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Kim L. Stansbury  
*Eastern Washington University*

Maureen Wimsatt  
*Eastern Washington University*

Gaynell Marie Simpson  
*Morgan State University*

Fayette Martin  
*Wayne State University, bb3704@wayne.edu*

Nancy Nelson  
*Eastern Washington University*

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# African American College Students: Literacy of Depression and Help Seeking

Kim L. Stansbury  
Fayette Martin

Maureen Wimsatt  
Nancy Nelson

Gaynell Marie Simpson

Depression is a serious public health concern in the United States affecting almost 18.8 million adults (Office of Disease Prevention and Health Promotion, 2003). It is a common mental disorder in college students (Arehart-Treichel, 2002; Song et al., 2008), with estimates of 1 in 4 “experiencing an episode by age 24” (American Psychiatric Association [APA], 2007). African American college students are at an elevated risk for depression due to racism, stress, sleep deprivation, and lack of academic and social support (Dzokoto, Hicks, & Miller, 2007; Kelly, Kelly, Brown, & Kelly, 1999). Even though 11.4% of African American students self-reported a psychiatric diagnosis of depression they did not report a history of utilizing campus counseling and/or community mental health services (Soet & Sevig, 2006).

Nationwide 24% of Americans will receive treatment whereas only 16% of African Americans will seek services from specialty mental health clinics (Schnittker, 2003). African Americans often view depression as a personal weakness (Dzokoto et al., 2007) that is best addressed by faith and prayer not counseling and pharmacology (Dzokoto et al.; Shellman, Mokel, & Wright, 2007). Stigmatization, cost of treatment, lack of availability of services, and failing to recognize depressive symptoms are well known barriers to mental

health utilization (Brown & Palenchar, 2004; Cooper et al., 2003). However, to date, little research addresses African American college students’ mental health literacy regarding depression. This systematic and empirical knowledge gap regarding African American college students’ recognition of depressive symptoms and perspectives on treatment options for depression must be addressed to avoid complications leading to other problems such as self-medication with drugs and alcohol (Shellman et al.). Therefore, the purpose of this research was to examine African American college students’ mental health literacy regarding depression. Previous studies using this approach have found that individuals who are mental health literate are likely to seek help for themselves, and/or recommend professional assistance to family and friends experiencing symptoms of depression (Jorm, Kitchener, O’Kearney, & Dear, 2004).

## METHODS

### Sample

Fifty-four African American college students participated in a survey about mental health literacy. Inclusion criteria were individuals who self-identified as African American, were currently enrolled in coursework at the institution, and were between the ages of 18 and 24.

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*Kim L. Stansbury is Associate Professor of Social Work at Eastern Washington University. Maureen Wimsatt is Adjunct Professor of Social Work at Eastern Washington University. Gaynell Marie Simpson is Associate Professor/Gerontology Coordinator in the Department of Social Work at Morgan State University. Fayette Martin is Assistant Professor of Social Work at Wayne State University. Nancy Nelson is Director of the Africana Education Program and Assistant Professor in Africana Studies and Women’s Studies at Eastern Washington University.*

## Procedure

After presentations about the study to African American student organizations on campus, interested students completed a written consent form and the survey. Students' responses were confidential.

## Instrument Description

The mental health literacy survey consists of two vignettes from the original survey (Jorm, 2000). The vignette features either Tom or Mary, characters experiencing DSM-IV (APA, 2007) depressive symptoms, who were renamed Damon and Keisha to reflect common African American names. After reading the vignette, students answered two open-ended questions: (a) What would you say, if anything, is wrong with Damon/Keisha? and (b) with or without professional help, what do you think are Damon/Keisha's chance of recovery? Researchers coded participants as those who identified depression (ID group) and those who did not (No ID) based on the first question. Additionally, researchers coded responses to the second question into three categories: (a) will recover with professional help, (b) limited chance of recovery without professional help, and (c) will not recover without professional help. Respondents then categorized helping professionals (e.g., social workers, psychologists, and clergy) and interventions (e.g., antidepressants, vitamins, or admission into a psychiatric hospital) as helpful, harmful, or neither helpful nor harmful to the person in the vignette. Three additional questions, guided by work on mental illness in African American culture (Dzokoto et al., 2007; Kelly et al., 1999) included: (a) Is there a stigma related to mental illness in the African American culture? (b) What is needed to reduce the stigma in the African American culture? and (c) Where can you find information on mental health?

