

Mental Health Literacy, Stigma, and Help-Seeking Behavior Among Black Male College Students in Historically Black Universities

American Journal of Men's Health
January-February 1–13
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DOI: 10.1177/15579883251318214
journals.sagepub.com/home/jmh


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Abstract

Studies indicate that mental health literacy (MHL) is low among college students. Previous studies report that male college students score lower on MHL than female college students. MHL is connected to mental health help-seeking behavior. Black male college students are shown to be at higher risk for mental health problems such as depression, anxiety, and post-traumatic stress disorder, yet are less likely to seek help for these problems compared with other racial groups. Challenges with mental health can lead to significant negative consequences, such as poor academic performance, social isolation, and even suicide attempts. Stigma has been identified as an important factor that can influence the help-seeking behavior of male college students. Previous research has indicated that Black male college students in predominantly White institutions (PWIs) often struggle with seeking mental health compared with those in Historically Black Universities and Colleges (HBCUs). The purpose of the descriptive cross-sectional study was to investigate the relationships among MHL, stigma, and help-seeking behavior among Black males at HBCUs. The results indicate that having better mental health knowledge is linked to seeking help more often, stressing the need to enhance mental health understanding for better support-seeking. Seeking help was positively associated with reduced stigma. The implications for practitioners, policymakers, and administrators were explored, emphasizing the need for targeted, culturally sensitive interventions for young Black men in higher education. This study underscores the importance of addressing their specific challenges to enhance mental health and academic outcomes.

Keywords

mental health literacy, stigma, help-seeking behavior, African American males, college students

Received August 20, 2024; revised December 17, 2024; accepted December 19, 2024

Background of the Study

Mental health challenges are a major obstacle to academic success, retention, and graduation (Anderson, 2018; Gere et al., 2020; Salimi et al., 2023). Poor mental health among college students is a significant public health issue, especially among racial and ethnic minorities (Lipson et al., 2022). Mental health literacy, which encompasses knowledge and beliefs about mental disorders that aid in recognition, management, and prevention, is crucial for fostering help-seeking behaviors (Eisenberg et al., 2009; Vasquez, 2016). However, mental health literacy alone is not sufficient; stigma often acts as a powerful barrier, preventing individuals with mental health from seeking support

(Walker, 2018). The challenge is particularly pronounced for African American male college students,

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a demographic that faces unique stressors and barriers.

In 2020, the college enrollment rate for Blacks in the United States was 36% of the total number of enrolled college students (National Center for Education Statistics [NCES], 2022a). Black men represent 4.6% (850,000) of all (18.6 million) postsecondary enrollment (Postsecondary National Policy Institute, 2022). Despite these encouraging numbers, fewer (11.75% or 99,611) males enrolled at Historically Black Colleges and Universities (HBCUs) during the period under consideration (NCES, 2022b). HBCUs account for just 6% of accredited U.S. colleges and universities, yet HBCUs serve about 18% of Black college students. These institutions have a high enrollment of first-generation and low-income students and are often preferred by Black students due to the strong sense of community, safety, and support HBCUs provide (NCES, 2021). Research shows that the national completion rate for White students at 4-year institutions ranges from 62% to 69% and 40% to 43% for Blacks. However, at HBCUs, the completion rate (61.8%–66.7%) is much higher (NCES, 2022a).

Although HBCUs serve 18% of Black college students and offer a supportive environment, Black male students attending these institutions still face considerable obstacles in their educational journeys. Research indicates that for Black male college students' persistence and retention rates are 66.2% and 52.1%, respectively (National Student Clearing House Research Center, 2019), compared with 71.3% and 61.6% for White male college students in the same period. These figures reveal a significant gap in the progression of Black male students through higher education compared with their White male counterparts or female Black counterparts. The challenges faced by Black male college students in completing their education are manifold. Factors such as financial constraints, lack of social support, academic underpreparation, lack of mentorship, and mental health issues contribute to diminished engagement, retention, and graduation rates (Anderson, 2018; NCES, 2022a; Ottley & Ellis, 2019).

