. Department of Education determined sixteen states have underfunded their HBCUs by more than \$12 billion, estimated using data from the National Center for Education Statistics.⁶ Although these systemic injustices have strained the capabilities of HBCUs over decades and limited the potential for institutional growth, these inequities have not hampered HBCUs' ability to provide high quality education and unmatched support for their students.

HBCU and PBI Impact

HBCUs and PBIs play a crucial role in promoting Black excellence in higher education. HBCUs make up only 3% of the country's colleges and universities, but enroll more than 10% of all Black students and produce almost 20% of all Black graduates.^{7,8} HBCU graduates earn 57% more in their lifetime and over 1 million dollars in additional income due to their college degree from a HBCU.⁹ These institutions are uniquely positioned to not only have a positive impact on the mental health of Black students, but also offer an excellent education that provides upward economic mobility and serves as a strong launchpad for their future success.

There is extensive literature documenting the positive effect that HBCUs and PBIs can have on Black students in myriad ways. Data from the National Bureau of Economic Research indicate that Black students who attended HBCUs were 33% more likely to graduate than Black students that attended non-HBCUs that are similar (e.g. school size, socioeconomic status of students, etc.).¹⁰ In one study, Black students who attended a HBCU had a 15.8% higher expectancy to graduate in six years compared to those that attended a PWI.¹¹ For many students, attending an HBCU has financial advantages as well. On average, the cost of attendance at an HBCU is 28% less than a comparable non-HBCU. Forty percent of HBCU students report feeling financially secure during college, as opposed to 29% of Black students at other schools.⁷ Consistent with these statistics, students that attended the pre-report listening session repeatedly shared that they perceive HBCUs and PBIs as having more support for Black students than PWIs. One student expressed concern that he might be doubted and underestimated were he to attend a PWI, whereas he felt confident that he would receive the best support system and financial assistance at an HBCU or PBI.

Beyond providing financial assistance and a system of support for Black students, HBCUs are uniquely positioned to prepare Black students for life beyond college. The Minority College Graduates Report illustrates that Black graduates of HBCUs are more likely than Black non-HBCU graduates to say that their university prepared them well for life outside of college.¹²



There is also evidence that HBCUs facilitate the economic mobility of Black students; one study found that HBCU graduates can expect to earn an additional \$927,000 in their lifetime, which is 56% more than they could expect to earn without their HBCU degree.⁷

While the role of HBCUs in the academic and economic success of Black students is well-documented, less often discussed is the role of HBCUs and PBIs in the mental health and well-being of Black college students. Throughout this report, evidence from the Healthy Minds Study demonstrates that Black students at HBCUs have more positive mental health outcomes compared to both Black students at PWIs and a national sample of students of all races at colleges and universities across the country. This overarching trend is evident across several constructs integral to the field of mental health, such as flourishing, depression and anxiety, loneliness, sense of belonging, and more, all discussed at length in later sections. In light of these results, it is important for HBCUs and PBIs to celebrate their successes while recognizing that their students still have mental health needs. The findings in this report highlight the ways in which these institutions are achieving better mental health outcomes for their students while emphasizing opportunities for intervention and innovation.

Methods

1. HMS Survey Methods

The Healthy Minds Study (HMS) is an annual cross-sectional survey examining mental health in college populations. Since the study began in 2007, over 850,000 responses from students at more than 600 colleges and universities have been gathered. The HMS survey includes three main modules administered to students at all participating institutions including Demographics, Mental Health Status, and Mental Health Service Utilization and Help-Seeking which assess topics like anxiety and flourishing. Additionally, HMS offers several elective modules that participating schools can opt into administering on their campuses.

This report used data from two academic years (2022-23 and 2023-24) of the Healthy Minds Study (HMS). Schools participating in the Healthy Minds Study during this timeframe provided a survey sample of up to 12,000 students; this could have been their entire student population (excluding those under the age of 18), a random sample, a non-random sample (e.g., student athletes only), or a combination (e.g., a random sample plus all students from a specific department). The only exclusion criterion was that students had to be at least 18 years old, and while not required, schools are encouraged to limit the sample to degree-seeking students.



The HMS used a web-based survey, and recruitment was conducted via email. Students were presented with an informed consent page and agreed to the terms of participation before entering the Qualtrics survey. Students were informed of their eligibility to enter into a drawing for one of 12 cash prizes totaling \$2000 annually (two \$500 and 10 \$100 gift cards). All students were eligible for incentives, for which participation was not required. The HMS was approved by institutional review boards on all campuses and was covered by a National Institutes of Health Certificate of Confidentiality.

2. Measures

Historically, the HMS has focused on three primary measures of mental health: symptoms of depression, anxiety, and eating disorders. The HMS survey utilizes validated screening tools to measure depression and anxiety based on student experiences during the past two weeks. The Patient Health Questionnaire, a nine-item tool, is used to measure depression.¹³ Each item was coded 0-3 and then summed to create a summary score ranging from 0-27. The Generalized Anxiety Disorder scale is a seven-item scale used to measure anxiety.¹⁴ Each item was coded 0-3 and then summed to create a summary score ranging from 0-21. The PHQ-9 and the GAD-7 have been shown to be valid and reliable instruments in samples of Black populations.¹⁵⁻¹⁸ Risk for eating disorders is measured using the U.S. version of the SCOFF questionnaire, a five-item screening tool designed to identify subjects likely to have an eating disorder.¹⁹ These items were coded dichotomously and then summed to produce a summary score ranging from 0-5. Additional measures are defined in the subsequent sections throughout the report.

3. Analysis

Sample probability weights were constructed to adjust for potential differences between responders and non-responders. Enrollment information about the sex distribution of the full student population (% male, % female, and % other) was obtained from each participating institution. Weights (the reciprocal of the estimated probability of response) were constructed from these data. All estimates throughout this report have been weighted on the basis of sex to be representative of the full student populations to which they refer.

Throughout this report, comparisons are made between students of varying identities within the UNCF cohort sample and between students in the UNCF cohort sample and other student samples. Unless otherwise noted, all differences described in the subsequent sections are statistically significant ($p \leq .05$).

4. The UNCF Cohort Sample

During the 2022-23 and 2023-24 academic years, the Healthy Minds Network collaborated with UNCF to develop and administer a Black College Student Mental Health module at participating Historically Black Colleges and Universities (HBCUs) and Predominantly Black Institutions (PBIs). In total, we analyzed 2,504 survey responses from Black students at 18 HBCUs and PBIs. The mean response rate at these institutions was 7%. This response rate is typical of HMS surveys fielded at institutions of all types, with the average response rate for all 2023-24 schools being 9%. Of the 18 institutions in this sample, 16 were HBCUs and the remaining two were PBIs. Roughly two-thirds (61.1%) of the campuses were private institutions and sixteen campuses (88.9%) were four-year institutions. Among the four-year institutions included in our analysis, campus enrollment ranged from less than 1,000 to 9,000 students. Graduation rates, defined as degree completion within 150% of the expected time, ranged from 16 to 52%. These 18 institutions represent 10 U.S. states: Alabama, Arkansas, Florida, Georgia, Louisiana, Maryland, Mississippi, North Carolina, South Carolina, and Texas.

Throughout this report, comparisons are made between the UNCF cohort sample of Black students at HBCUs and PBIs and two additional samples of students. The “national HMS sample” refers to the full sample of 76,406 students who participated in the HMS in the 2022-2023 academic year. This sample includes institutions of all types and sizes (e.g. large public institutions) and is represented by students of all races (e.g. Black, White, Asian, Arab/Arab American, etc.). The second comparison group consists of 3,368 students who identify as Black and attend PWI institutions with less than 10,000 students. This comparison group allows for examination of differences in mental health outcomes between Black students at HBCUs and PBIs and focuses specifically on Black students at small to mid-size PWIs, which are more similar in enrollment size and resource allocation.

Of the respondents in this sample, the majority were women (75%). This is common for the HMS; the vast majority of HMS school surveys have over 60% women respondents, and at HBCUs specifically, women outnumber men 3 to 1.²⁰ 3% of respondents in this sample were Transgender or Gender Expansive (TGE), which we define as respondents who identify themselves as transgender, nonbinary, genderqueer/nonconforming, and/or a self-identified gender. Respondents were mostly heterosexual, but nearly a quarter (23%) identified themselves as having an LGBTQ+ sexual orientation (in this report, LGBTQ+ refers to students that identify as gay, lesbian, bisexual, asexual, pansexual, questioning, and/or queer). The HMS survey includes five non-mutually exclusive options for Black ethnicity subgroups and response options included African American, African, Caribbean/West Indian, Afrolatino/a/x, and Other.



The majority (78%) of students picked only African American, while 9% were multi-ethnic (i.e. selected more than one response option). A detailed breakdown of the demographics of the UNCF Cohort Sample can be found in **Appendix A**. Other charts and figures referenced throughout the report are found in **Appendix B**.

Report Findings

1. Mental Health Outcomes

The HMS utilizes validated severity thresholds to assess students' positions on a continuum of symptoms. Following recommendations, the HMS establishes that PHQ-9 scores of 10-19 indicate moderate depression and scores of 20-27 indicate severe depression. Similarly, GAD-7 scores of 10-14 indicate moderate anxiety and scores of 15-21 indicate severe anxiety. Following these thresholds, 40% of students in the UNCF sample experience moderate (21%) or severe (20%) depression and 32% of students experience moderate (16%) or severe (16%) anxiety. In the UNCF sample, 9% of students are within the at-risk range for an eating disorder, indicated by a SCOFF score of 3 or more. In the HMS survey, suicidality is assessed by the question "In the past year, did you ever seriously think about attempting suicide?" followed by questions asking students whether they made a plan for attempting suicide or attempted suicide within the past year. In the UNCF sample, 17% of students endorsed suicidal ideation, followed by suicide plan (8%) and suicide attempt (5%).

Compared to the national HMS sample, students in the UNCF sample have lower rates of depression, anxiety, and eating disorder risk. However, HBCU and PBI students have slightly higher rates of suicidal ideation compared to the national HMS sample (14%). Compared to the sample of Black students at small PWIs, students in the UNCF sample have slightly lower rates of depression, anxiety, and eating disorder symptoms, but consistent rates of suicidal ideation (see Figure A).

Core Insights

Although HBCU and PBI students face mental health challenges, HBCU and PBI students have lower rates of depression and anxiety.

A growing body of literature emphasizes the importance of capturing the presence of mental well-being rather than focusing solely on the presence of negative symptoms. In other words, research suggests that the absence of mental illness is not necessarily the presence of mental health.^{21,22} In alignment with this approach, the HMS questionnaire includes the Flourishing Scale, an 8-item summary measure of respondents' self-perceived success in important areas such as relationships, self-esteem, and purpose.²³ For example, students are asked to indicate their level of agreement with statements such as "I lead a purposeful and meaningful life" and "I am optimistic about my future." Summary scores range from 8 to 56 (with each item being scored 1-7), with high scores indicating that students view themselves and their lives favorably. The HMS uses a threshold score of 48 to indicate flourishing, such that scores ranging from 48-56 demonstrate the presence of positive mental health.