Finally, respondents provided their age, gender, current class standing, hometown, year of graduation, family income, and parents' educational background.

## RESULTS

### Mental Health Literacy

*Identified Depression.* In general, respondents were female (38 of 54), over 18 years old, and across all class standings. Thirty-four of 54 college students identified depression (ID group) in the vignette. More freshman students identified depression than any other class level. Of those not identifying depression (No ID), 5 mentioned symptoms related to mental well-being (e.g., stress) and 15 cited personal reasons (e.g., pregnancy or family conflict) for changes in behavior. Of the ID group, 82% (28 of 34) believed there was a good chance of recovery with professional help, but many saw no chance for recovery (12 of 34) or little chance of recovery (14 of 34) from depression without professional intervention. Of the 20 in the no ID group, 13 believed there was a good chance of recovery with professional help; however, without professional help 6 saw no or little chance of recovery from depression.

*Evaluation Support, Interventions and Treatments.* Of the ID group, 41% (14 of 34) reported that professional support such as a doctor, psychologist, or counselor was best. An additional 23% (8 of 34) thought informal support (e.g., friend, family) coupled with professional support best, whereas 6% (2 of 34) believed informal support alone could best help the person. Finally, 29% (10 of 34) indicated that Damon or Keisha needed "someone to talk to," but failed to specify informal or formal. Of the no ID group, 35% (7 of 20) indicated that they could best be helped with professional support, 15% (3 of 20) with professional and informal support, 5% (1 of 20) with informal support alone, 20% (4 of 20) with nonspecific

talk support, 10% (2 of 20) with better time management/organization, and 15% (3 of 20) with other interventions like increased sleep or pleasurable activities. Both groups rated other helpers (e.g., physician, school counselor, psychiatrist, and clergy) as similarly helpful or not helpful with the exception of a chemist or pharmacist. The ID group more frequently thought “chemist or pharmacist” neither helpful nor harmful. The no ID group more frequently thought a chemist or pharmacist harmful. The ID group rated most medications as harmful except vitamins. In contrast, the no ID group rated pain relievers, antibiotics, and tranquilizers as helpful. The ID group rated interventions including “getting out more,” physical activity, relaxation, exercises, psychotherapy, reduced alcohol consumption, admission to a psychiatric hospital, and psychoeducation about depression as potentially helpful; electroconvulsive therapy was rated as neither helpful nor harmful. Similar to the ID group, the no ID group also rated the treatments listed above as helpful but rated electroconvulsive therapy as harmful.

*African American Community and Stigma.* One third of all the respondents (17 of 54) acknowledged mental illness is stigmatized and perceived as a personal weakness in the African American community. According to the respondents, educational programs highlighting the prevalence and etiology of mental illnesses could help to increase understanding of mental illness and reduce stigmatization in the African American community.

*Knowledge of How to Seek Mental Health Information.* A majority (48 of 54; 89%) of the college students were knowledgeable about how to seek mental health information. An array of sources, such as the Internet, family and friends, student counseling services, books, and professors, were cited as valid sources. However, 11% (6 of 54) did not know how to access information about mental health.

## DISCUSSION

This study examined African American college students' mental health literacy regarding depression. The components of mental health literacy are (a) the ability to identify specific disorders and/or different types of psychological distress, (b) knowledge regarding risk factors and causes, (c) knowledge and beliefs about self-help interventions, (d) knowledge about available professional health care, (e) attitudes that facilitate recognition and appropriate help-seeking, and (f) knowledge of how to seek mental health information (Jorm et al., 1997). Over half of the respondents accurately identified depression in the vignettes, a finding that is consistent with previous findings that young adults (Farrer, Leach, Griffiths, Christensen, & Jorm, 2008) and college students (Lauber, Ajdacic-Gross, Fritschi, Stulz, & Rossler, 2005) are cognizant of depressive symptoms. Researchers have speculated that young adults (18-24 years old) have a heightened sense of depression due to the Internet (Lawlor et al., 2008), positive media portrayals of individuals with depression (Farrer et al.), and/or college campaigns promoting mental health awareness (So, Gilbert, & Romero, 2005). Conversely, a third of college students did not identify depression as the character's problem in the vignette, although they reported that the characters were experiencing some form of psychological distress.

