

NJ Higher Education Mental Health Summit

January 10, 2024

Creating Services and an Environment that Supports People of Color and Diverse Populations

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CENTERING



COMMUNITY GUIDELINES

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- Listen openly. Often, we listen to identify the “fatal flaw” in the other person’s position. Try to listen with empathy to gain an understanding of the perspective of the other person.
- Try on new ideas. Be prepared to hear viewpoints different from your own and to try them on, as you would a new outfit. There’s no obligation to “buy,” but by trying on, you give yourself the opportunity to expand and grow.
- Maintain self-focus. Speak in terms of your own experiences, thoughts, and feelings rather than generalizing or speaking on behalf of others or to represent your group(s) or identity.
- Explore disagreements. The goal is to not always agree, but to gain a deeper understanding.
- To respect everyone’s privacy, please refrain from taking photos or recordings. Please silence or turn off devices.



LEARNING OBJECTIVES

- Participants will be able to understand the unique mental health needs of college students of color.
- Participants will be able to describe culturally-relevant strategies and interventions for working with diverse students that go beyond the traditional individual approach to treatment and helping.
- Participants will be able to identify specific strategies for recruiting and retaining BIPOC students in therapy.
- Participants will be able to privilege conversations around race, culture, and identity in the therapy room.

A group of diverse hands raised in a fist, symbolizing unity and solidarity. The hands are of various skin tones and are positioned in a way that suggests a collective effort or a shared goal. The background is a dark, muted gray, which makes the hands stand out prominently.

INTRODUCTIONS

A LITTLE BIT ABOUT US

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Community Initiatives

DIVERSITY TRENDS IN HIGHER ED

- The changing demographics of higher education have resulted in numerous challenges including meeting the needs of historically marginalized students (e.g., BIPOC students, LGBTQIA+ students, low SES students, and students with disabilities)
- According to 2022 data from the National Center for Education Statistics (NCES), diversity in college enrollment has increased with each decade
- The representation of all racial/ethnic groups increased on college campuses between 1980 and 2022, except for white students.





DIVERSITY TRENDS (CONT'D)

- In fall 2019, 45% of undergraduates at four-year public institutions and 53% of undergraduates at two-year public institutions were racial/ethnic identified students
- White students made up around 81% of the undergraduate population in 1980, and 54% in 2020
- The Hispanic and Latinx population increased the most, from 4% of the student population in 1980 to just over 20% in 2020 (an increase of 408% in the past four decades)

DIVERSITY TRENDS (CONT'D)

- The Asian and Pacific Islander student population increased from 2.4% in 1980 to nearly 8% in 2020
- The Black student population grew from 9% to 13%
- The percentage of Native American/Alaska Native college students of the total student population increased slightly from 1990-2010. However, it has remained at about 0.7% throughout the decades.





MENTAL HEALTH AND STUDENTS OF COLOR

- College students of color are an understudied population (e.g., NCHA 2022 study 72% non-Hispanic white students, Healthy Minds Student 74% NHW), while NHW students comprised 54.8% of the U.S. college population (Espinosa, 2019)
- Miranda et. al. (2015) found that students of color were ~1.7 times less likely to have sought mental health care in the past and continue treatment 6 months later than White students
- Chronic under-utilization by Black students (Hunt, Eisenberg, Lu & Gathight, 2015)
- Arab/Arab American students have the highest prevalence of mental health problems (Lipson, Kern, Eisenberg & Breland-Noble, 2018)

MENTAL HEALTH AND STUDENTS OF COLOR (CONT'D)

- Diagnoses, medication use, and therapy are lower among students of color relative to white students
- Asians have the lowest prevalence of treatment (~80% of cases go untreated, and international Asian students are even less likely to seek treatment) (Lipson et. al, 2018)
- Eisenberg et. al (2011) found a significantly lower use of medication and therapy among men compared to women and among Asians, Black/African American, Hispanics/Latinx compared to whites
- 57% of Indigenous students in Scheel, Prieto & Bierman's study (2011) reported they would "probably not" or "definitely not" seek help from a mental health professional if they felt suicidal
- Students of color may experience higher level of distress due to discrimination and other systemic factors

BARRIERS TO MENTAL HEALTH TREATMENT FOR STUDENTS OF COLOR

- Stigma
- Shame
- Economic and pragmatic factors (fees, transportation, time)
- Language barriers
- Access to health insurance
- Fear of deportation or law enforcement officials
- Cultural beliefs about help seeking
- Cultural beliefs about mental health



FACTORS CONTRIBUTING TO MENTAL HEALTH PROBLEMS

Discrimination

Microaggressions

Stereotype threat

Imposter Syndrome

Alienation

Negative Campus Culture

Stigma

Cultural Mistrust

Negative

Feelings of isolation prevalent among students of color



(The Steve Fund & JED Foundation, 2017; Hare, 2015)