Among students in the UNCF sample, 45% scored 48 or higher on the Flourishing Scale, indicating the presence of positive mental health. The three items endorsed most commonly by students were "I am a good person and live a good life" , "I actively contribute to the happiness and well-being of others." , and "I am confident and capable in the activities that are important to me" . The UNCF sample had higher rates of flourishing (45%) than students in the national HMS sample (36%) and the comparison sample of Black students at small PWIs (38%) (see Figure B).

When asked, "Which of the following most negatively impacted your mental health in the past 6 months?," students reported their top three factors as academic stress (51%), family and social relationships (42%), and grief (26%). Additionally, school work, balancing work and school and financial stress were the most often-reported stressors students had faced since becoming a student at their school, chosen more often than the other 6 other options listed. One of the listening session student attendees mentioned the academic stress at her institution negatively impacted her mental health, saying that her university was "super high pressure" with



regards to academics. She described a high level of competition, and pressure in particular for the school to produce (and for students to be) successful black women.

Core Insights

HBCU and PBI students have higher rates of flourishing and report more positive mental health compared to the national sample.

a. Stigma

Stigma is commonly identified as a barrier affecting people’s willingness to seek mental health counseling or therapy, among Black adults of all ages²⁴ and HBCU students in particular.^{25,26} Stigma is associated with depression, anxiety and suicidality among Black college students,^{27,28} and given that untreated mental health problems are associated with poor academic outcomes such as lower GPA and reduced retention, stigma and any other barriers that prevent students from seeking mental health treatment are important concerns for colleges and universities.²⁹

Stigma includes both personal stigma, defined as one’s perception or beliefs about mental health,³⁰ and perceived stigma, defined as one’s perception of how society views mental health and includes how people close to them view people faced with mental health challenges.³¹ The HMS measures both personal stigma and perceived stigma to gain understanding of how HBCU students view mental health related topics and how they believe others view mental health related topics. In this report, personal stigma is measured by the percentage of respondents who positively endorse the statement “I would think less of a person who has received mental health treatment.” Perceived stigma is measured by the percentage of respondents who positively endorse the statement “Most people would think less of a person who has received mental health treatment.” In the UNCF cohort sample, personal stigma is low (8%) compared to perceived stigma (52%). While the low rate of personal stigma is aligned with what is observed nationally, perceived stigma is higher among UNCF students when compared to the national HMS sample (41%) (see Figure C). In the UNCF cohort sample, rates of personal and perceived stigma vary across gender identities. Personal stigma is lowest among transgender & gender expansive students (3%) and cisgender women (5%) and highest among

cisgender men (13%). Perceived stigma is higher among transgender & gender expansive students (72%) compared to cisgender women (52%) and cisgender men (51%) (see Figure D).

Related to stigma, another consideration impacting students' likelihood to seek mental health services is their attitudes toward the effectiveness of mental health treatment. A 2007 study highlighted this as a predictor of help-seeking behavior among college students, such that students with skepticism about the effectiveness of therapy or medication are less likely to seek out these kinds of treatment for their mental health.³² In the UNCF sample, 57% of students believe that therapy would be helpful for them if they were having mental health concerns. This finding, coupled with an elevated presence of unmet need among HBCU students, suggests that there may be additional reasons students are not seeking mental health services that should be explored in future studies.

b. Utilization of Mental Health Services and Supports

As the prevalence of mental health concerns among college students has been trending upwards over the past ten years, so too has the demand for mental health treatment. Therapy and medication are the primary methods of clinical mental health treatment captured in the HMS. Among the UNCF sample, 28% of students reported receiving one or more sessions of therapy or counseling in the past year, and 16% reported taking one or more prescription medications for mental health in the past year. Within the UNCF sample, service utilization rates are higher among students who meet the criteria for one or more mental health challenges screened for in the HMS (namely depression, anxiety, eating disorder, suicidal ideation, and/or non-suicidal self-injury). Of these students, 36% reported past-year therapy and 20% reported past-year medication use (see Figure E). There was some variation in the number of therapy sessions attended in the past year, 39% reported 1-3 visits, 26% reported 4-6 visits, 14% reported 7-9 visits, and 21% reported 10 or more visits in the past 12 months.

The majority of students who reported therapy in the past year received services from their campus counseling center or health center (38%), an off-campus provider in the local community (22%), and/or a provider in another location, such as their hometown (48%). Additionally, 9% of students received treatment at a psychiatric emergency room, inpatient psychiatric hospital, and/or a partial hospitalization program, and 18% of students received therapy from a provider who did not fit into any of the aforementioned categories. When asked how helpful therapy or counseling was for their mental health, 66% of students think therapy or counseling was very helpful or helpful and only 9% of students think therapy or counseling was not helpful. Overall, most students found their therapy experiences helpful for improving their



mental health. These findings highlight that despite the variety of sources for mental health services, the majority of students are having positive experiences with mental health services that are helpful for their mental health which underscores the critical role of accessible mental health services in supporting student well-being.

Among students with one or more mental health challenges, students in the UNCF cohort reported lower rates of past-year mental health treatment (43%) than students in the overall national sample (57%) and Black students specifically at small PWIs (51%) (see Figure F). There are several factors that could be contributing to this pattern. One institution-level factor is that HBCUs face a unique challenge: They must provide services to students despite often having access to fewer resources than PWIs, a result of chronic underfunding and smaller endowments caused by historical inequitable distribution of funding. Therefore, one potential contributing factor could be that staff capacity and funding limitations are hindering HBCUs' ability to provide mental health treatment to all students who need it. However, there are population- and individual-level factors to consider as well, such as students' perceptions of need, personal preferences regarding mental health treatment, non-clinical help-seeking behaviors, and stigma, both personal and perceived. These constructs are discussed in greater detail throughout the report.

HBCUs and PBIs are familiar with getting creative in order to maximize their resources and meet students where they are at. A 2023 report by Active Minds and UNCF, *Lessons from Black Colleges on Mental Health and Well-Being*, outlined eight strategies currently being implemented on HBCU campuses to support mental health and well-being.³³ The centering student voices strategy from the 2023 report, which focused on supporting student organizations focused on mental health-related initiatives and utilizing peer educators as resources,³³ appeared as a theme throughout the pre-report listening session. In this session, clinicians and staff from HBCU and PBI counseling centers spoke at length about alternatives to one-on-one counseling sessions. One clinician spoke about group therapy and peer support groups as an effective resource-allocation strategy, as it allows for more students to connect with counseling services despite having limited staff capacity. Another staff member mentioned that students have reported feeling more inclined to attend a group session as opposed to a one-on-one session. To some, group sessions may feel more “low-pressure” and welcoming and research indicates that social support is a critical and effective method for promoting mental health within Black communities.^{34,35} Peer support groups were also mentioned as a tool being explored by staff on many HBCU and PBI campuses as an avenue for facilitating community support and connectedness on campus. Compared to individual therapy, research indicates peer



support groups are similarly effective in reducing mental health outcomes.^{34,36} While similar in nature, group therapy is led by a clinician, not a peer, and Black students have shown preference towards engaging in group therapy in comparison to individual therapy or counseling.³⁷

i. Knowledge of Services.

When examining help-seeking behaviors among college students, it is essential to assess their knowledge of services and personal attitudes towards those services in order to understand when and why students seek mental health treatment. One of the first steps for a student seeking treatment for their mental health involves awareness of the services available on their campus and where to find them. In the HMS, knowledge of services is assessed by measuring students' level of agreement with the statement "If I needed to seek help for my mental or emotional health, I would know where to go on my campus." Overall, students endorsed this statement at consistent rates in the UNCF cohort sample (78%), the national HMS sample (76%), and the sample of Black students at PWIs (78%). There are variations in agreement by gender identity in the UNCF cohort, with 83% of cisgender men indicating they would know where to go for services on their campus, compared to 76% of cisgender women and 62% of transgender & gender expansive students (see Figure G). It is worth noting that despite high endorsement of this measure among cisgender men, this group of students has the highest rate of unmet need, suggesting that there are other reasons why this population is not seeking or receiving mental health services.

ii. Barriers to Accessing Mental Health Treatment

In addition to mental health stigma, there are other barriers that prevent students from seeking mental health treatment. When asked for reasons why they had not sought mental health treatment in the past year, students in the UNCF sample reported their top 3 barriers to receiving treatment as not having a need for services (44%), preferring to deal with their mental health challenges on their own or with informal support from friends and family (17%), and not having enough time (15%). When students who *had* received treatment in the past year were asked why they may have received fewer services than intended, they reported their top three barriers as not having enough time (25%), financial reasons (25%), and not having a need for services (16%). HBCU students participating in the pre-report listening session shared that they wish their schools' administrations would emphasize the importance of taking care of mental health as a bigger priority, as that could help students see mental health as something worth making time for. These figures are consistent with those reported in other research, with another study using Healthy Minds data finding that 63% of Black students reported time as a barrier to receiving care.³⁸

With that being said, students in the UNCF sample are not alone in feeling burdened by school and not having the time to seek services; “not enough time” was also among the top 3 reasons students who received fewer services than intended (24%) among the HMS national sample. Between these figures, and the comments collected directly from students during the listening sessions, it seems that colleges and universities (HBCUs, PBIs, and PWIs alike) need to emphasize the importance of mental health as a priority for students and administration. These institutions must have policies in place that encourage rather than discourage taking time to prioritize mental health in an active, preventative manner.

In addition to barriers to receiving mental health services such as time, financial concerns, and alternate sources of support, there are other factors affecting the use of mental health services among HBCU students. Beyond having a lack of perceived need being an important predictor of not receiving services, Eisenberg et al. found that other factors such as being unaware of services or insurance coverage, skepticism about treatment effectiveness, and low socioeconomic background predict mental health service utilization behavior.³² While time constraints and preference for non-clinical treatments are barriers frequently reported by the UNCF student sample, the barriers presented by Eisenberg et al. still appear to hold true today, with financial reasons and no perceived need for services continuing to top the list of reported barriers among students in the UNCF and national samples.

iii. Gap in Services

In an effort to quantify the amount of untreated mental health problems on campus, the HMS measures for gaps in mental health services. A gap in services occurs when students exhibit symptoms of depression or anxiety and report no mental health treatment within the past year. In other words, these students met the criteria for moderate or severe depression or anxiety and yet did not report receiving any therapy or medication in the past 12 months. Untreated mental health challenges, such as depression and anxiety, are often associated with poor academic outcomes, including lower GPA and higher dropout rates.²⁹ In addition, students with moderate or severe depressive or anxiety symptoms have a higher prevalence of non-suicidal self-injury, suicidal ideation, and suicide attempts compared to students with no or minimal symptoms of depression or anxiety.³⁹ Quantifying unmet need is one way for colleges and universities to better understand service utilization trends on their campuses and to begin addressing barriers that may be preventing students from seeking or receiving services.

