

INTERSECTIONAL

BARRIERS TO MENTAL HEALTHCARE

AT MSU

Health Promotion & Wellness  
Summer 2022 Retreat  
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# BACKGROUND

## College Mental Health

Prevalence of mental health disorders and concerns, including alcohol use, anxiety disorder, depression, and suicidality remains high and is increasing among college-aged populations (American College Health Association 2021; Blanco et al. 2008; Duffy et al. 2019)

Recent National Data suggests:

- 51% of college students met the criteria for moderate psychological distress; 24% met the criteria for severe psychological distress (2021 National College Health Assessment)
- 9.1% of college students had intentionally harmed themselves (2021 National College Health Assessment)
- 2% of college students had attempted suicide in the past year (2021 National College Health Assessment)
- 75% of college students reported that their mental health had worsened since the start of the COVID-19 pandemic (Active Minds' Student Health Survey)

## Barriers to Seeking Mental Healthcare

Despite this high prevalence of mental health problems, many college students who experience mental health concerns do not receive help or treatment from mental health professionals (Cadigan et al. 2019). For example, in 2014, only 13% of health-related visits to campus clinics were for mental health clinics, compared to 60% who utilized primary care services (Turner & Keller 2015).

A range of “barriers” stop or delay college students from seeking or receiving mental health services including perceived stigma, cost, lack of awareness, and belief that the problem would go away on its own (Cadigan & Lee 2019; Czyz et al. 2013; Ebert et al. 2019; Eisenberg & Downs 2009; Hunt & Eisenberg 2012; Fullmer & Fleming 2021).

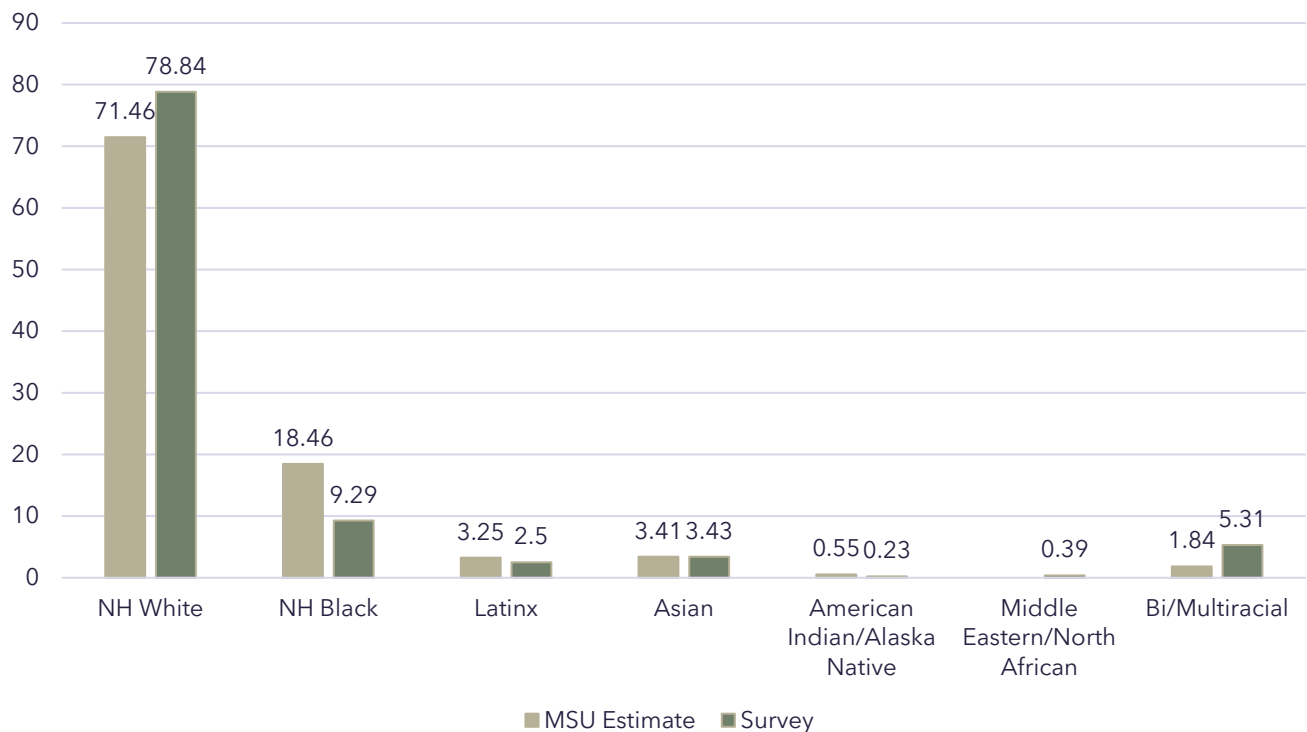
- Appendix 1: Self-Stigma of Seeking Help (SSOSH) Scale
- Appendix 2: Barriers to Access to Care Evaluation (BACE v3)

# MSU SURVEY (MILLER & BROWN, 2021-2022)

Gabe H. Miller, Ph.D. (Assistant Professor, Sociology & African American Studies) and Lauren Brown (undergraduate student) fielded an online survey in Fall 2021 and Spring 2022 to “understand how various factors impact one’s ability or desire to seek mental health services.” Miller and Brown captured 1,584 valid responses across the two semesters.