Mental health problems play a critical role in these disparities. Previous research indicates that approximately 40% of Black college students experience mental health problems (Lipson et al., 2018). Black male college students report higher levels of psychological distress, alcohol use, and underutilization of mental health services compared with Black females and other racial groups (Anderson, 2018; Ottley & Ellis, 2019). Recent statistics indicate that more than half of

mental health problems often emerge during age 14, with 75% of cases arising during the young adult years (Substance Abuse and Mental Health Services Administration [SAMSHA], 2022). The evidence also highlights that 34.6% of mental health disorders begin before age 14, 48.4% before age 18, and 62.5% before age 25, with a peak onset at 14.5 years, emphasizing the critical need for early intervention and prevention efforts (Solmi et al., 2022). Mental health problems are often underdiagnosed and undertreated among African American college students, particularly among males (E. D. Williams et al., 2023; K. D. Williams et al., 2022). Several barriers may prevent African American college students from seeking help, such as the level of mental health literacy, the stigma surrounding mental health problems, and help-seeking behavior (Eisenberg et al., 2009; Vasquez, 2016; Walker, 2018). Despite the supportive environments at HBCUs, barriers such as stigma, low mental health literacy, and cultural attitudes toward mental health problems prevent many Black male students from seeking needed help (Gere et al., 2020; Vasquez, 2016).

Mental health literacy encompasses the knowledge, beliefs, and attitudes about mental health, including the ability to recognize problems, seek help, and make informed treatment decisions (Sampaio et al., 2022). Research indicates that mental health literacy is positively associated with help-seeking behavior (Chakawa & Shapiro, 2022; Smith & Shochet, 2011). The role of race and ethnicity in mental health literacy and help-seeking has not been fully explored (Chakawa & Shapiro, 2022). Our study extends previous research by examining mental health literacy, stigma, and help-seeking behavior among Black male college students in HBCUs.

Contextual Factors and Mental Health Literacy Among Black College Students

Mental health literacy encompasses the knowledge, beliefs, and attitudes about mental health, including the ability to recognize problems, seek help, and make informed treatment decisions (Sampaio et al., 2022). Research indicates that mental health literacy is positively associated with help-seeking behavior (Chakawa & Shapiro, 2022; Smith & Shochet, 2011). The role of race and ethnicity in mental health literacy and help-seeking has not been fully explored (Chakawa & Shapiro, 2022). Our study extends previous research by examining mental health literacy, stigma, and help-seeking behavior among Black male college students in HBCUs.

The contextual factors of HBCUs may have a significant impact on the mental health literacy of Black male college students (Vasquez, 2016; Walker, 2018). One contextual factor that may impact the mental health literacy of Black male college students is the cultural context of HBCUs. HBCUs have a unique cultural context that is centered on the experiences and perspectives of African Americans (Bettez & Suggs, 2012; Johnson, 2017). Cultural context may promote a more positive attitude toward mental health and help-seeking behaviors, which could positively impact mental health literacy.

Another contextual factor that could impact mental health literacy is the availability and accessibility of mental health resources within HBCUs (Polishchuk, 2022). Black male college students attending HBCUs may be more likely to seek help for mental health concerns if these students have access to mental health resources that are culturally appropriate and sensitive to their experiences. The availability and accessibility of these resources could impact the mental health literacy of Black male college students and their ability to recognize and seek help for mental health concerns (Bettez & Suggs, 2012; K. D. Williams et al., 2022).

The social support networks available to Black male college students within HBCUs may impact their mental health literacy. These social support networks may include peer groups, mentors, faculty, and staff who provide emotional support and encouragement for seeking help for mental health concerns (Walker, 2018; E. D. Williams et al., 2023; K. D. Williams et al., 2022). These support networks may help to reduce the stigma surrounding mental health and help-seeking behaviors and promote positive attitudes toward mental health. Finally, academic stress and financial strain may impact the mental health literacy of African American male college students attending HBCUs. These stressors may negatively impact mental health and the ability to recognize and seek help for mental health concerns (Hankerson et al., 2015; Mouzon et al., 2017; E. D. Williams et al., 2023; K. D. Williams et al., 2022).

Stigma Surrounding Mental Health Problems

Negative attitudes, beliefs, and stereotypes toward people with mental health conditions can lead to marginalization, social exclusion, and discrimination (Bradbury, 2020). Stigma serves as a significant barrier to seeking support, particularly among Black male college students. These Black male college student students face unique challenges, including societal expectations of masculinity and historical experiences of

discrimination, which contribute to the stigma around help-seeking (Hankerson et al., 2015; Livingston et al., 2022; Rivera et al., 2021). Consequently, seeking assistance for mental health concerns is often perceived as a sign of weakness, deterring them from accessing necessary support. In addition, there is a lack of trust in the health care system due to historical and contemporary experiences of racism. As a result, Black male college students may be less likely to seek professional mental health services, instead relying on informal support networks such as family, friends, or religious leaders, which may not provide the necessary level of care (Livingston et al., 2022). Addressing stigma in the Black community and creating a supportive environment for seeking help is crucial, involving increasing access to culturally competent mental health services, providing education to address misconceptions, and promoting positive representations of Black individuals who seek mental health support (DeFreitas et al., 2018; Livingston et al., 2022). Understanding students' perceptions of stigma is essential for developing frameworks to address the barriers it creates to help-seeking behavior.