STRATEGIES FOR ADDRESSING NEEDS OF STUDENTS OF COLOR

Clinical

- Expanding the concept of practice
- Strength-based approaches
- Telehealth options
- Online screening tool
- Psychoeducational modules
- Flexibility in hours
- Culturally humble and competent practice
- Walk-in/crisis options
- Trauma Lens/Trauma Informed
- Embedded services

Outreach/Community interventions

- Let's Talk
- Culturally congruent presentations on mental health topics
- Satellite offices
- Outreach to specific culturally-oriented orgs.
- Relevant, updated outreach materials
- Collaboration/Consultation/Presence at events

STRATEGIES FOR
ADDRESSING NEEDS
OF STUDENTS OF
COLOR (CONT'D)

Operational

- Diversity of Center staff
(Ethnic/gender/SO make-up of Center)
- Provide ongoing training and an environment that encourages self-reflection and support
- Flexibility in hours
- Examine models for counseling center functioning that meet the unique needs of your student population

Campus-Level

- Training for faculty/staff and student leaders and students employees on recognizing distress and referral
- Diversify faculty and staff (e.g., Academic Advisors)
- Provide Effective Forums for Dialogue and Increasing Awareness of Privilege, Inequities, and Microaggressions
- Diversity and Gate-keeper training for faculty/staff
- Remove Environmental Microaggressions
- Provide areas on campus where students feel safe
- Conduct departmental climate assessments
- Provide clear guidelines and transparent and clear reporting mechanisms for bias (for students and faculty/staff)

EMOTIONAL EXPERIENCES OF STUDENTS OF COLOR

- Experience more micro aggressions (Bailey, 2000)
- Experience higher levels of Depression, Anxiety, and hopelessness (Monk, 2015)

Colorism: Definition and explanation

- Lighter skin perceived as smarter kinder, versus darker skin was not (Ryabov, 2019)
- Darker skinned believed they would have to overcome more institutional bias compared to lighter skin (Branigan, et al)
- Lighter skin Latinx students reported higher support by school compared to the darker counterparts (Vasquez, 2010)





STATISTICS ON INTERNATIONAL STUDENTS

- More than one million international students, making up 5.5% of the total U.S. higher education population (Institute of International Education, 2020)
- International students are as high as 31% in certain universities and 44% in certain liberal arts colleges (U.S. News, 2020)
- A 75% increase in international students from 2007 to 2017
- While seemingly a beneficiary situation for both the students and institutions, international students experience many stressors that could potentially impact their emotional wellbeing.
- Unique challenges and stressors – including the language barrier, visa and immigration policy, cultural adjustment, and discrimination.
- Depression and Anxiety (Han et al, 2013)
- Asian international students reported higher levels of concerns related to self-injury, suicidal ideation, and suicidal attempts (Xiong, 2018), and also reported to have the lowest usage of mental health services compared to other international students or domestic students.

UNDERUTILIZATION
OF SERVICES BY
INTERNATIONAL
STUDENTS

Predisposing Factors
(demographics)