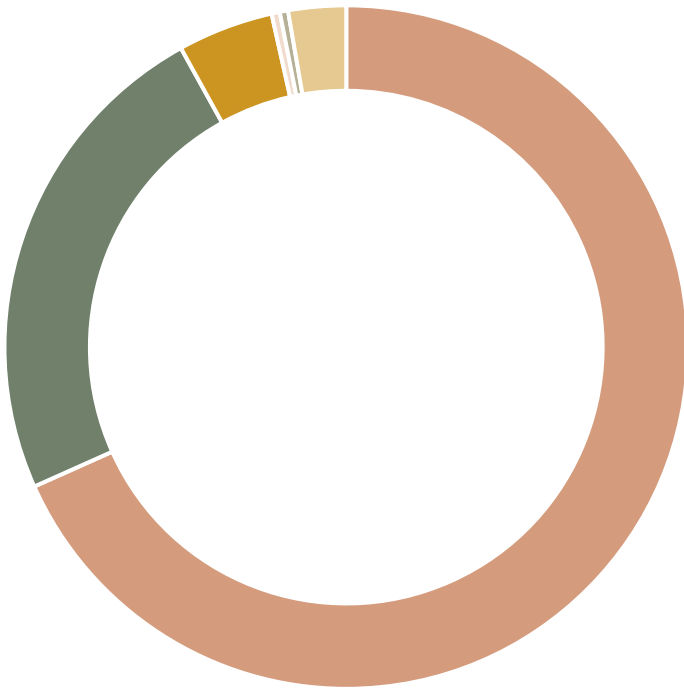
## Survey Demographics

### *Race/Ethnicity*



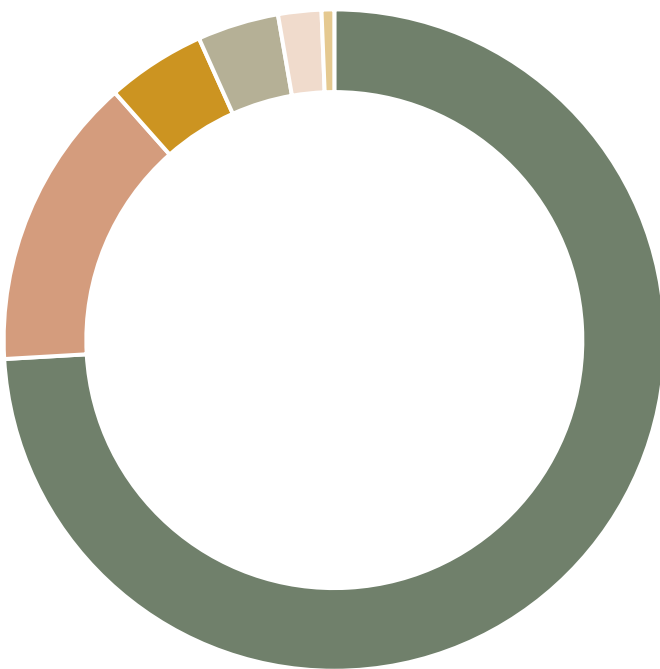
The majority of surveyed students identified as non-Hispanic white (78.84%), followed by Black (9.29%), Bi/Multiracial (5.31%), Asian (3.43%), and Latinx (2.5%). Less than 1% of those surveyed identified as American Indian/Alaska Native (AIAN) or Middle Eastern/North African (MENA). Compared to the estimated racial/ethnic composition of Mississippi State University, the sample is overrepresented in non-Hispanic white and Bi/Multiracial and underrepresented in Black, Latinx, and AIAN students.