Students in the UNCF cohort sample have higher rates of unmet need (54%) compared to students in the national HMS sample (41%). This is also true of Black students at small PWIs, such that 47% meet the conditions for unmet need (see Figure H). These data demonstrate that



students at other institutions are seeking and/or receiving services at higher rates than their peers on HBCU and PBI campuses. To elucidate the elements contributing to this pattern, a follow-up question asks students to indicate which factors have caused them to not receive any mental health services. Among students reporting no past-year treatment, 44% endorsed the “No need for services” response option. A study using HMS data determined that perceived need is a predictor of whether or not students seek mental health treatment³² and therefore, if a student does not perceive themselves as having a need for services, it is likely that they will not seek treatment at all. Among the UNCF sample, over 27% of students with positive screenings for depression or anxiety who did not receive any past-year treatment selected “No need for services” as a reason why. These results imply that a notable proportion of students did not perceive a need for mental health services despite their PHQ-9 and/or GAD-7 scores indicating otherwise. Furthermore, 22% of students with depression or anxiety and any past-year treatment endorsed the “Prefer to deal with issues on my own or with support from family/friends” response option. Similarly, this indicates that a notable proportion of students may not have pursued mental health treatment (in the form of therapy or medication) at all, due to personal preferences. These findings underscore that although HBCU and PBI students who indicate symptoms of depression and/or anxiety sought mental health treatment at lower rates than Black students at small PWIs and students in the HMS national sample, many of them did not perceive a need to seek services or they showed preference towards dealing with mental health challenges on their own or through support from family and friends.

In evaluating unmet need within the UNCF cohort sample, stark differences emerged. Cisgender men have the highest rate of unmet need at 61%, compared to 50% of cisgender women and 38% of transgender and gender expansive students. Heterosexual students have higher rates of unmet need (56%) than LGBQ+ students (47%) (see Figure J). These trends indicate that transgender and gender expansive students, along with LGBQ+ students, tend to seek and receive mental health services at a higher rate than their cisgender and heterosexual peers.

Core Insights

While HBCU and PBI students with mental health symptoms have lower rates of service utilization compared to other students, many perceive themselves as not needing services. Many students show preference towards dealing with mental health challenges on their own or with the support of family and friends.

iv. Non-Clinical Help-Seeking

Not all people seeking support for their mental health are able to, or choose to, seek clinical support by way of traditional therapy, instead choosing to seek that support from other sources, otherwise known as “non-clinical help-seeking.” In the Healthy Minds survey, this is assessed by asking students to report whether they have “received support for their mental or emotional health from any of the following sources,” including but not limited to friends, family members, faculty or staff members, a religious counselor or other religious contact, and support groups.

While 35% of UNCF cohort students reported receiving therapy in the past year, 59% of students reported receiving non-clinical support for their mental health. The most commonly-reported sources of non-clinical mental health support are friends (35%) and family members (35%), followed by significant others (27%), roommates (9%), and religious contacts (7%). 5% and 3% of the sample reported seeking support from faculty members and staff members, respectively. Transgender and gender expansive students, in addition to LGBQ+ students, leaned a bit more on these non-clinical sources of support compared to their cisgender and heterosexual peers. 87% of transgender and gender expansive students reported receiving any non-clinical support for their mental health in the past year, compared to 62% of cisgender women and 53% of cisgender men. Similarly, 68% of LGBQ+ students sought support from these sources compared to 56% of heterosexual students (see Figure K).

Further analysis of non-clinical help-seeking by gender identity reveals interesting differences. Nearly 60% of transgender and gender expansive students reported receiving support from friends, compared to only 35% of cisgender women and 31% of cisgender men. TGE students also reported higher rates of support from faculty members (11%), support groups (9%), and significant others (30%). The TGE group also reported *lower* rates of support from family members (28%) compared to cisgender women (36%) and cisgender men (32%).

v. Campus Mental Health Culture

Present literature suggests that students' perceptions of their campuses' mental health culture have a marked impact on mental health help-seeking behaviors. A 2024 study found that students with less favorable ratings of their campuses' mental health culture were less likely to seek help for mental health needs, and when they did, they were more likely to describe the responses of faculty and staff as unsupportive.⁴⁰ In the UNCF sample, 78% of students agreed that students' mental well-being is a priority at their school, and 55% of students agreed that their campus encourages free and open discussion about mental health.

Interestingly, these findings are in contrast to what some students shared at the first pre-report listening session. The students in this session described a sense of passivity in their schools' approaches to mental health. Multiple students voiced concerns over how their institutions seemed to only mention mental health in response to a major event or tragedy, rather than taking a preventative, normalizing approach to mental health. One student spoke about the culture of care and support that emerged in the aftermath of a tragedy on their campus, only for that culture to dissipate after a couple of weeks. The experiences shared by students highlight areas that can be improved in future efforts to address mental health. A current strength of HBCUs is that the majority of students feel mental health is a priority at their school. HBCUs can build on this positive momentum by prioritizing efforts to enhance discussions around preventing mental health challenges, normalizing conversations about mental health, and sustaining a culture of care over time.

The HMS data reveal that in the past year, 23% of students in the UNCF sample spoke with a member of their school's academic personnel (e.g. instructors, advisors, or other academic staff) about mental health problems that were affecting their academic performance. Of these students, 92% described the response of the academic personnel as very supportive or supportive, with only 8% of students describing the response as not supportive or very unsupportive. Students were asked to hypothesize with whom they would speak at their school if they had a mental health problem that was affecting their academic performance. Results indicated that 45% of students expressed willingness to speak with a professor from one of their classes, 17% with another faculty member, 47% with an academic advisor, 4% with a teaching assistant, 25% with a student services staff member, and 19% with the Dean of Students or class dean. This is promising evidence that students are increasingly willing to confide in faculty, staff, and administrators at their school about mental health concerns. Colleges and universities

must continue fostering a culture that prioritizes the mental health of students so that these conversations become more and more commonplace.

Core Insights

Stigma generally has decreased among Black students, and most HBCU and PBI students agree that mental health is a priority at their school. Additionally, the majority of students believe their campus encourages free and open discussion about mental health.

2. Social Factors of Mental Health

The HMS survey collects information about characteristics and health behaviors that the HMS team and other researchers have found to be significantly associated with negative or positive mental health outcomes. A factor related to mental health commonly assessed among college students is substance use which is associated with poorer mental health, well-being, and increased stress.^{41,42} Overall, HBCU students reported lower rates of substance use compared to the HMS national sample. A comprehensive analysis of substance use and its relationship to mental health was beyond the scope for the purposes of this report. After a thorough literature review, the researchers found factors such as loneliness, financial stress, the unique culture at HBCUs, sense of belonging, and identity connectedness were most salient for the purposes of this report. The following subsections identify and describe these factors in detail to support future development of targeted, preventative mental health interventions that support increased help-seeking and lead to more positive mental health outcomes among college students.

a. Loneliness

Loneliness is a relatively recently-emerging public health problem that has a considerable effect on individuals' mental and physical health, including increased risk for health conditions like cardiovascular disease, substance use disorders, and mental health problems such as depression.⁴³⁻⁴⁶ To measure loneliness, the HMS survey uses the UCLA 3-item Loneliness scale, which asked students how often they feel like they lack companionship, feel isolated, or feel left out, with each item scored 1-3.⁴⁷ Summed scores of this scale range from 3-9, with a score of 6 or higher indicating a "high" level of loneliness. Other survey items that the HMS uses to assess loneliness include questions about having friends at school that respondents



can share their thoughts and feelings with; having a group, community, or social circle where they feel they belong; and feeling they are part of their campus community.

Among the UNCF sample, the mean loneliness score was 5.7 on the 3-9 scale. Using a threshold of 6 or higher, this translates to 56% of students with high levels of loneliness, which is similar to the prevalence of high loneliness scores among the national HMS sample (55%). The UNCF sample had a smaller proportion of students with high loneliness scores (56%) compared to the 58% of Black students at PWIs with loneliness scores of 6 or higher (see Figure L). While this difference may seem small, it translates to 100 fewer students experiencing the negative effects of high loneliness on a campus of 2,500 students. Examining the loneliness scale items more closely reveals that 21% of UNCF students often feel that they lack companionship, 23% often feel left out, and 28% often feel isolated. This is comparable to the national HMS sample, in which 21% of students report often feeling that they lack companionship, 24% often feel left out, and 28% often feel isolated.

Among the UNCF sample, loneliness is most prevalent among transgender and gender expansive students, with 94% of these students meeting the criteria for high loneliness scores, compared to 57% of women and 53% of men (see Figure M). Though separate from the 3-item loneliness scale, it is worth noting that nearly 74% of students in the UNCF sample endorsed the statement “When I feel sad or down, I tend to keep those feelings to myself.” This percentage may seem high, but it is considerably lower than the proportion of students indicating agreement with this statement in the national HMS sample (83%) and the sample of Black students at small PWIs (86%). Furthermore, the UNCF cohort data reveals that this measure follows a similar pattern to loneliness when broken down by gender identity, such that 83% of transgender and gender expansive students endorsed keeping their negative feelings to themselves, compared to only 74% of women and 75% of men.

Loneliness is considered a risk factor in that it is associated with various other negative mental health outcomes. For example, in the HMS data, high loneliness is associated with suicidal ideation, such that among students experiencing depression or anxiety, those with high loneliness scores are more likely to report experiencing suicidal ideation in the past year compared to their peers with low loneliness scores. These data suggest that college students’ negative mental health symptoms can be exacerbated by feelings of being left out, isolated, or lacking companionship. Many HBCUs, PBIs, and PWIs alike are making efforts to combat loneliness by creating spaces and opportunities for connection, providing peer mentorship programs, and hosting events designed to establish relationships between students.³³ These initiatives are also conducive to cultivating community and facilitating a sense of belonging

among students, factors of positive mental health outcomes that are discussed in greater detail throughout this report.

b. Financial Stress

Financial stress is a long-standing concern for college students that has received increasing levels of attention by the mental health field in recent years. The 2011 ACHA National College Health Assessment found that finances were ranked as the second largest stressor among college students, following academics, and another study found that seven out of 10 college students reported experiencing stress related to finances.⁴⁸ Financial stress is associated with poor academic outcomes, such as GPA and retention, in addition to poor mental health outcomes, such as depression and anxiety.⁴⁹⁻⁵² For instance, in a 2011 study, 78% of students who attempted suicide during their time in college cited financial stress as a reason contributing to their attempt.⁵³ Financial concerns are even more prevalent among Black students and students at HBCUs, such that over 70% of HBCU students are eligible for federal Pell Grants.⁵⁴

A major contributing factor to the financial stress of college students is student loan debt. Data suggests that Black college students experience more debt-related stress than their white peers, owing an average of \$5,000 to \$10,000 more than white debtors from comparable backgrounds.⁵⁵⁻⁵⁶ This stress influences mental health and acts as a predictor of negative outcomes such as guilt, sadness, fatigue, and general negative emotion.⁵⁷ College students indicating high levels of stress related to student debt also report feeling generally more “tense, anxious, and nervous.”⁵⁸

In order to measure financial stress, the HMS survey asks students to indicate whether their current financial situation is always, often, sometimes, rarely, or never stressful. Of the HBCU and PBI students surveyed, 52% described their current financial situation as always (23%) or often stressful (28%). This is higher than the 43% of the national HMS sample that described their current financial situation as always (18%) or often stressful (25%). The highest proportion of high financial stress lies within the sample of Black students at small PWIs, of which 54% reported their financial situation as always (26%) or often stressful (28%) (see Figure N).