Help-Seeking Behavior

Several factors influence an individual's willingness to seek help for mental health challenges, including stigma, social support, cultural factors, and mental health literacy (Benuto et al., 2020). Help-seeking behavior is crucial for the mental health and academic success of Black college students but is often influenced by stigma, racial and cultural identity, discrimination experiences, and mistrust of mental health services (E. D. Williams et al., 2023; K. D. Williams et al., 2022). Seeking help may be delayed or underutilized due to the perception that it signifies weakness or a lack of self-reliance within the Black community. In addition, Black students may struggle to balance seeking help with preserving their cultural identity, and past experiences of discrimination can further erode trust in mental health services (DeFreitas et al., 2018). Young Black men's college engagement is often hindered by financial and structural barriers, such as limited scholarships and resources, which increase stress and affect mental well-being. Cultural views on mental health, including seeing it as a weakness, further discourage seeking help. Stigma remains a key factor, as many hesitate to access services due to fear of judgment. These challenges together impact their success and engagement in college.

Some studies have reported that Black college students, in general, have lower mental health literacy

(Tambling et al., 2023), and are reluctant to seek mental health services in predominantly White institutions (PWI) due to a lack of diversity in counseling staff and cultural mistrust (Ball et al., 2024; DeFreitas et al., 2018). Although counseling services at HBCUs are more likely to be provided by individuals who share similar cultural backgrounds and understand the unique experiences of Black students (Patton, 2016), A. Williams and Justice (2010) did not find any differences in attitudes toward seeking mental health services. The authors reported that stigma and negative attitudes toward mental help-seeking behavior were significant barriers to counseling among males. There is limited understanding of the relationship among mental health literacy, stigma, and help-seeking behavior among Black male college students in HBCUs.

Theoretical Framework

The theoretical framework for the current study integrates several key theories to explain mental health literacy and help-seeking behaviors, particularly among Black male college students. *Masculinity Theory* addresses how societal norms around masculinity shape attitudes and behaviors, often discouraging help-seeking due to perceived vulnerabilities, whereas *Minority Stress Theory* highlights the additional barriers faced by Black males, such as racism and stereotyping, that complicate their pursuit of mental health support (Connell, 1995). The *Health Belief Model* (HBM) suggests that individuals are more likely to seek help when they perceive mental health issues as serious, feel personally susceptible, and recognize the benefits of intervention (Skinner et al., 2015). *Social Cognitive Theory* (SCT) adds that self-efficacy, social support, and knowledge shape behaviors, underscoring the role of personal and environmental factors in mental health decisions (Bandura, 1986; Luszczynska et al., 2007). Finally, the *Theory of Planned Behavior* (TPB) proposes that attitudes, perceived social norms, and control over the help-seeking process influence intentions to seek help (Ajzen, 2020). Together, these theories provide a comprehensive understanding of the multifaceted influences on mental health literacy and help-seeking behaviors, particularly the roles of stigma, social norms, and individual beliefs. The study aims to explore the relationships among mental health literacy, stigma, and help-seeking behavior among Black males at HBCUs, focusing on how students' understanding of mental health symptoms and stigma influence their attitudes toward seeking help for mental health conditions. The research questions guiding the study are as follows:

Research Question 1 (RQ1): What is the level of mental health literacy among male Black/African American College Students attending HBCUs?

Research Question 2 (RQ2): What are the sources of help-seeking among male Black/African American College Students attending HBCUs?

Research Question 3 (RQ3): What is the relationship among contextual factors, mental health literacy, stigma, and help-seeking behavior among Black/African American College Students in HBCUs?

Method

Participants

The population for the study comprised Black and African American students at a large Historically Black University (HBCU) in the eastern part of the United States. According to recent data from the University's website, there were 2,384 enrolled students in 2022, with a gender distribution of 42.70% male (1,018 students) and 57.30% female (1,366 students). The undergraduate population included 831 male and 980 female students, whereas the graduate population consisted of 187 male and 386 female students.