*Gender Identity*



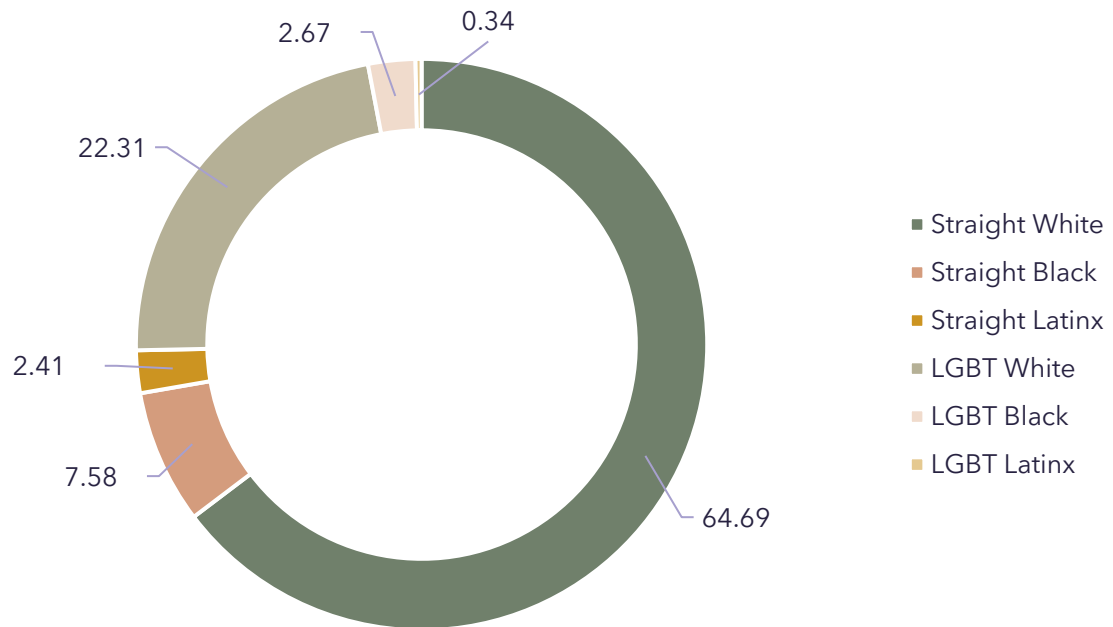
Cisgender Woman	68.31%
Cisgender Man	23.65%
Non-Binary	4.53%
Transgender Woman	0.39%
Transgender Man	0.39%
Another Gender Identity	2.73%

*Sexual Orientation*



Straight/Heterosexual	74.08%
Bisexual/Pansexual	14.36%
Ace/Demi	4.84%
Gay/Lesbian	3.98%
Queer	2.11%
Another Sexual Orientation	0.62%

*Race/Ethnicity and LGBT Status (Subsample N=1,161)*



Among white, Black, and Latinx students, when considering LGBT status, 64.69 of students are straight and white, 22.31% are LGBT white, 7.58% are straight and Black, 2.67% are LGBT Black, 2.41% are straight Latinx, and 0.34% are LGBT Latinx.

## Mental Health Status

Descriptive statistics suggest the survey is overrepresented by students who have been formally diagnosed with a mental illness or who have been concerned about their mental health in the past 30 days.

38.21% of students surveyed report lifetime diagnosis of a mental illness

70.66% of students surveyed report being concerned about their mental health in the past 30 days

Despite this high prevalence of lifetime mental health diagnosis and acute concern with mental health, less than 40% of students report seeking help or treatment in the past year, and roughly 25% of students report currently receipt of help or treatment.

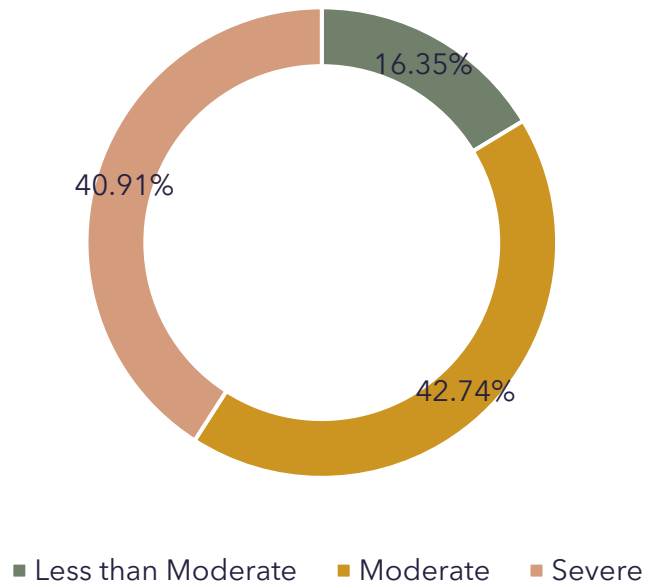
38.34% of students surveyed report seeking help or treatment in the past year

25.76% of students surveyed report current receipt of help or treatment

Among those who reported a concern about their mental health in the past 30 days, approximately 32% report current receipt of help or treatment.