The data creates a clear pattern of mental health outcomes across level of financial stress whereby students who are always or often stressed about their current financial situation have higher rates of depression, anxiety, eating disorder risk, suicidal ideation, and suicide attempt compared to students who are sometimes, rarely, or never stressed about their current financial situation. This phenomenon is best illustrated by the stark contrast in mental health between “always stressed” and “never stressed” students: 78% of “always stressed” students experience



one or more mental health problems (depression, anxiety, eating disorders, suicidal ideation, and/or non-suicidal self-injury) compared to only 26% of never stressed students (see Figure P). In addition, there are concerning levels of suicidality among financially stressed students. A troubling 28% of students with high levels of financial stress reported experiencing suicidal ideation in the past year, with 14% indicating they have made a plan for attempting suicide and 8% reporting a past-year suicide attempt. In contrast, among students with low levels of financial stress, 12% considered suicide, 3% made a plan, and 3% attempted suicide in the past year. As one might expect, flourishing, or “positive mental health,” is negatively correlated with financial stress, such that only 33% of students with “always stressful” financial situations meet the criteria for flourishing, compared to 55% of students with “never stressful” financial situations.

It is not surprising that Black students at both HBCUs/PBIs and PWIs report feeling more financial stress than their white counterparts. A 2024 report documented that Black students have more obligations and responsibilities at home compared to their peers, which is one reason why it takes them longer to graduate from college.⁷ The same report outlined that nearly 65% of Black college students are pursuing a degree in addition to managing full-time work and family responsibilities. Furthermore, nearly 52% of HBCU students are first-generation college students, compounding the stress that many of these students experience.⁵⁹ HBCUs and PBIs understand the circumstances often faced by their Black students and make intentional efforts to ease this burden, which is why 40% of HBCU students report feeling financially secure during college, as opposed to only 29% of Black students at PWIs.⁷ This evidence, supported by the HMS data, suggests that Black students are less likely to experience high levels of financial stress when attending an HBCU, and are therefore less likely to experience symptoms of depression and anxiety that result from this type of stress.

Core Insights

The data shows that HBCU students face unique challenges, and areas such as loneliness and financial stress are associated with negative mental health outcomes. HBCUs and PBIs can focus efforts in these areas to develop interventions that center these challenges to engage Black students in positive mental health programming.



c. *HBCU Culture*

A consistent theme that emerged during the listening sessions is that HBCUs and PBIs prepare Black students for life after college *beyond* the academic and economic ways commonly cited in the literature. According to HBCU students, staff, and alumni, HBCUs set students up for success by fostering a culture that allows Black students to explore their identities, build community, and celebrate their resilience. Having a strong sense of one's racial identity, or having a positive attitude towards and feelings about one's ancestry and race, has been shown to positively contribute to mental health outcomes and serve as a protective factor for individuals.⁶⁰ HBCUs cultivate an environment that affirms and uplifts Black students' racial identity which for many students may be an important factor in moving the needle toward decreasing depression and anxiety among this population. An HBCU alum and administrator commented that "these institutions are best equipped to support and develop the spirit of the young Black generation." In line with this sentiment, one student shared that "[My HBCU] cultivates a strong sense of identity and culture of achievement." Through conversations with those who understand the HBCU experience firsthand, it is clear that HBCUs provide students with a unique, transformative experience that shapes their mind and spirit and launches them into adulthood with a strong sense of self and community. HBCUs and PBIs have this impact on their students through a series of cultural elements described in this section.

Sense of Belonging and Identity Connectedness

Sense of belonging is a critical factor for positive mental health and persistence throughout college.⁶¹ Students with a strong sense of belonging feel community on their campus which for many leads to a more positive collegiate experience that supports their retention and persistence as they matriculate through college and positively impacts their mental health. Black students at HBCUs experience belonging differently than Black students attending PWIs, as HBCUs provide a unique opportunity to engage in Black culture in an environment that provides shared identities with peers. In this survey, 83% of HBCU students indicated a sense of belonging on their campus, indicated by any level of agreement with the statement "I see myself as part of the campus community." This is higher than students in the national HMS sample (73%) and the sample of Black students at small PWIs (72%) (see Figure Q). However, as discussed previously in this report, transgender and gender expansive students report lower levels of sense of belonging on their campuses compared to cis-gender men and women and thus are an important group to support and engage throughout their HBCU experience.



In addition to having community, a strong social circle, or a group where one feels belongingness, identity connectedness is also an important predictor of positive mental health. 54% of the UNCF sample agreed with the statement “I have a group, community, or social circle at [my school] where I feel I belong (feel at home, known, connected to, supported in my identity).” Additionally, 60% of students endorsed the statement “I have friends at school with whom I can share my thoughts and feelings.” This feeling of connectedness to their campus community may explain why Black students at HBCUs have lower rates of loneliness and a stronger sense of belonging compared to Black students at small PWIs.

Core Insights

HBCUs and PBIs have successfully created a strong sense of community among students. These institutions are uniquely positioned to utilize community as a resource to prioritize mental health and actively cultivate a culture of care.

3. Intersectional Identities

This report highlights the diverse experiences of HBCU students, with special focus on those experiences related to gender identity and sexual orientation. Intersectionality is a theoretical framework that describes how individual identities and characteristics (e.g. race, gender, sexual orientation) intersect within the individual experience and reflect systems of oppression and privilege (e.g. racism, sexism).⁶² The intersection of race and gender is critical to explore particularly because experiences with race and gender differ among Black cisgender men and women, transgender and gender expansive students, and across the spectrum of sexual orientations. These experiences are deeply personal and unique, and this section aims to uplift and explore the nuanced challenges and perspectives of students navigating their identities on HBCU campuses.

a. Transgender, Gender expansive, and LGBQ+ Students

Consistent with the literature and the national HMS sample, Transgender/Gender Expansive (TGE) students in the UNCF sample have lower rates of flourishing and higher rates of depression, anxiety, and suicidal ideation than their cisgender peers. The same is true for LGBQ+ students compared to heterosexual students. Rates of flourishing are also lower among LGBQ+ students (31%) and TGE students (26%) than heterosexual (50%) and cisgender students (45%) (see Figure R). LGBQ+ students also have a higher prevalence of high loneliness

(71% had loneliness scores of 6 or higher) than heterosexual students (52%). These differences are not unique to HBCUs and PBIs, with similar rates of flourishing (24%) and loneliness (68%) among LGBTQ+ students in the national HMS sample. In fact, studies show that 33.7% of Black LGBTQ+ youth want to attend an HBCU because they believe they'll be more supported in the HBCU environment.⁶³

Overall, research shows that transgender young adults are more likely to suffer from depression, anxiety, suicidal thoughts and attempts, self-harm, and eating disorders compared to their cisgender peers,^{64,65} with some studies reporting that transgender youth and emerging adults have up to 3 times increased risk of these adverse mental health outcomes.^{66,67} Black transgender youth, while having similar rates of adverse mental health outcomes compared to their white transgender peers, have been shown to have higher rates of mental health symptoms than Black cisgender youth.⁶⁸ The research also stresses the need for an intersectional approach to mental health care for Black transgender people,⁶⁹ and that access to gender affirming mental health care has clear racial lines, with both Black and Hispanic/Latine transgender people experiencing greatly decreased access to care compared to their white peers.⁷⁰

One study that analyzed data from 28 U.S. Colleges and Universities showed that college students experiencing a greater number of axes of oppression and discrimination reported lower sense of belonging, higher loneliness, and that those two factors were associated with greater depression and anxiety than their peers.⁷¹ In line with this research, TGE students in this cohort of HBCUs and PBIs have higher rates of loneliness and isolation from campus life than cisgender students, as well as lower rates of belonging and identity connectedness. That being said, TGE students in this cohort were more likely to feel a sense of campus belonging than Black TGE individuals at small PWIs.

These results, in line with the existing research, demonstrate that mental health interventions on college campuses need to include intersectional approaches in an effort to cultivate belonging, inclusivity, and mental health service utilization among students with intersecting identities, such as their transgender and gender expansive students.³⁸ A few such strategies that emerged during the pre-report listening conversations with HBCU faculty and staff included being intentional about hiring LGBTQ+ faculty and staff, requiring LGBTQ+ competency trainings for faculty and staff, establishing an LGBTQ+ advisory council or alliance group, offering courses related to LGBTQ+ topics, ensuring the availability of gender-inclusive housing and restrooms, and hosting events that engage both on- and off-campus LGBTQ+ organizations.

b. Black Women at HBCUs

Given the majority of the sample identified as cis-gender women, experiences of cis-gender women at HBCUs are important to explore in this report. Concerningly, 61% of Black women in the sample met criteria for one or more mental health problem (e.g. depression, anxiety, eating disorder, suicidality) and 20% of Black women reported previous thoughts of suicide in the past year. Existing literature indicates that there are overlooked factors that contribute to negative mental health outcomes among Black women and also more culturally responsive approaches to considering and addressing this issue. The superwoman schema is a conceptual framework, developed by Cheryl L. Woods-Giscombé,⁷² that provides a culturally sensitive approach to understanding and explaining mental health among Black women. The superwoman role among Black women is characterized as five dimensions that include a perceived obligation to present an image of strength, suppress emotions, a resistance to vulnerability, a motivation to succeed despite limited resources, and prioritization of caring for others over self-care.⁷³

The Giscombe Superwoman Schema Questionnaire (G-SWS-Q) is a 35-item scale with 5 subscales. The HMS tool assessed only five measures from the G-SWS-Q, due to survey length. The scale is measured on a scale of 0 to 3, 0 being “this is not true for me” and 3 “this is true for me all the time” for the following items: “I try to present an image of strength”, “My tears are a sign of weakness”, “Asking for help is difficult for me”, “No matter how hard I work, I feel like I should do more.”, and “I put everyone’s needs before mine.” Among the sample, 83% of Black women reported they try to present an image of strength sometimes or all of the time. Furthermore, 76% of Black women reported that no matter how hard they work, they feel they should do more sometimes or all of the time. Collectively these measures demonstrate that Black women are under pressure to perform at high levels and to always appear strong to others. The literature suggests this is detrimental to mental health outcomes among Black women. Coupled with the understanding that HBCUs enroll the nation's brightest Black students, Black women at HBCUs are describing immense pressure to not only succeed but to excel above and beyond.