The sample for the study was drawn from the entire pool of enrolled students at the time of data collection. The participant pool was selected using a random sampling method to ensure that every Black male student had an equal opportunity to be selected, irrespective of age, ethnic origin, religion, or socioeconomic background. The approach was designed to eliminate bias and provide a representative sample of Black male students. The initial pool included both male and female students, but the final sample focused exclusively on male students.

Instruments

The Mental Health Knowledge Schedule (MAKS-12; Evans-Lacko et al., 2010) was used to measure mental health literacy in the study. MAKS-12 is a unidimensional scale that assesses individuals' knowledge and understanding of mental health issues, including symptom recognition, treatment options, and accessing services. Participants rank their agreement with each statement on a scale from "strongly agree" to "strongly disagree." MAKS-12 is free, open-source, and easy to use, providing a comprehensive assessment of mental health literacy. MAKS-12 has demonstrated good reliability and validity in previous studies, with Cronbach's alpha coefficients ranging

from .64 to .72, indicating moderate to good internal consistency (Abi Doumit et al., 2019; Evans-Lacko et al., 2010). The MAKS-12 scale effectively discriminates between groups with varying levels of mental health literacy, confirming its utility in distinguishing different knowledge and belief levels about mental health. Overall, the MAKS-12 is a reliable and valid tool for measuring mental health literacy across diverse populations (Abi Doumit et al., 2019).

The Attribution Questionnaire (AQ-9; Corrigan et al., 2002) was used to measure stigma in the study. The AQ-9 is a 9-item scale that assesses individuals' tendencies to attribute causes to their own successes and failures, particularly focusing on how individuals attribute the causes of mental health problems to internal or external factors. AQ-9 is a brief, flexible, and easy-to-administer unidimensional questionnaire. Each item presents a scenario, and respondents indicate their agreement or disagreement on a Likert-type scale from 1 (*Strongly Disagree*) to 5 (*Strongly Agree*). Statements include "Mental illness is caused by bad choices" and "People with mental illness could snap at any moment" (Corrigan et al., 2002).

The AQ-9 is free and open-source, with good internal consistency, evidenced by Cronbach's alpha values ranging from .75 to .89 across different studies. The AQ-9 is a brief, flexible, and easy-to-administer unidimensional question. Each item presents a scenario, and respondents indicate their agreement on a Likert-type scale from 1 (*Strongly Disagree*) to 5 (*Strongly Agree*). Statements include "Mental illness is caused by bad choices" and "People with mental illness could snap at any moment" (Corrigan et al., 2002).

The AQ-9 is free and open-source, with good internal consistency, evidenced by Cronbach's alpha values ranging from .75 to .89 across different studies. The AQ-9 scale is sensitive to changes in attitudes toward mental illness over time, making it useful for evaluating the effectiveness of anti-stigma interventions (Corrigan et al., 2002). In addition, the AQ-9 can help identify potential barriers to help-seeking behavior (Eisenberg et al., 2012).

General Help-Seeking Questionnaire (GHSQ; Wilson et al., 2005) is a brief questionnaire designed to assess an individual's willingness to seek help for emotional or mental health concerns (Wilson et al., 2005). The four items of the GHSQ ask about the likelihood of seeking help from different sources, including friends, family, professionals, and self-help resources. For example, one item asks, "How likely is it that you would seek help from a mental health professional if you were experiencing emotional or personal

problems?" Respondents rate their likelihood of seeking help on a scale from 1 (*very unlikely*) to 7 (*very likely*). While the GHSQ is brief, the instrument can provide valuable information about an individual's attitudes toward seeking help for mental health concerns, which can be useful in developing interventions to encourage help-seeking behavior. The GHSQ has shown good psychometric properties: Cronbach's alpha = .70 and test-retest of .86 for personal-emotional problems, and Cronbach's alpha = .83 and test-retest of .88 for suicidal thoughts (Olivari & Guzmán-González, 2017).

Demographic Questionnaire. A short researcher-developed instrument was used to collect the participants' demographic information and specific contextual factors of HBCUs. The instrument asked questions about respondents' age, academic level, and academic discipline (school).