Among those who reported a concern regarding their mental health in the past 30 days, nearly 70% are currently NOT receiving help or treatment

Levels of psychological distress are alarming among surveyed students. More than 80% meet the criteria for moderate or severe psychological distress.



Among those who meet the criteria for moderate psychological distress, 22.34% report current receipt of help or treatment. Among those who meet the criteria for severe psychological distress, 36.59% report current receipt of help or treatment.

77.66% of students meeting the criteria for moderate distress are NOT receiving help or treatment

63.41% of students meeting the criteria for severe distress are NOT receiving help or treatment



# BARRIERS TO MENTAL HEALTH CARE

## **Self-Stigma of Seeking Help (SSOSH)**

Self-Stigma of Seeking Health includes 10 individual items measuring how seeking or receiving mental healthcare services would make one feel about themselves. See Appendix 1 for scale items. For each item, respondents indicate their level of agreement ranging from strongly disagree to strongly agree. Responses across the 10 items are averaged so that the average SSOSH score ranges from 0 to 4, with lower scores indicating lower levels of self-stigma.

Among students surveyed, the average SSOSH score was 1.8.

## **Barriers to Access to Care Evaluation**

Barriers to Access to Care Evaluation includes 31 (one unique, unvalidated item) individual items which measure whether certain issues have stopped, delayed, or discouraged a person from getting or continuing professional care for a mental health problem or concern. See Appendix 2 for scale items. For each item, respondents indicate their if the item has stopped, delayed, or discouraged them not at all, a little, quite a lot, or a lot. Responses across the 31 items are averaged so that the average BACE score ranges from 0 to 3, with lower scores indicating lower levels of barriers.

Among students surveyed, the average BACE score was 0.74.

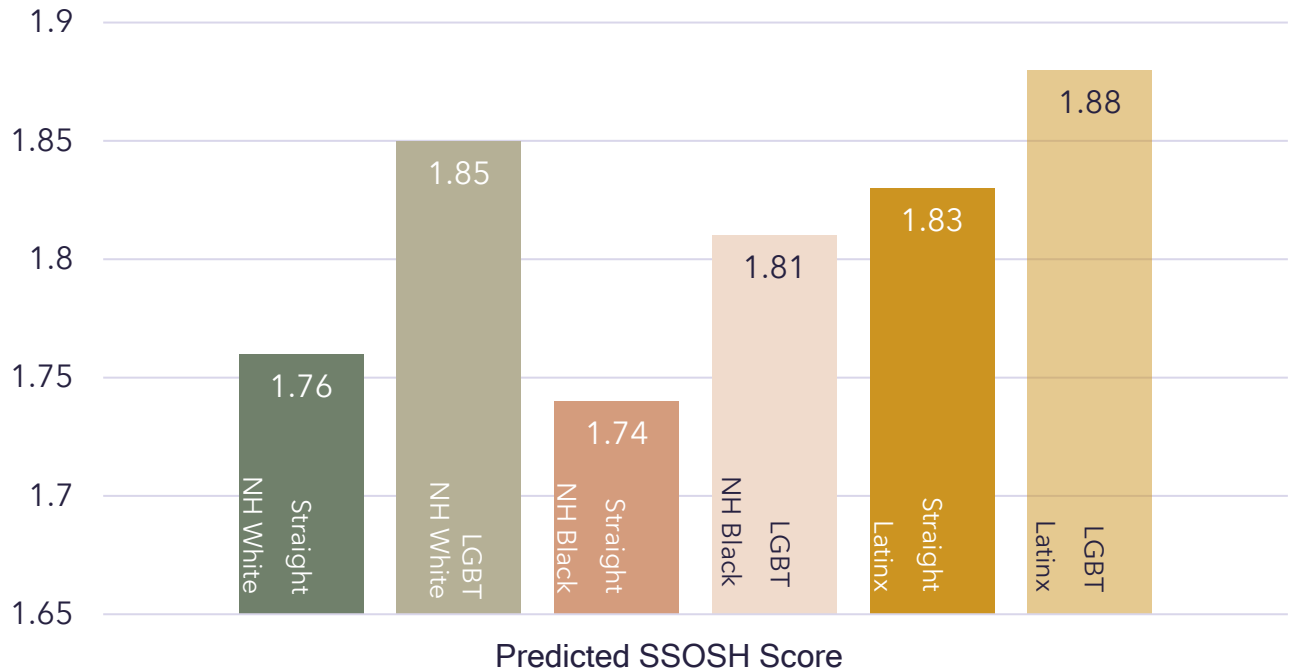
## **Barriers by Race/Ethnicity and LGBT Status**

Associations between SSOSH/BACE scores and racial/ethnic-sexual orientation and gender identity (sogi) groups demonstrate significant differences in barriers by race/ethnicity-sogi groupings.