This experience is critical for HBCU campuses to understand in order to properly validate Black women’s experiences and address their mental health needs as they navigate high-pressure experiences through effective programming and interventions. Sister circles, which are support groups of Black women that foster a sense of community through strengthening established friendships and networks, already exist within the Black community on college campuses, churches, community organizations, etc.³⁴ This sense of community has



been engaged to support Black women through many concerns including mental health and has been found to be an effective method for delivering mental health support for Black women.³⁴ While less is known about its effectiveness on HBCU and PBI campuses specifically in the literature, this strategy has been successful in other settings (e.g. churches, service organizations) where Black women seek community and thus may be an important avenue to explore in promoting positive mental health and offering effective support for Black women.

c. Black Men at HBCUs

The Black male experience in the US is distinct. Black men are often confronted by oppression and bias, and are persistently subjected to systems of power and injustice. Major sociopolitical events and tragic injustices have occurred, videos of which have been widely shared publicly. These tragedies have prompted widespread public discourse about Black male lives and have been linked to negative mental health outcomes.⁷⁴ Yet, Black male mental health continues to be a topic that is often approached with reluctance or avoidance. The intersection of identifying as male and Black presents a complex challenge, as Black men face pressure to conform to masculine norms, such as avoiding displays of vulnerability and prioritizing work, and face negative and harmful stereotypes of hypersexuality and hypermasculinity.³⁶ Similar to the superwoman schema, experts have identified consistent patterns of tremendous stress, responsibility, and “high effort” coping behaviors employed by Black men called John Henryism.⁷⁵ Named after the folk hero John Henry who worked himself to death, John Henryism is broadly categorized as exerting extra effort to succeed to cope with societal pressures and racial barriers and has been found to lead to negative impacts on one’s physical and mental health.^{75,76}

In the present sample, among all HBCU students, men had the lowest levels of mental health challenges compared to women, transgender, and gender expansive students, so it is not surprising they also reported the lowest levels of therapy and medication. However, among all students who scored positive for mental health challenges, compared to women, transgender, and gender expansive students, men had the highest prevalence of unmet need (61%) meaning a large proportion of men who exhibit symptoms of mental health challenges did not receive the necessary supports or treatment for their mental health challenges, highlighting a critical gap in mental health service utilization within this population.

Similar to Black women, recent programming and interventions have been focused on providing social support through peer support groups for Black men and have been found to be effective in reducing depression and spreading awareness on mental health topics that speak to

the experiences of Black men.³⁶ Barbershop talks have been held on campuses to engage in an all-male conversation about topics such as mental health and decrease the stigma surrounding mental health.³³ Programming such as this is important as Black men largely receive social support from their peers.⁷⁷ This suggests that leaning into social support on HBCU campuses can possibly serve as a vital and effective strategy in increasing mental health help-seeking behaviors among Black young adults.

Core Insights

While Black college students share similar mental health experiences, it is important to acknowledge the impact of diverse identities. Approaching mental health programming with an intersectional lens will center identity, which is critical in promoting positive mental health.

Conclusion: Mental Health Call to Action

HBCUs and PBIs play a pivotal role in not only the training and education of Black leaders and scholars, but also in supporting the mental health of Black students by fostering a culturally affirming environment that recognizes and addresses Black students' unique experiences and challenges. With mental health concerns being an urgent public health concern, the community and access to tailored resources for Black students that are uniquely offered at HBCUs and PBIs not only contribute to improved mental well-being but also empower students to navigate systemic barriers more effectively. These vital institutions are intentional about serving Black students as their mission and Black students thrive on these campuses because *they* are the focus, as all programs, services, and events are designed with Black students at the center. Findings from this report highlight concerning statistics regarding mental health among Black students and acknowledge that they face unique challenges their peers from other racial groups and institutions do not. While HBCUs and PBIs are well-positioned to assist students in navigating these challenges, the elevated prevalence of mental health concerns underscores the need for increased support and resources to address the alarming trends indicating declines in mental health.



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Appendix A

Appendix A. Sample Characteristics	
<i>Sociodemographics</i>	N=2,504 n (%)
Gender	
Woman	1,882 (75%)
Man	564 (23%)
Transgender or Gender Expansive	63 (3%)
Sexual Orientation	
Heterosexual	1,750 (73%)
Other	648 (27%)
Black Ethnicity Subgroup	
African	178 (7%)
African American	1,959 (78%)
Caribbean	93 (4%)
Afrolatin	12 (<1%)
Other	27 (1%)
Multi-ethnic	223 (9%)
Age Group	
18-25 years	1,955 (78%)
26-30 years	157 (6%)
31-35 years	111 (4%)
36-40 years	73 (3%)
41+ years	208 (8%)
Degree Program	
Undergraduate	2,078 (85%)
Graduate	268 (11%)
Technical diploma or certificate	10 (<1%)
Other/Non-Degree Program	77 (3%)
Year in School	
Year 1	853 (36%)
Year 2	599 (25%)
Year 3	471 (20%)
Year 4	349 (15%)
Year 5	71 (3%)
Year 6 or more	47 (2%)
Year 7 or more	19 (1%)
International Student	
Yes	151 (6%)
No	2,335 (94%)
First Generation College Student	
Yes	495 (20%)
No	2,009 (80%)



Appendix B

Figure A.

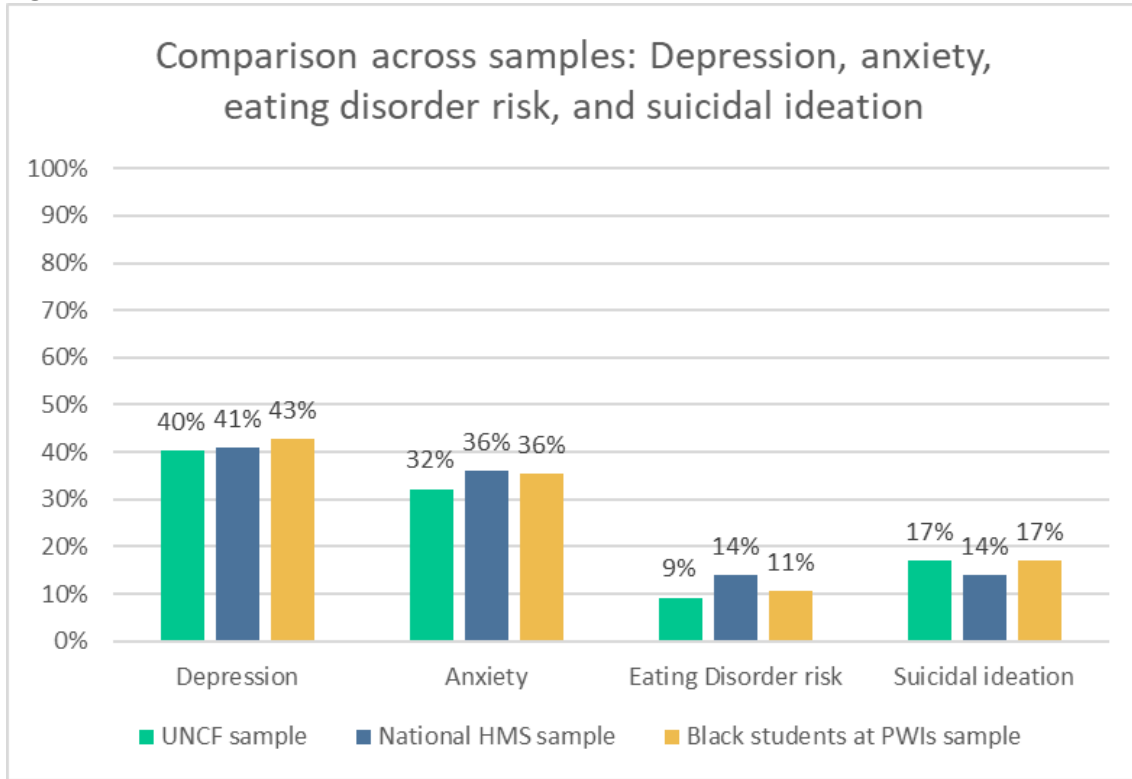


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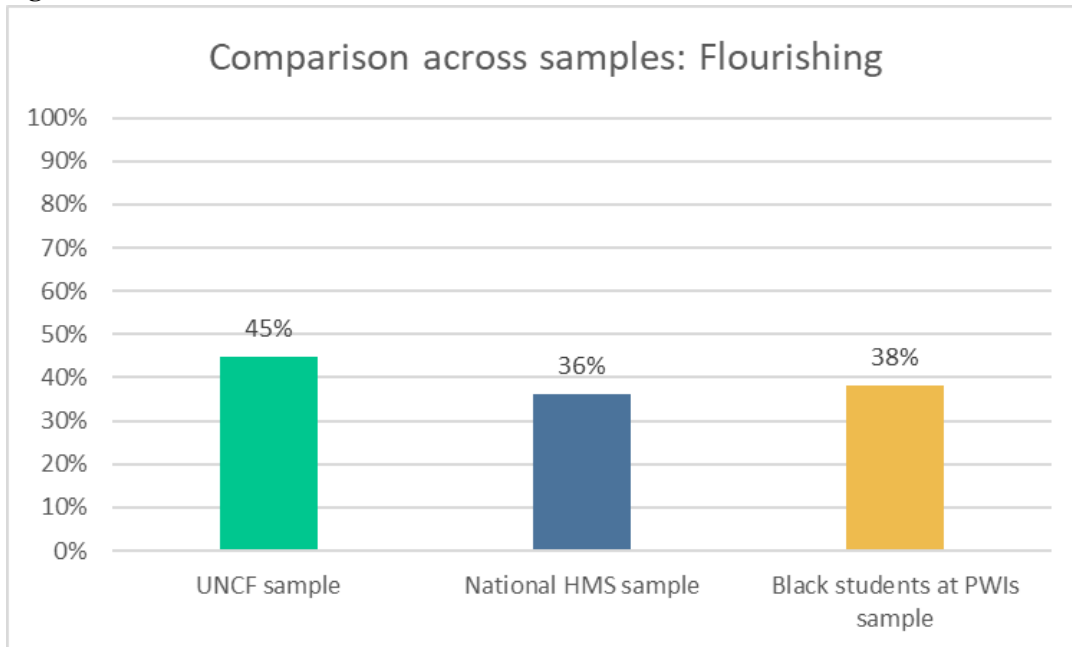


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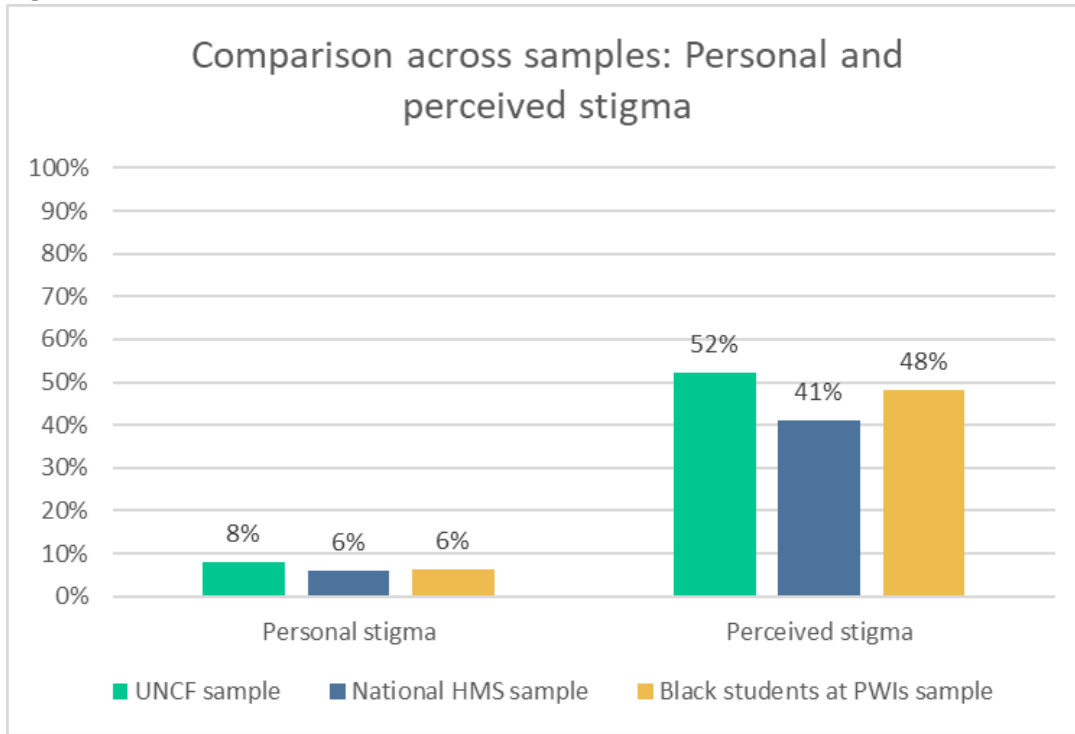