Procedures

All required documents were submitted to the Institutional Review Board (IRB) of the University, where the study was completed to secure approval for the study. The researcher received IRB approval on March 9, 2023. Following approval for the study, the survey items were entered into Google Forms, an online survey software format for collecting survey data. The survey was activated, embedded in a QR code, and posted in an electronic flyer which was disseminated via the University electronic weekly bulletin to all of the current students enrolled at the university. The invitation had information about the study, informed consent, and an electronic flyer had a cover letter to individuals who voluntarily consented to participate in the study. Upon accessing the link, participants viewed a welcome letter reviewing the purpose and indicating their consent for participation. The measures were presented in the following order: demographic questionnaire, MAKS-12, AQ-9, and GHSQ. All measures used in the study took approximately 60 min to complete. After completion, participants were debriefed regarding the study's goals, reassured of the anonymity of their responses, and provided with contact information of the University counseling center for any needed aftercare or follow-up support, ensuring all ethical considerations were maintained throughout the research process.

Data Analyses

The data collected through the surveys were extracted into the Statistical Package for the Social Sciences

Table 1. Descriptive Statistics for Mental Health Literacy

Items	Strongly disagree	Disagree	Somewhat degree	Somewhat agree	Agree	Strongly agree
Mental health and employment	26 (18.4%)	12 (8.5%)	3 (2.1%)	1 (0.7%)	79 (56%)	20 (14.2%)
Advice for a friend with mental illness	104 (74.3%)	11 (7.9%)	2 (1.4%)	4 (2.9%)	10 (7.1%)	9 (6.4%)
Medication for the treatment of mental illness	3 (2.1%)	0 (0%)	0 (0%)	2 (1.4%)	95 (67.4%)	41 (29.1%)
Psychotherapy for the treatment of mental illness	34 (3%)	9 (6.4%)	1 (0.7%)	8 (5.7%)	68 (48.6%)	20 (14.3%)
Recovery for persons with severe mental illness	17 (12.1%)	3 (2.1%)	1 (0.7%)	8 (5.7%)	68 (48.6%)	43 (30.7%)
Persons with mental illness go to providers for help	11 (7.8%)	4 (2.8%)	3 (2.1%)	2 (1.4%)	88 (62.4%)	33 (23.4%)
Depression is a mental illness	7 (5%)	3 (2%)	2 (1.4%)	2 (1.4%)	89 (64%)	36 (25.9%)
Stress is a mental illness	42 (30%)	12 (8.6%)	2 (1.4%)	2 (1.4%)	51 (36.4%)	31 (22.1%)
Schizophrenia is a mental illness	0 (0%)	0 (0%)	0 (0%)	1 (0.7%)	64 (46.7%)	72 (52.6%)
Bipolar disorder is a mental illness	0 (0%)	0 (0%)	0 (0%)	1 (0.7%)	66 (47.8%)	71 (51.4%)
Drug addiction is a mental illness	19 (13.5%)	10 (7.1%)	1 (0.7%)	2 (1.4%)	64 (45.4%)	45 (31.9%)

(SPSS.27.0) software for further analysis. Descriptive analyses (simple percentages, averages, and correlations), as well as regression analyses, were completed to answer the research questions.

Results

The analysis conducted in the current study aims to address the three research questions posed. First, to assess the level of mental health literacy among male Black/African American college students attending HBCUs, descriptive statistics were used to explore the respondents' knowledge and attitudes toward mental health conditions, treatment modalities, and recovery (RQ1). These insights help establish an understanding of the overall mental health literacy within the demographic. Second, to determine the sources of help-seeking behavior, descriptive data regarding students' reliance on family, friends, and professional support for mental health challenges were analyzed (RQ2). Descriptive data analysis highlights the primary resources these students turn to when facing mental health issues. Third, to examine the relationship among contextual factors, mental health literacy, stigma, and help-seeking behavior, multiple regression analysis was conducted (RQ3). Multiple regression analysis allowed for testing the hypothesis that higher levels of mental health literacy and lower levels of stigma would be associated with increased help-seeking behavior, while contextual factors might moderate these relationships. Through these approaches, the findings provide a comprehensive view of the factors influencing mental health literacy and help-seeking behavior in college students.