Note: in all models discussed, we control for insurance status, disability status, employment status, income, parental status, residence, and source of regular medical care.

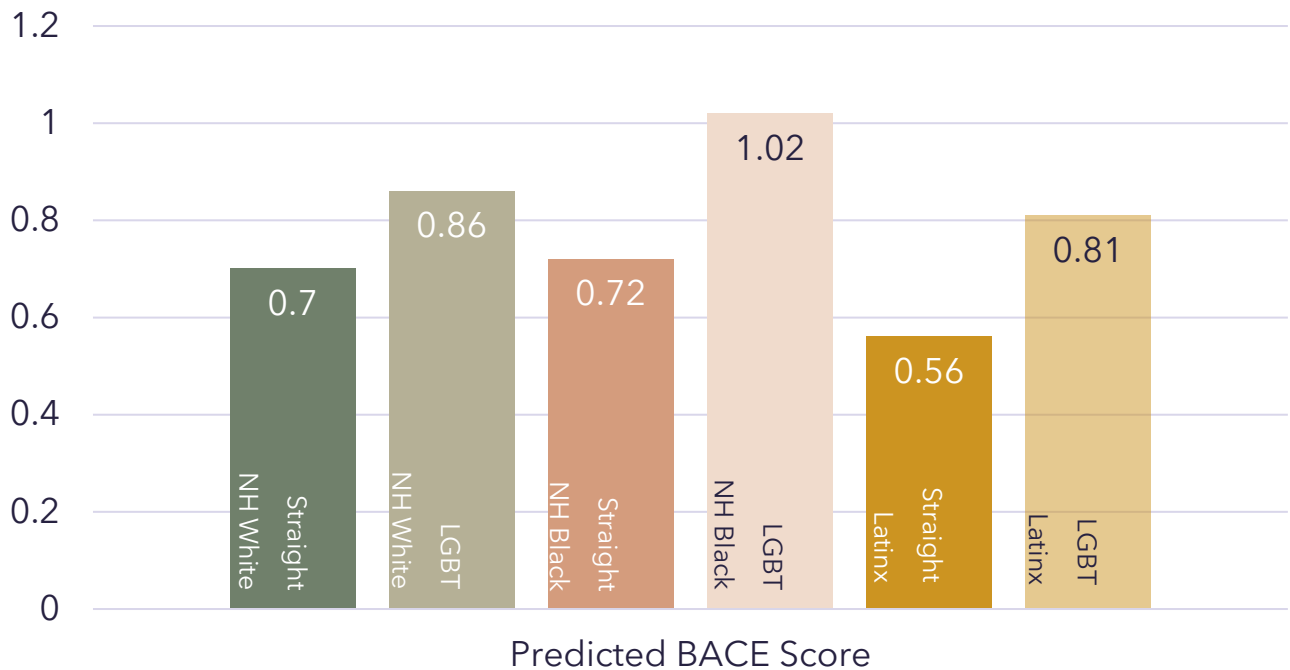
### SSOSH and Race/Ethnicity-SOGI

In regression models for Self-Stigma, compared to non-Hispanic straight white students, LGBT white students are significantly more likely to report higher self-stigma. Other groups do not significantly differ from the non-Hispanic straight white reference group. Predicted SSOSH Scores by Race/Ethnicity-SOGI grouping are shown below (*covariates not shown set to their mean*).



### *BACE and Race/Ethnicity-SOGI*

In regression models for Barriers to Access to Care evaluation, compared to non-Hispanic straight white students, LGBT white and LGBT Black students are significantly more likely to report higher BACE scores. Other groups do not significantly differ from the non-Hispanic straight white reference group. Predicted BACE Scores by Race/Ethnicity-SOGI grouping are shown below (*covariates not shown set to their mean*).



## Barriers to Access to Care Evaluation (BACE) - Specific Barriers

Because there were significant differences on average BACE scores, we examined individual items on the BACE evaluation tool to examine where significant differences by barrier exists.

There were several items that rendered significant differences:

- Unsure where to get professional care
- Having no one who could help me get professional care
- Problems w/ transport or traveling to appointments
- Not being able to afford the financial costs involved
- Difficulty taking time off work
- Thinking that professional care probably would not help
- Preferring to get alternative forms of care
- Preferring to get help from family or friends
- Professional from my own ethnic or cultural group not being available
- Professional from my own gender identity or sexual orientation not being available
- Fear of being put in a hospital against my will
- Dislike of talking about my feelings, emotions, or thoughts
- Being too unwell to ask for help
- Concerns about the treatments available (medication side effects, etc.)
- Having had previous bad experiences w/ professional care for mental health
- Not wanting a mental health problem to be on my medical records
- Concern that people might not take me seriously if they found out I was having professional care

Appendix 3 outlines descriptive statistics of these significant barriers, by race/ethnicity-sogi grouping

# INTERVENTION NEEDED: LGBT MENTAL HEALTH PROVIDERS & MENTAL HEALTH PROVIDIERS OF COLOR

## The Problem (or Perceived? Problem)

Two especially significant BACE items included 1) professional from my own ethnic or cultural group not being available and 2) professional from my own gender identity or sexual orientation not being available.