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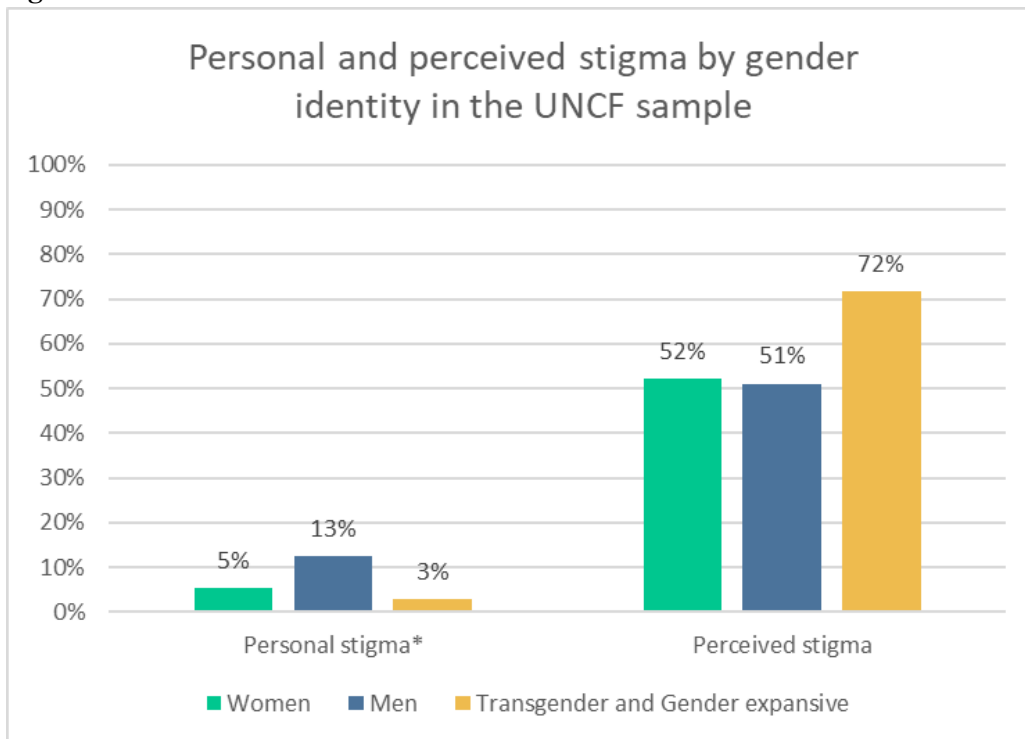


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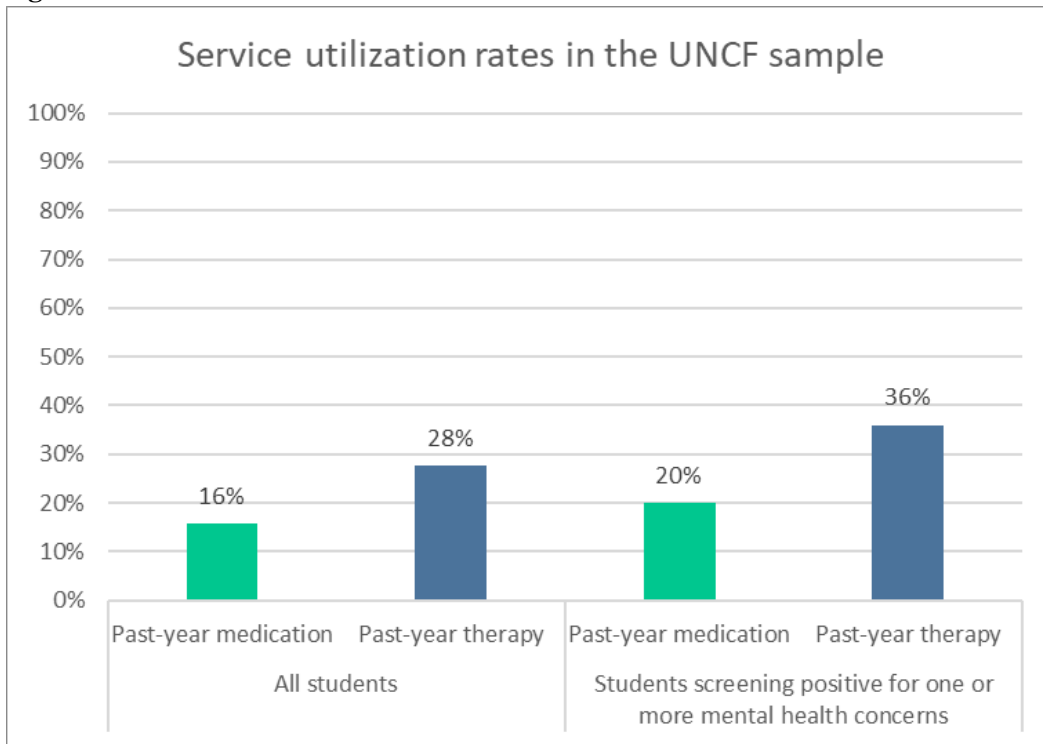


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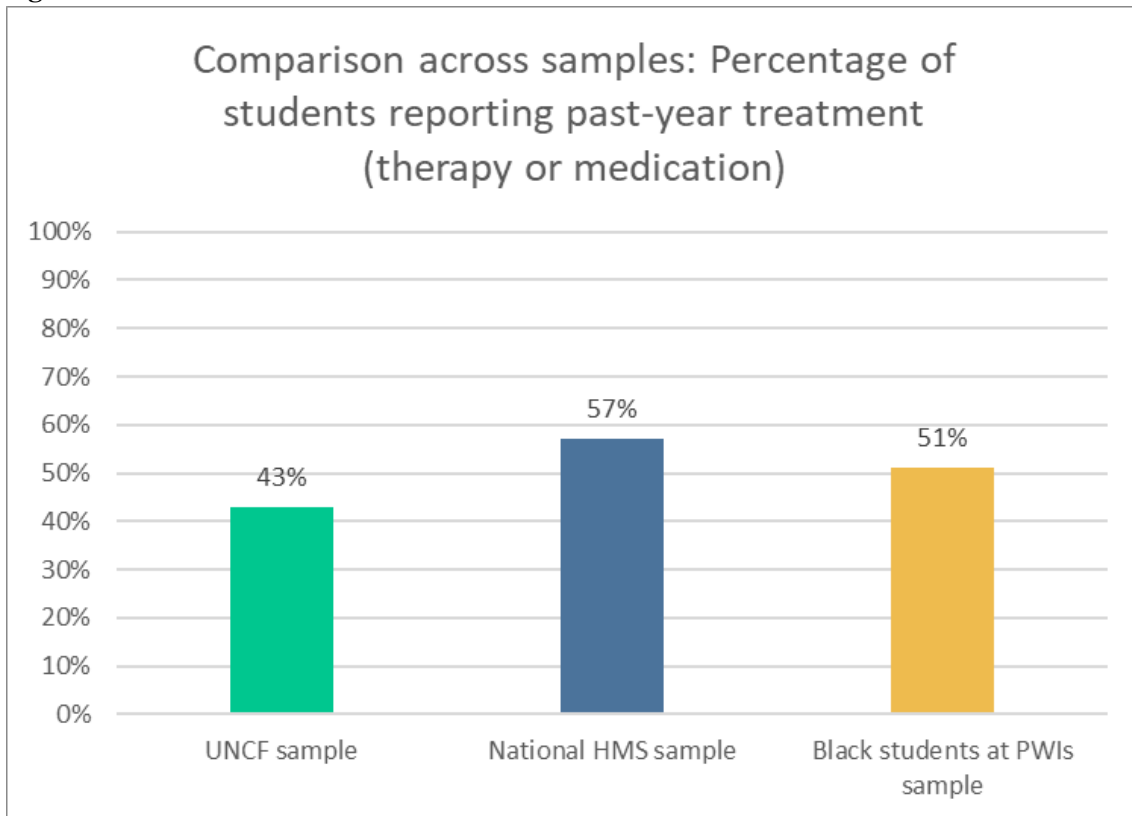


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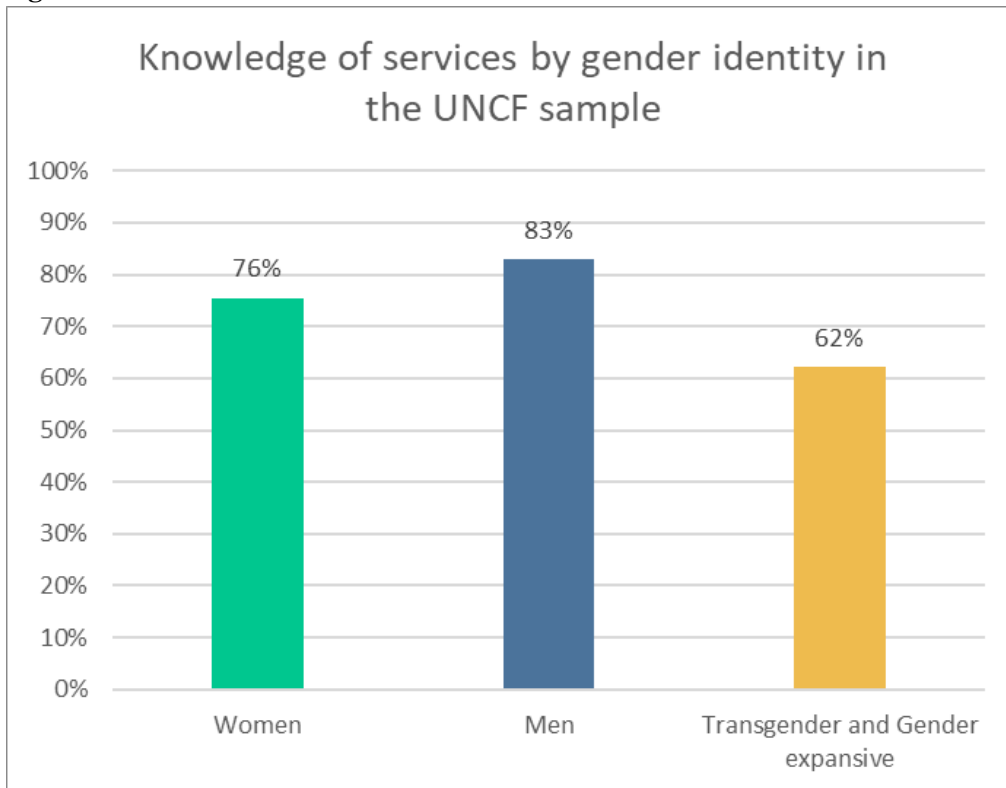