Descriptive Statistics

Descriptive data revealed there were 142 participants in the study. Of the 142 participants, the majority 96 (69.6%) were between the ages of 17 and 24 years, 32 (23.2%) were between the ages of 25 and 32 years, and 10 (7.2%) were aged between 32 and above. In terms of academic level, 37 (26.8%) identified themselves as graduate students, 32 (23.2%) identified themselves as undergraduate juniors, 28 (20.3%) identified as undergraduate sophomores, 5 (5.1%) identified as undergraduate freshmen, and 5 (3.6%) identified as professional. Among the respondents, 41 (29.1%) were from the School of Pharmacy and Health Professions, 40 (28.4%) were from the School of Business and Technology, 33 (23.4%) were from the School of Education, Social Sciences and Arts, and 27 (19.1%) were from the School of Agriculture and Natural Sciences.

RQ1. What is the level of mental health literacy among male Black/African American College Students attending HBCUs?

In Table 1, the results of the participants' responses regarding their knowledge of mental illness are presented in both numbers and percentages. The table provides valuable insights into the mental health literacy of male Black/African American college students attending HBCUs across various dimensions of mental health understanding and attitudes. The data reveal a generally high level of awareness and acceptance of mental health conditions and treatment modalities. For instance, a substantial majority of respondents, 99 students (70.2%), agree or strongly agree that mental health affects employment.

Table 2. Descriptive Statistics for Help-Seeking Behavior for Mental Illness Problems

Source of help	Stress (M, SD)	Anxiety and worry (M, SD)	Depression (M, SD)	Suicide (M, SD)	Alcohol (M, SD)
Boyfriend/girlfriend	5.29 (1.68)	4.81 (1.18)	3.53 (2.32)	4.23 (2.34)	2.35 (2.26)
Friend	3.62 (2.37)	3.62 (2.32)	5.18 (1.96)	3.35 (2.48)	2.30 (2.17)
Parent	5.50 (1.53)	5.55 (1.58)	5.55 (1.69)	4.46 (2.46)	2.56 (2.41)
Other relative	5.50 (1.59)	5.51 (1.78)	5.06 (2.05)	2.42 (2.11)	2.35 (2.26)
Mental health professional	2.29 (2.05)	2.39 (2.20)	2.29 (2.18)	2.36 (2.30)	2.04 (2.03)
Phone line	2.57 (2.07)	2.57 (2.12)	2.59 (2.19)	2.64 (2.31)	1.96 (1.94)
Doctor/GP	2.21 (1.95)	2.11 (1.99)	2.27 (2.11)	2.35 (2.20)	1.96 (1.95)
Minister/religious leader	2.28 (2.34)	2.62 (2.27)	2.53 (2.26)	2.79 (2.33)	1.96 (1.90)
Nobody	4.98 (2.18)	4.60 (2.40)	4.86 (2.84)	4.62 (2.43)	4.50 (2.55)
Work colleagues	2.23 (1.99)	3.53 (2.32)	2.48 (2.18)	2.02 (1.55)	2.20 (2.09)

Similarly, strong support for medication as an effective treatment for mental illness was reported by 136 students (96.5%), while 89 students (62.9%) agree or strongly agree that psychotherapy is an effective treatment.

In addition, there is significant optimism regarding the recovery of individuals with severe mental illness, with 111 students (79.3%) agreeing or strongly agreeing that recovery is possible. Furthermore, the recognition of specific mental illnesses is notably high among the respondents. Almost all participants acknowledge that depression (125 students, 89.9%), schizophrenia (137 students, 99.3%), and bipolar disorder (137 students, 99.2%) are mental illnesses. However, there is some variation in understanding stress as a mental illness, with only 82 students (58.5%) agreeing or strongly agreeing that stress is considered a mental illness.

The findings reveal a strong awareness of help-seeking behaviors, with 121 students (85.8%) agreeing or strongly agreeing that individuals with mental illness seek help from health care providers. Despite these positive indicators, the data suggest a notable hesitation or lack of confidence in advising friends with mental health issues, as 104 students (74.3%) strongly disagreed with the notion of giving such advice.

These results indicate that while there is a high level of mental health literacy among male Black/African American college students attending HBCUs, there are areas, particularly around advising peers and understanding stress as a mental illness, where further education could be beneficial.

RQ2. What are the sources of help-seeking among male Black/African American College Students attending HBCUs?

Table 2 presents a detailed breakdown of the primary sources male Black/African American college students attending HBCUs rely on for help across different

mental health challenges. Family members, including parents (average agreement 5.50, $SD = 1.53$ – 1.78) and other relatives (average agreement 5.50, $SD = 1.59$ – 2.05), consistently emerge as the most trusted sources across categories such as stress, anxiety, depression, suicide, and alcohol-related issues. These findings highlight a strong reliance—around 90% agreement—on familial support networks among students facing various mental health concerns.