The *professional from my own ethnic or cultural group not being available* was especially salient for straight Black, LGBT Black, and LGBT Latinx students.

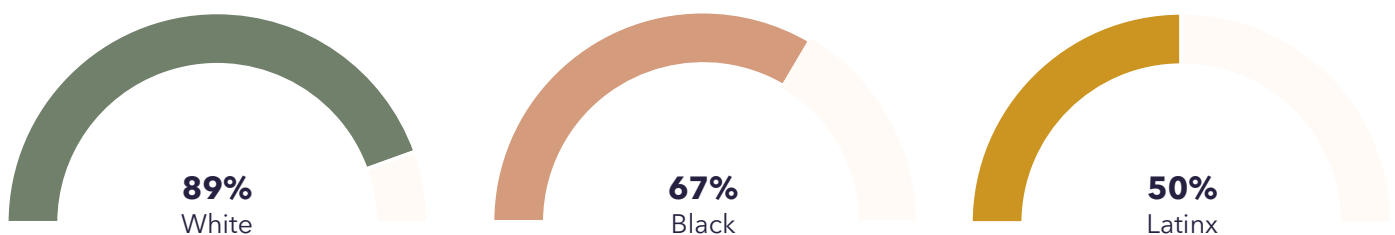
The *professional from my own gender identity or sexual orientation not being available* was especially salient for LGBT Black and LGBT white students.

## Race/Ethnicity-SOGI Matches on Student-Provider Pairings

In our survey, we asked students if they had been in mental health services in the previous year. Among those who had, we also asked their perception of race, sexual orientation, and gender identity of their provider.

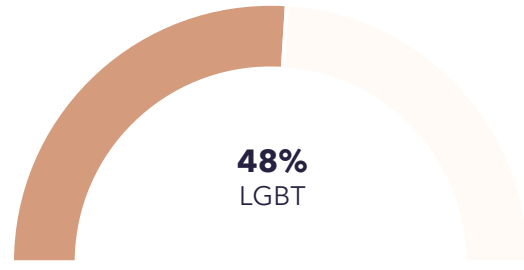
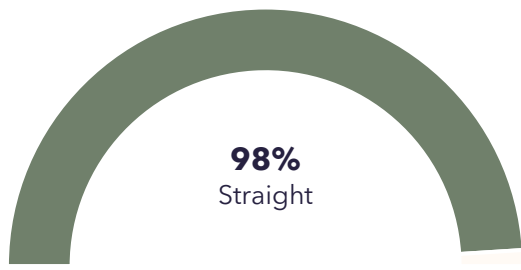
### *Mental Health Provider Race/Ethnic Identity Match*

Our data suggests that among those who had been in mental health services in the previous year, 89% of white students had a mental health provider who was also white. 67% of Black students had a Black mental health provider, and 50% of Latinx students reporting having a Latinx provider.



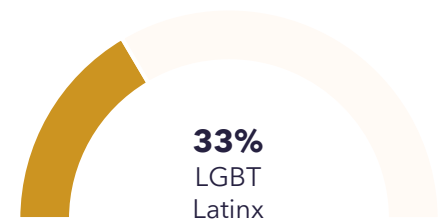
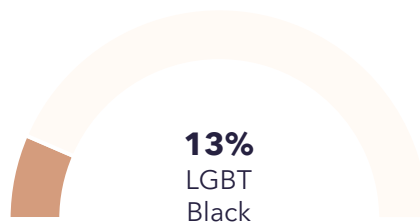
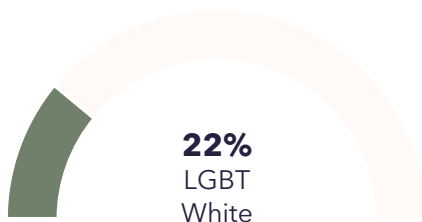
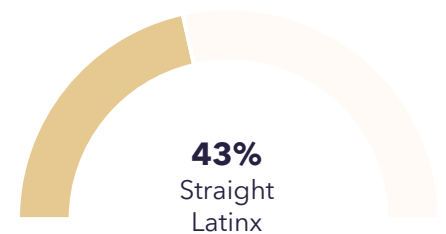
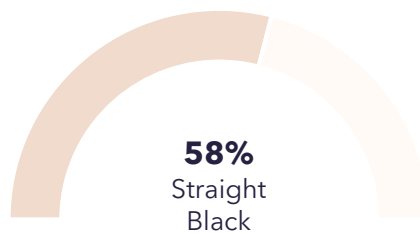
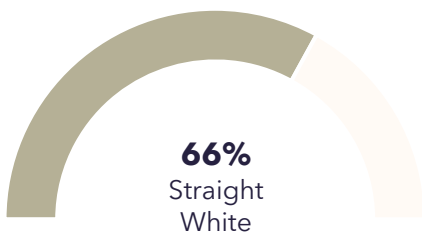
### *Mental Health Provider SOGI Match*