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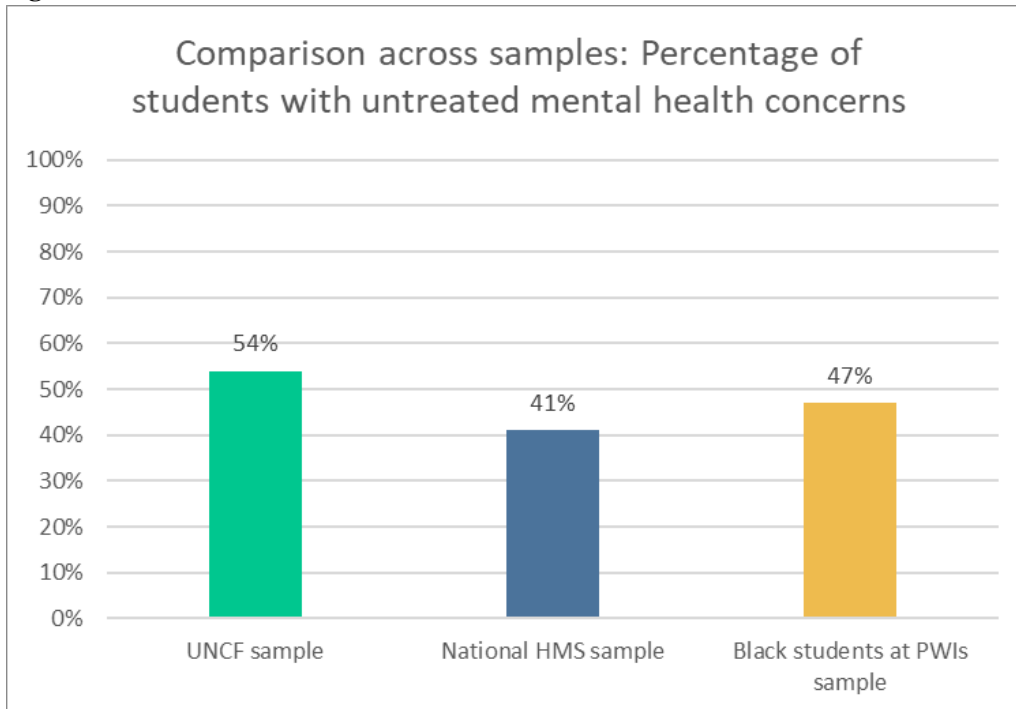


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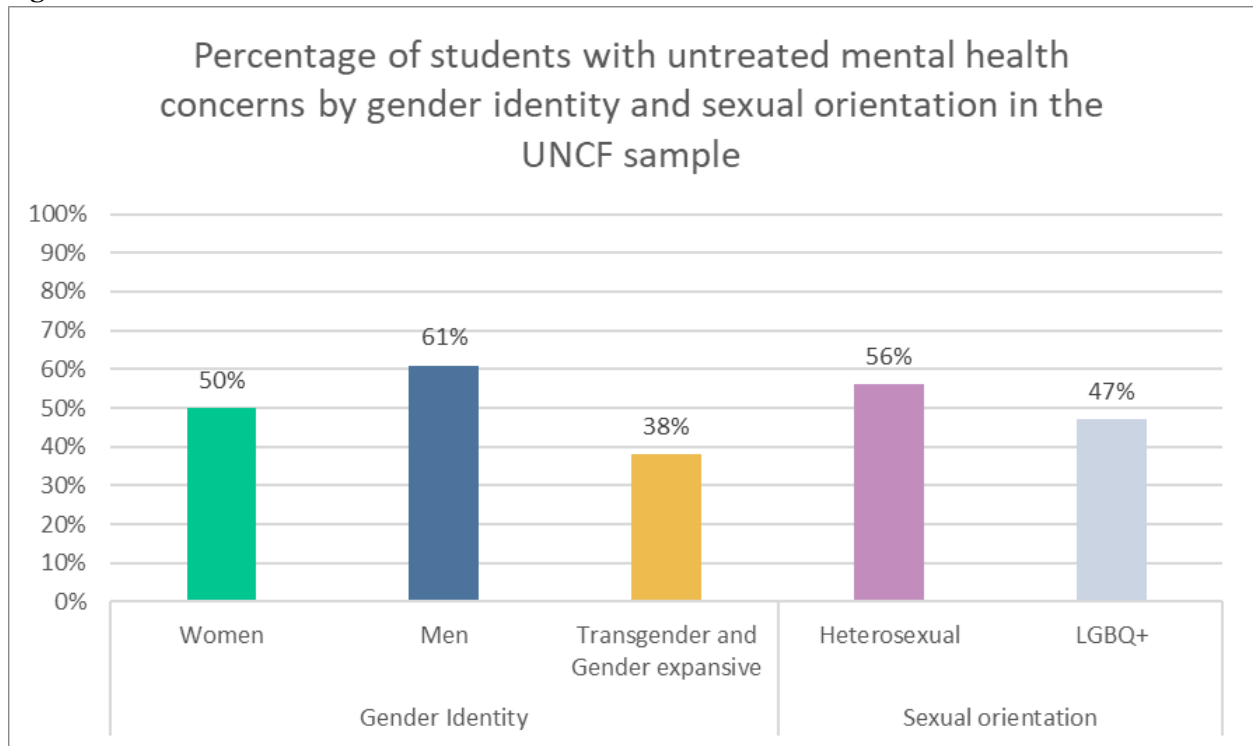


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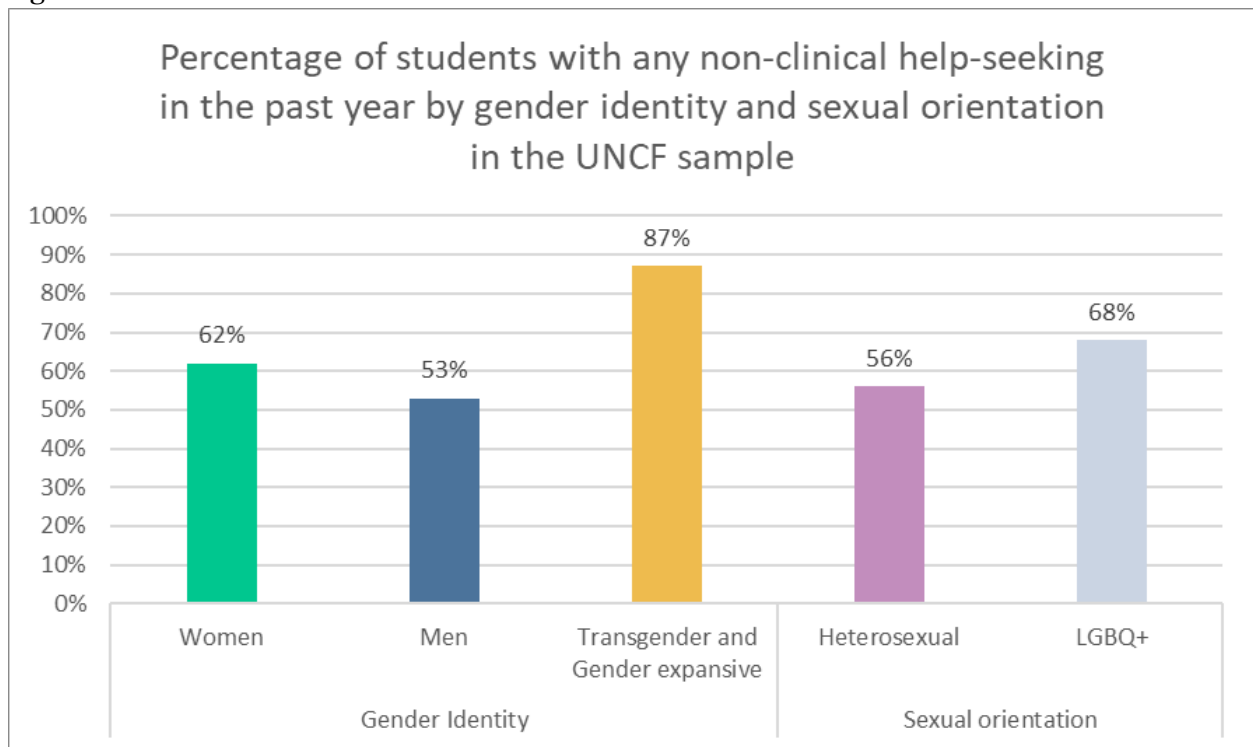


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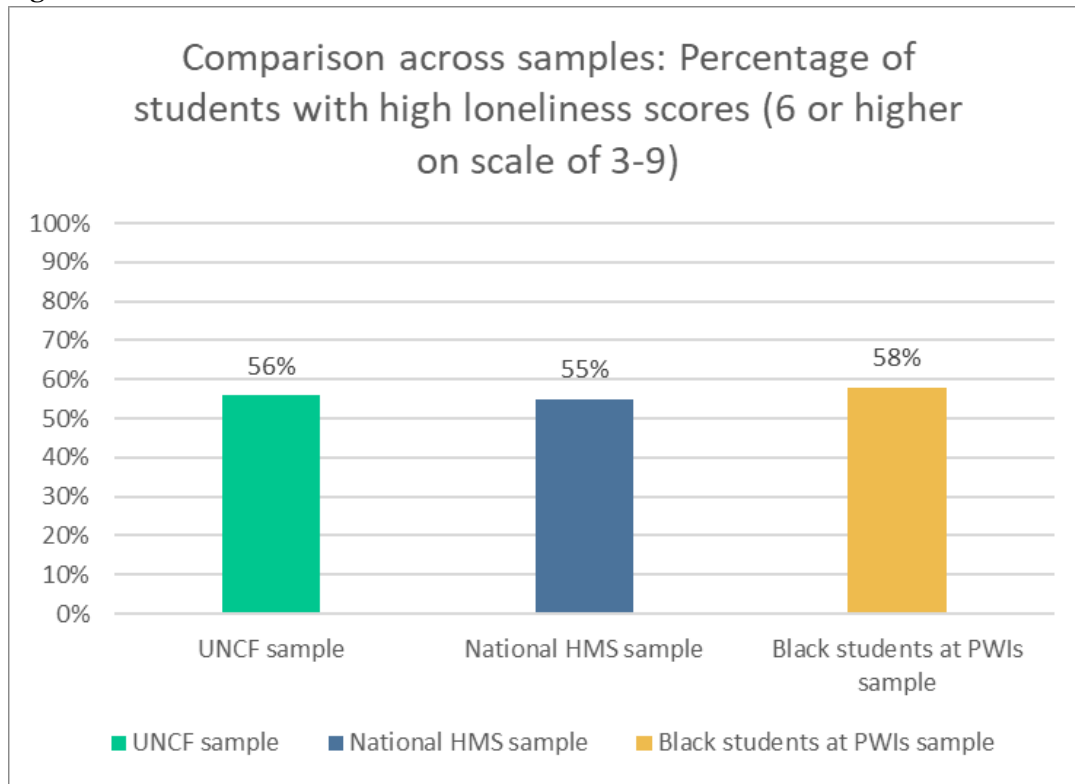


Figure M.