Friends play a crucial role, particularly in addressing anxiety and worry (average agreement 5.18, $SD = 1.96$), indicating significant peer support within their social circles. Mental health professionals, while rated slightly lower on average (average agreement = 2.29–2.39, $SD = 2.05$ – 2.20), are still recognized as essential resources across all mental health categories, with approximately 60% agreement. The results underscore the acknowledgment among students of the expertise needed for addressing mental health issues. Other sources such as doctors/general practitioners, religious leaders, and workplace colleagues show more varied levels of perceived effectiveness, typically ranging from 20% to 40% agreement across different mental health concerns. These findings suggest a nuanced approach to seeking support based on the nature of the mental health issue and the perceived effectiveness of available resources.

RQ3. What is the relationship among contextual factors, mental health literacy, stigma, and help-seeking behavior among Black/African American College Students in HBCUs?

Multiple regression analysis conducted to predict mental help-seeking behavior from contextual factors, mental health literacy, and stigma is presented in Table 3. The model explained 46% of the variance in help-seeking behavior ($R^2 = .46$), and the overall model was statistically significant ($F = 8.72$, $p < .001$), indicating a good fit for the data.

Table 3. Model Summary for Multiple Regression Analysis

R^2	Adjusted R^2	Std. error of estimate	F (df)	p
.46	0.43	10.42	8.72 (3, 96)	<.001

Table 4. Multiple Regression Analysis Predicting Mental Help-Seeking Behavior

Predictor	B	SE	Beta	t	p
Constant	100.32	15.62		6.42	<.001
Contextual factors	-4.87	3.22	-0.10	-1.51	.134
Mental health literacy	7.89	1.82	0.44	4.34	<.001
Stigma	3.55	1.67	0.28	2.12	.035

Furthermore, the results indicate (Table 4) that higher levels of mental health literacy are significantly associated with increased help-seeking behavior among Black/African American college students in HBCUs ($B = 7.89$, $p < .001$). In addition, perceptions of stigma surrounding mental health issues show a significant positive relationship with help-seeking behavior, although to a lesser extent ($B = 3.55$, $p = .035$). Contextual factors, however, did not show a statistically significant relationship with help-seeking behavior ($B = -4.87$, $p = .134$).

These findings suggest that while mental health literacy plays a crucial role in promoting proactive help-seeking behaviors, addressing stigma remains an important challenge that may influence how students access mental health support. Despite the absence of a significant relationship between contextual factors and help-seeking behavior, the model's overall explanatory power indicates that focusing on mental health literacy and reducing stigma could be effective strategies for enhancing help-seeking behaviors.

Discussion

In the study, we found that male Black/African American college students at HBCUs possess a high level of mental health literacy. The finding aligns with several previous studies (Lindsey et al., 2013; Ward et al., 2013; Watkins et al., 2017), which indicate growing awareness and understanding of mental health issues among African American college students, contributing to more proactive help-seeking behaviors. Furthermore, respondents demonstrated a strong awareness of the impact of mental health conditions on various aspects of life, including employment, as well as the effectiveness of medication and

psychotherapy as treatments. However, despite the awareness, there is hesitancy or lack of confidence among respondents in advising friends with mental health issues, and variability exists in their understanding of stress as a mental illness.

When revisiting the theoretical framework introduced earlier in the article, the HBM and TPB, these findings suggest that although male Black/African American college students have a high degree of mental health literacy, their perceived behavioral control and self-efficacy (key components of the TPB) may be limited in situations where college students must advise others, reflecting gaps in practical mental health competencies. According to the HBM, while their awareness (or perceived susceptibility and severity) of mental health issues is high, the hesitancy in supporting others may indicate a lower perceived self-efficacy in managing or advising on mental health concerns, pointing to areas where further education or intervention could strengthen confidence and help-seeking for themselves and their peers.

Another important finding was the reliance on family members for support in mental health issues, such as stress, anxiety, and depression. The finding is consistent with the social network model, which highlights the significance of familial networks as a critical component in coping with mental health concerns. Previous research (Hunt & Eisenberg, 2010; Okamoto et al., 2010) and studies by Lindsey et al. (2013) and Ward et al. (2013) have shown that African American individuals often turn to family rather than mental health professionals for emotional support. The observation is in line with cultural models of health behavior, where family and collective support systems are foundational in addressing personal health concerns. Re-examining the ecological model introduced earlier, the finding that environmental and situational factors did not show a significant relationship with help-seeking behavior, suggests that proximal systems, such as family, may overshadow more distal contextual factors when it comes to mental health decision-making among these students.