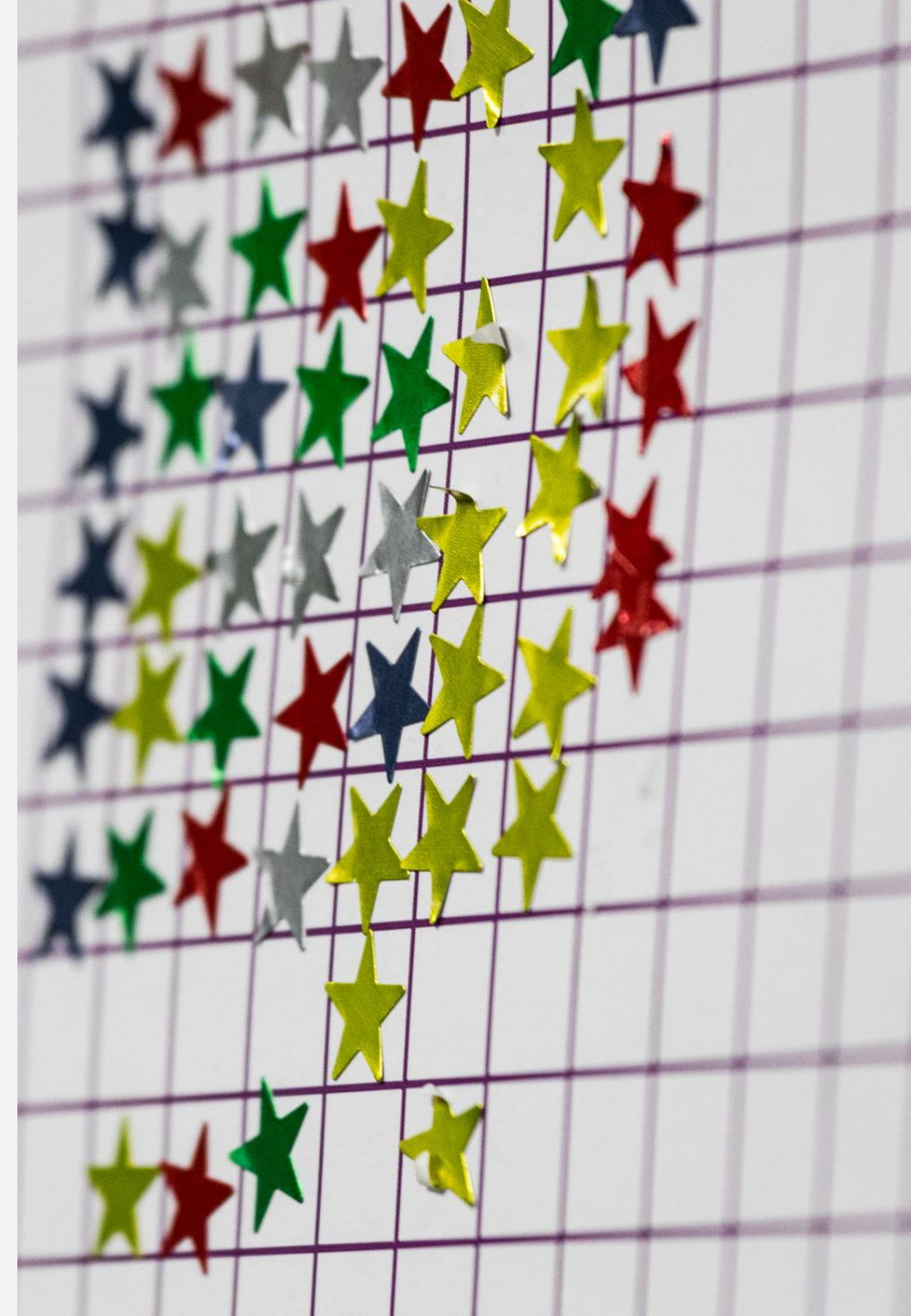
Enabling Factors
(financial resources)

Need Factors (perceived
need)

Stigma

UNIQUE STRATEGIES FOR INTERNATIONAL STUDENTS

- International student orientation
- International student support group
- Case management (food pantry)
- Psycho-education





“OUR SPACE”

For students identifying as Black, Indigenous,
and other Persons of Color (BIPOC)

Closed group – Prescreening required

Trauma-focused

Started in response to student feedback

9-10 student capacity

Located in a quieter, neutral space on campus

Recruitment

- Individual therapy clients and word-of-mouth
- Campus partners and student orgs at NJIT

Themes

- Responding to stress, adversity, and trauma
- Identity (as defined by self/others) and narratives
- Racism, classism, microaggression, bigotry, gaslighting, stereotyping, injustice, oppression
- Interpersonal and intracommunity dynamics
- Familial, social, and societal pressures
- Increasing belonging and finding community
- Mental health, support-seeking, and related stigma
- Generational and historical trauma (and resiliency)

Structure

- Check-in and check-out
- Settling to support psychophysiological safety
- Community guidelines
- Open process, activities, and discussions



“TRANSCENDING BOUNDARIES”

For students identifying as LGBTQIA+

Originally a drop-in group (no prescreening)

Restructured as a closed group in Fall 2023

Queer-led

9-10 student capacity

Located in a quieter, neutral space on campus

Recruitment

- Individual therapy clients and word-of-mouth
- Campus partners and student orgs at NJIT

Themes

- Gender and sexual identity; intersectionality
- Social/familial dynamics, finding community
- Microaggressions, homophobia, transphobia, misgendering and deadnaming, exclusion
- Building effective relationships and “chosen family”
- Self-worth, self-esteem, self-acceptance
 - Being in the closet vs. out
- Micro and macro level impacts on one’s experience

Structure

- Check-in and check-out
- Settling to support psychophysiological safety
- Community guidelines
- Open process, activities, and discussions

Let students define themselves

Race, ethnicity, language, nationality,
religion, ancestry, gender, sexuality,
pronouns, etc.

Be curious and open (to being wrong!)