Although researchers have reported individuals who recognize mental disorder are more likely to hold positive attitudes toward mental health practitioners (van Schaik et al., 2004), in this study an overwhelming majority of all respondents believed full recovery from depression was possible with professional interventions. Respondents endorsed physicians, university counselors, school psychiatrists, and social workers to treat depression. Prior research has shown that individuals who recognize mental disorders

are more likely to hold positive attitudes toward mental health practitioners (Jorm et al., 2004). That family and friends were also perceived as helpful sources of support was not surprising because, historically, African Americans often relied upon informal sources of support for mental health challenges due to lack of resources and opportunities in mainstream America (Snowden, 2001). Respondents recommended other self-help interventions including “lifestyle” changes such as getting out more, participation in physical activities, and becoming more knowledgeable about the problem to alleviate depression. However, long-standing psychiatric treatments (e.g., electroconvulsive therapy) and pharmacological treatments (e.g., antidepressants and antipsychotics) were not recommended. Reasons for African American college students’ skepticism toward psychopharmacologic treatments include side effects (Schnittker, 2003) and dependency (Given, Houston, Van Voorhees, Ford, & Cooper, 2007). Our finding that almost half of the respondents reported the Internet as useful for accessing information on mental illnesses is consistent with that of Mond and colleagues’ (2009). The increased use of the Internet (Hanauer, Dibble, Fortin, & Col, 2004) has the potential to become a common venue for information-seeking on depression. However, Christensen and Griffiths (2000) cautioned that Internet sites often lack quality of information on depression.

### LIMITATIONS, IMPLICATIONS, AND RECOMMENDATIONS FOR HIGHER EDUCATION

This first step in examining African American college students’ mental health literacy has some notable limitations. First, a small sample size precludes using statistical analyses from previous studies (Jorm et al., 1997; Okuyama et al., 2007). Second, self-selection limits

generalizability to broader populations. Third, it’s unknown to what extent respondents’ personal history may have informed their answers. Finally, randomization of vignette character and gender sample size precludes gender comparison analyses. Nonetheless, the dearth of literature regarding African American college students justifies this initial contribution.

Findings from this study identify crucial areas in which higher education counseling center staff may intervene and educate college students on depression. First, results demonstrate that over half of college students recognize symptoms of depression and hold positive attitudes toward mental health specialists. But, one third of college students did not recognize depression even though they recognized vignette characters were experiencing psychological distress. This finding points to a critical need for university counseling staff to educate African American college students about the symptoms of depression and its causes. This is important because college students encounter risk factors that increase their susceptibility to depression (Nealy, 2007). Second, college students were skeptical about treating depression pharmacologically (antidepressants) even though clinical trials have shown pharmacology with cognitive behavioral (Chen, Jordan, & Thompson, 2006) or solution focused therapies (Kim, 2008) to be effective in treating depression (Cooper et al., 2003). University counselors are optimally positioned to collaborate with African American student organizations to host mental health promotion campaigns to discuss the effectiveness of psychopharmacology. Third, the Internet may be useful for providing information on depression given the large number of students who rely on the Internet to seek information on health (Lawlor et al., 2008). Thus, it is important that university counseling centers

host websites with accurate and up-to-date information on the symptoms and causes of depression and evidence-based treatments that alleviate depressive symptoms. Finally, variations in ethnic populations' perceptions of depression and treatment options require university counseling staff to provide culturally sensitive services to students of color.

## CONCLUSION

Using Jorm and associates' (1997) mental health literacy conceptual framework, this study

provides findings to better understand African American college students' belief system about depression. Further, these findings inform future research and interventions to increase awareness of depression while reducing stigma and illuminating the benefits of combination therapies to treat depression.

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*Correspondence concerning this article should be addressed to Kim L. Stansbury, School of Social Work, Eastern Washington University, 121 Senior Hall, Cheney, WA 99004; kim\_stansbury@ewu.edu*

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