Our data suggests that among those who had been in mental health services in the previous year, 98% of straight/heterosexual students had a mental health provider who was also straight/heterosexual. 52% of LGBT students had a mental health provider who was also LGBT.



### *Mental Health Provider Race/Ethnicity-SOGI Match*

Finally, our data suggests that when considering racial/ethnic-sogi groupings, stark disparities exist. 66% of straight white students, compared to 22% of LGBT white students have a race/ethnicity-sogi match. Among Black students, 58% of straight Black students and only 13% of LGBT Black students reported a match. And among Latinx students, 43% of straight Latinx and 33% of LGBT Latinx students had matches based on race/ethnicity and sexual orientation or gender identity.



# APPENDIX 1

## Self-Stigma of Seeking Help (SSOSH) Scale

INSTRUCTIONS: People at times find that they face problems that they consider seeking help for. This can bring up reactions about what seeking help would mean. Please use the 5-point scale to rate the degree to which each item describes how you might react in this situation. (1: strongly disagree; 2: disagree; 3: agree & disagree equally; 4: agree; 5: strongly agree).

1. I would feel inadequate if I went to a therapist for psychological help.
2. My self-confidence would NOT be threatened if I sought professional help.
3. Seeking psychological help would make me feel less intelligent.
4. My self-esteem would increase if I talked to a therapist.
5. My view of myself would not change just because I made the choice to see a therapist.
6. It would make me feel inferior to ask a therapist for help.
7. I would feel okay about myself if I made the choice to seek professional help.
8. If I went to a therapist, I would be less satisfied with myself.
9. My self-confidence would remain the same if I sought professional help for a problem I could not solve.
10. I would feel worse about myself if I could not solve my own problems.

Items 2, 4, 5, 7, and 9 are reverse coded

## APPENDIX 2

### Barriers to Access to Care Evaluation (BACE v3)

Below you can see a list of things which can stop, delay or discourage people from getting professional care for a mental health problem, or continuing to get help. By professional care we mean care from such staff as a GP (family doctor), community mental health team (e.g. care coordinator, mental health nurse or mental health social worker), psychiatrist, counsellor, psychologist or psychotherapist.

Have any of these issues ever stopped, delayed or discouraged you from getting, or continuing with, professional care for a mental health problem?

Please circle one number on each row to indicate the answer that best suits you.

*For 'not applicable' e.g. if it is a question about children and you do not have children, please cross the Not applicable box.*

	<b>Issue</b>	This has stopped, delayed or discouraged me <b>NOT AT ALL</b>	This has stopped, delayed or discouraged me <b>A LITTLE</b>	This has stopped, delayed or discouraged me <b>QUITE A LOT</b>	This has stopped, delayed or discouraged me <b>A LOT</b>
1.	Being unsure where to go to get professional care	0	1	2	3
2.	Wanting to solve the problem on my own	0	1	2	3
3.	Concern that I might be seen as weak for having a mental health problem	0	1	2	3
4.	Fear of being put in hospital against my will	0	1	2	3
5.	Concern that it might harm my chances when applying for jobs Not applicable <input type="checkbox"/>	0	1	2	3
6.	Problems with transport or travelling to appointments	0	1	2	3
7.	Thinking the problem would get better by itself	0	1	2	3
8.	Concern about what my family might think, say, do or feel	0	1	2	3