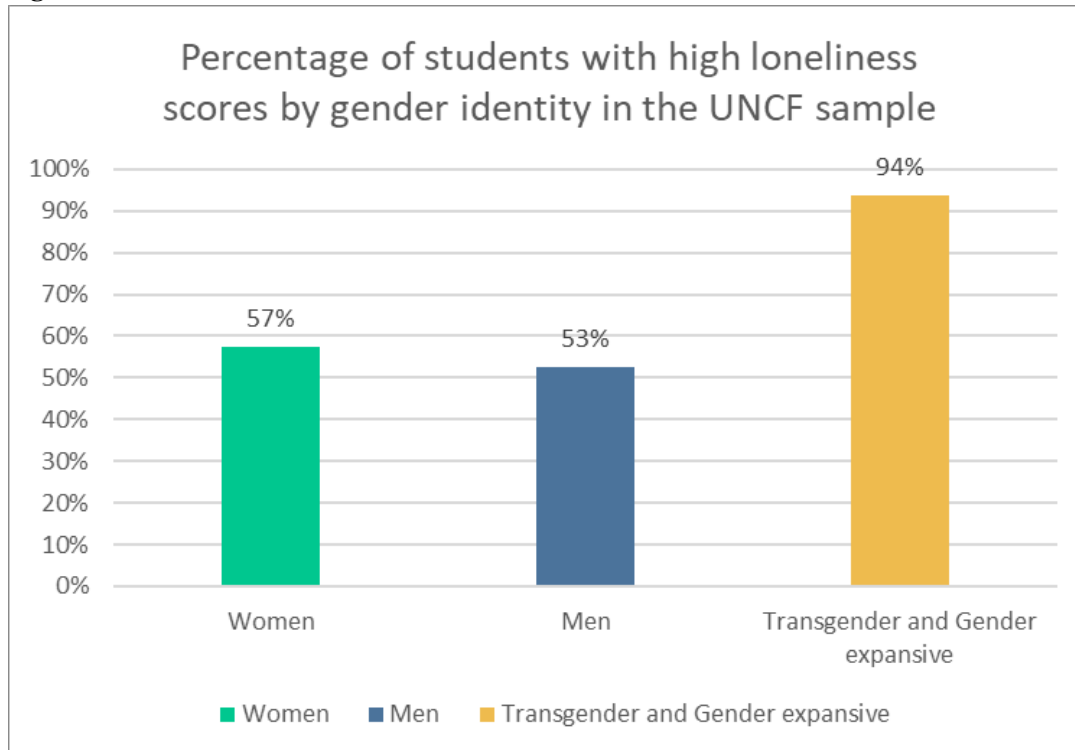


Figure N.

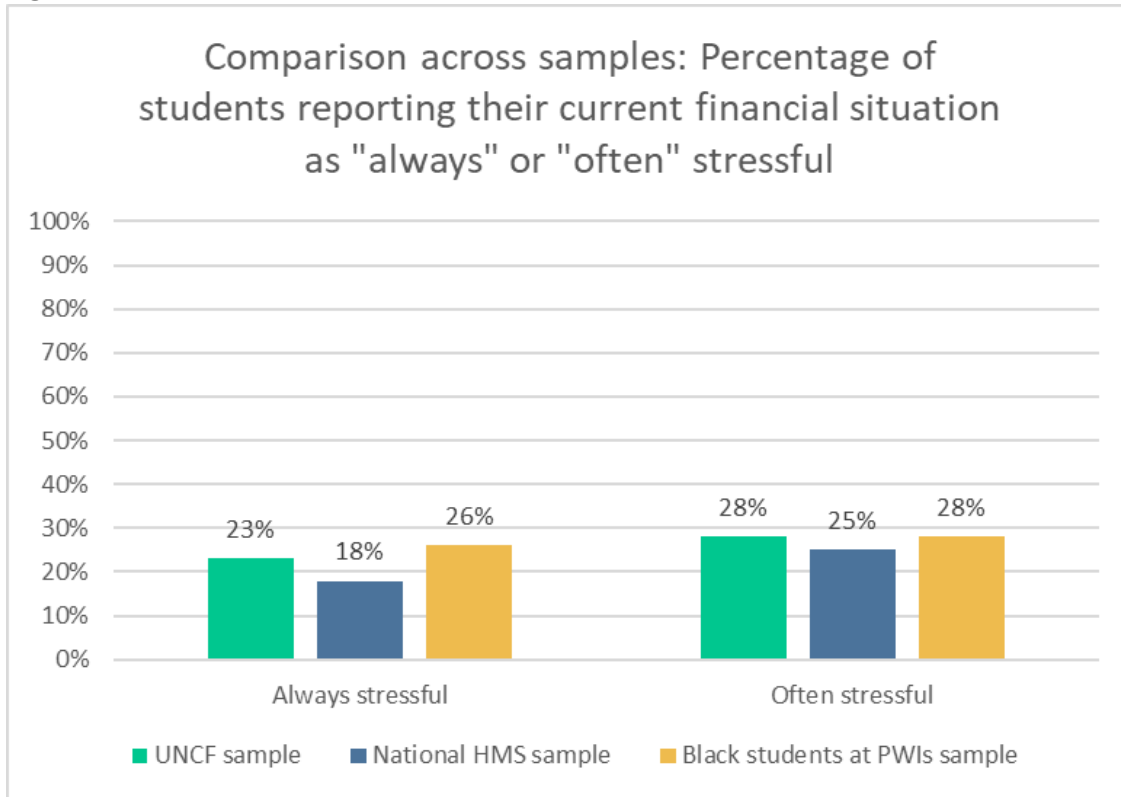


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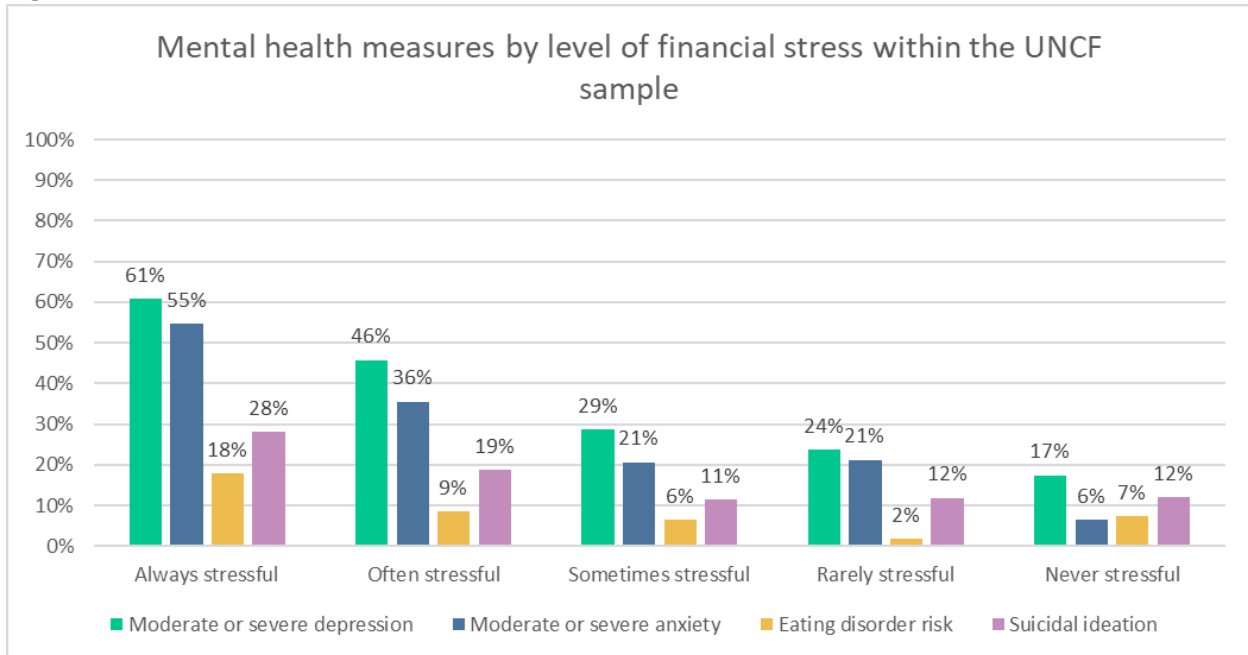


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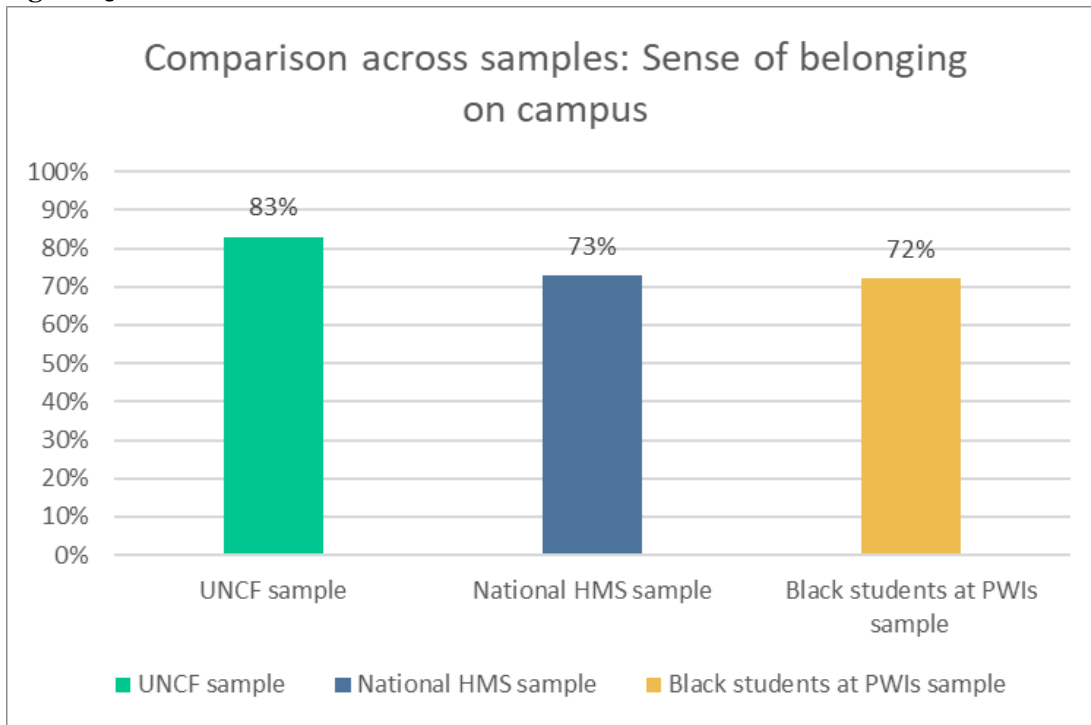


Figure R.