Acknowledge your own biases and
prejudices and actively work on them

Acknowledge the inherent power
differentials and privileges you carry

Step out of the “expert” or
“professional” role

Be authentic and genuine

Believe someone when they tell you they
feel targeted or marginalized

Avoid potentially retraumatizing students

Silencing their voices, suppressing self-
expression, using exclusionary language

Invalidating students’ experiences

Don’t avoid difficult topics of conversation

Listen with the intent to understand and
nurture, not just to reply or to correct

Effective vs. performative allyship

SOME HELPFUL STRATEGIES FOR WORKING WITH DIVERSE STUDENTS

REACHING STUDENTS OF COLOR

- Increasing access to support by offering a range of services (Let's Talk, therapy/support groups, drop-in groups); proactive and intentional vs. reactive
- Thinking outside the box of traditional psychotherapy services (and outside of the center)
- Having an interdisciplinary clinical staff that represents the student body
- Collaborating and co-leading with campus partners who are a link to students and from departments with less stigma (OSJD, LGBTQ+ Center, EOF, Advising, Res Life, Greeks, Athletics, HP, CSI, etc.)



REACHING STUDENTS OF COLOR (CONT'D)

- Having student leaders (CAPS Mental Health Ambassadors/Peer Leaders) serve as outreach assistants who represent different majors, departments, class years, and backgrounds; also serve as CAPS student advisory board
- Advising and/or building relationships with student organizations (Active Minds, Psychology Club, MPS, cultural organizations, etc.) and staff/faculty cultural organizations and committees; co-sponsoring and including students/colleagues in the planning and development of programs/events



EXAMPLES OF PAST/CURRENT PROGRAMS: A FLUID PROCESS WITH THE CAMPUS COMMUNITY'S CHANGING NEEDS

- Let's Talk – Drop-In & Consultation Hours (intentionally and strategically located; LT Campus Partners)
- Drop-In Groups – Empathy & Connection, Open Doors, Mosaic Women, Connecting Across Cultures, First Gen, Dropping Knowledge: Men's Group
- Therapy/Support Groups – Agents of Change, Living in Color, Mosaic Women, Connecting Across Cultures, Understanding Self & Others groups (now increasingly diverse)
- Programs/Events/Outreach/trainings – Sister to Sister, OSJD collaborations, Res Life/Student Leader workshops and trainings





“LIVING IN COLOR”

Held in Student Center outreach space

Co-led with Case Manager in Dean of Students' Office

Closed group (kept open until filled; not drop-in)

Themes

- Transgenerational trauma
- Chosen family and healthy relationships
- Goals and building sense of agency to shift patterns and create their narrative on their own terms
- Coping and responding to unhealthy family dynamics and mental health stigma
- Finding their voice when not respected or gaslighted in relationships
- Setting boundaries when it's not a thing
- Deserving more, not settling, and feeling stuck in unhealthy relationships
- Making intentional and mindful choices
- First generation college student concerns
- Coping with microaggressions, tokenization
- Changing relationships with family and friends from home



“CONNECTING ACROSS CULTURES”

Held in Student Center outreach space

Co-led with other CAPS therapist

Closed group (kept open until filled; not drop-in)

Themes

- Adjustment, culture shock, coping with homesickness, language barrier issues
- Cultural conflict and acculturation gap issues
- Coping with stereotypes, tokenization, assumptions, microaggressions, racism, homophobia, and other “isms”
- Multiple intersecting marginalized identities
- Belonging, connection, healing, corrective relationships, hx of bullying
- How others see you vs. how you identify and see yourself
- Meeting the expectations of others (family, community, society, cultural norms)
- Social anxiety, self-esteem, confidence, making conversation, relationships, making friends
- Self-compassion, finding your voice, deserving respect and to be heard



“MOSAIC WOMEN”

Held in Student Center outreach space

Co-led with other CAPS therapist or campus partner

Closed group (kept open until filled; not drop-in)

Themes

- Identity, self-esteem, body image, colorism, hair, shifting internalized notions of beauty
- Intergenerational trauma, healing, breaking the cycle/patterns, deserving more, shifting generational messages of how to be treated
- Relationships with mothers and generational differences (natural hair, image, beauty)
- Experiences of trauma, unhealthy/toxic relationships, self-respect, valuing self
- Sisterhood among Women of Color vs. competition; helping each other rise
- Building confidence, agency, and power
- Reaching their goals and becoming leaders as Women of Color




Wednesday, March 25, 1-3 pm. Student Center 419.

Sister to Sister:
Because empowered women empower women.

A networking and inspiration mixer
to build unity and cultural awareness among
Montclair State Women of Color.



“DIVERSITY MAY BE THE HARDEST THING FOR A SOCIETY TO LIVE WITH, AND PERHAPS THE MOST DANGEROUS THING FOR A SOCIETY TO LIVE WITHOUT.”

William Sloane Coffin, Jr.



Q&A