	<b>Issue</b>	This has stopped, delayed or discouraged me <b>NOT AT ALL</b>	This has stopped, delayed or discouraged me <b>A LITTLE</b>	This has stopped, delayed or discouraged me <b>QUITE A LOT</b>	This has stopped, delayed or discouraged me <b>A LOT</b>
9.	Feeling embarrassed or ashamed	0	1	2	3
10.	Preferring to get alternative forms of care (e.g. traditional / religious healing or alternative / complementary therapies)	0	1	2	3
11.	Not being able to afford the financial costs involved	0	1	2	3
12.	Concern that I might be seen as 'crazy'	0	1	2	3
13.	Thinking that professional care probably would not help	0	1	2	3
14.	Concern that I might be seen as a bad parent Not applicable <input type="checkbox"/>	0	1	2	3
15.	Professionals from my own ethnic or cultural group not being available	0	1	2	3
16.	Being too unwell to ask for help	0	1	2	3
17.	Concern that people I know might find out	0	1	2	3
18.	Dislike of talking about my feelings, emotions or thoughts	0	1	2	3
19.	Concern that people might not take me seriously if they found out I was having professional care	0	1	2	3
20.	Concerns about the treatments available (e.g. medication side effects)	0	1	2	3
21.	Not wanting a mental health problem to be on my medical records	0	1	2	3
22.	Having had previous bad experiences with professional care for mental health	0	1	2	3
23.	Preferring to get help from family or friends	0	1	2	3
24.	Concern that my children may be taken into care or that I may lose access or custody without my agreement Not applicable <input type="checkbox"/>	0	1	2	3

	<b>Issue</b>	This has stopped, delayed or discouraged me <b>NOT AT ALL</b>	This has stopped, delayed or discouraged me <b>A LITTLE</b>	This has stopped, delayed or discouraged me <b>QUITE A LOT</b>	This has stopped, delayed or discouraged me <b>A LOT</b>
25.	Thinking I did not have a problem	0	1	2	3
26.	Concern about what my friends might think, say or do	0	1	2	3
27.	Difficulty taking time off work Not applicable <input type="checkbox"/>	0	1	2	3
28.	Concern about what people at work might think, say or do Not applicable <input type="checkbox"/>	0	1	2	3
29.	Having problems with childcare while I receive professional care Not applicable <input type="checkbox"/>	0	1	2	3
30.	Having no one who could help me get professional care	0	1	2	3

Barriers to Care Evaluation (BACE) Scale (v3) Institute of Psychiatry, King's College London © 2011. For permission to use and a copy of the manual, please contact Dr Sarah Clement [sarah.clement@kcl.ac.uk](mailto:sarah.clement@kcl.ac.uk) or Professor Graham Thornicroft, [graham.thornicroft@kcl.ac.uk](mailto:graham.thornicroft@kcl.ac.uk).

NOTE: Issue "Professional from my own gender identity or sexual orientation not being available" was added by the research team for the MSU study. This question has not been validated with the BACE v3 scale

## APPENDIX 3

### Average Barriers to Access to Care Evaluation Score, by Race/Ethnicity-SOGI Grouping

	Aggregate	Straight White	LGBT White	Straight Black	LGBT Black	Straight Latinx	LGBT Latinx
Unsure where to get professional care	0.99	0.85	1.33	0.82	1.26	0.71	1.25
Having no one who could help me get professional care	0.74	0.53	1.01	0.66	1.10	0.43	1.00
Problems w/ transport or traveling to appointments	0.29	0.21	0.49	0.36	0.74	0.50	0.50
Not being able to afford the financial costs involved	1.21	1.02	1.71	1.19	1.68	1.32	2.00
Difficulty taking time off work	0.84	0.87	1.15	0.76	1.33	0.96	0.75
Thinking that professional care probably would not help	0.92	0.97	1.22	0.88	1.48	0.71	1.25
Preferring to get alternative forms of care	0.47	0.54	0.27	0.88	0.61	0.57	0.50
Preferring to get help from family or friends	0.76	0.81	0.63	0.51	0.45	0.43	0.25
Professional from my own ethnic or cultural group not being available	0.34	0.07	0.03	0.47	0.77	0.18	1.50
Professional from my own gender identity or sexual orientation not being available	0.24	0.05	0.50	0.33	0.97	0.11	0.50
Fear of being put in a hospital against my will	0.58	0.41	0.90	0.68	1.23	0.25	1.50
Dislike of talking about my feelings, emotions, or thoughts	1.26	1.30	1.54	1.06	1.71	0.96	1.50

	Aggregate	Straight White	LGBT White	Straight Black	LGBT Black	Straight Latinx	LGBT Latinx
Being too unwell to ask for help	0.63	0.40	0.92	0.68	1.48	0.32	1.25
Concerns about the treatments available (medication side effects, etc.)	0.78	0.81	1.10	0.88	1.03	0.79	1.75
Having had previous bad experiences w/ professional care for mental health	0.61	0.47	1.00	0.30	0.94	0.39	2.00
Not wanting a mental health problem to be on my medical records	0.62	0.53	0.68	0.61	0.94	0.29	1.00
Concern that people might not take me seriously if they found out I was having professional care	0.60	0.53	0.63	0.56	1.03	0.39	0.00

# APPENDIX 4

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