Moreover, we found that higher levels of mental health literacy were associated with increased help-seeking behavior, a finding supported by studies such as Gulliver et al. (2010) and Reavley and Jorm (2011), which emphasize that greater mental health literacy promotes proactive help-seeking behaviors. When revisiting the HBM, the connection likely stems from a high level of perceived benefits of professional help-seeking due to greater knowledge of mental health. However, stigma, while still a barrier, appears to have a less substantial impact on help-seeking behavior,

aligning with Vogel et al. (2013), who suggest that awareness of stigma may not necessarily deter help-seeking when individuals recognize the need for professional assistance.

Collectively, the theoretical models helped frame our understanding of the dynamics influencing help-seeking behavior among male Black/African American college students at HBCUs. While mental health literacy is crucial, it is evident that addressing lingering issues such as self-efficacy in advising peers, as well as confronting mental health stigma, are important next steps. Furthermore, while environmental and contextual factors were not found to be significant in the study, the strong reliance on familial support underscores the need for interventions that take into account the cultural importance of family networks when designing mental health programs for Black/African American Male College students.

The findings of this study contribute significantly to the growing body of literature on help-seeking behaviors among young Black men, particularly Black male college students. Research consistently shows that young people, in general, prefer informal sources of support, such as friends and family, over formal mental health services (Gulliver et al., 2010;-). However, the specific historical, cultural, and social contexts in which young Black men operate distinguish their experiences from their non-Black peers. The legacy of mistrust in health care systems, stemming from historical exploitation and discrimination, plays a crucial role in shaping the mental health help-seeking behaviors of Black males (Williams & Mohammed, 2009). Qualitative studies have further explored how Black men's conceptualization of masculinity, which often values emotional restraint and self-reliance, intersects with these historical legacies, discouraging help-seeking (Hammond, 2012).

While the study's results align with global trends in young people's mental health help-seeking, they highlight specific challenges faced by Black male students in this context. For instance, informal support from family and peers was preferred, highlighting that formal mental health services often fail to meet young people's needs, with broader issues of stigma, mistrust, and cultural expectations of masculinity impacting engagement (Griffith et al., 2017). As noted in qualitative studies, young Black men are often socialized to cope with stress and emotional challenges independently, reinforcing barriers to seeking professional help (Matthews et al., 2019; Griffith, 2012). This aligns with research showing that Black men tend to delay or avoid help-seeking due to fears of appearing weak or vulnerable (Harris et al., 2021).

Moreover, the intersection of race and gender further complicates mental health help-seeking for Black male college students. Black men often encounter stereotypes of hypermasculinity and resilience, which not only diminish the likelihood of seeking help but also exacerbate the internalization of stigma surrounding mental health (Watkins et al., 2017). For young Black men attending HBCUs, the historical legacy of HBCUs as safe spaces for Black students can simultaneously be both a protective factor and a potential source of added pressure. While HBCUs provide a culturally affirming environment, the strong sense of community and expectations of self-reliance can sometimes hinder open discussions about mental health (Simmonds et al., 2001). Thus, the challenges in engaging with formal help, even within a supportive environment, reflect the complex interplay between cultural norms, institutional legacies, and individual experiences of Black men at HBCUs.

Furthermore, the study emphasizes the significant role of family support in Black male students' mental health experiences, a finding supported by existing literature (Lindsey et al., 2013). Black families, particularly those with deep cultural ties, often serve as primary sources of emotional and psychological support, with formal mental health services seen as a last resort (Neighbors et al., 2007). This preference for familial support, while beneficial in some contexts, can also delay professional intervention, when necessary, further contributing to underutilization of mental health services (K. D. Williams et al., 2022). Therefore, family-inclusive mental health interventions, as suggested by this study, are critical for bridging the gap between informal support and professional care, ensuring that students can benefit from both worlds (Givens et al., 2007).

In comparison with global help-seeking trends among young people, it is essential to recognize that the mental health challenges faced by Black male college students are amplified by systemic inequities and cultural factors. The historical mistrust of health care institutions, coupled with the cultural emphasis on masculinity, creates unique barriers that are not adequately addressed by existing mental health frameworks (Hammond, 2012). This study's focus on Black male students at HBCUs adds to the growing understanding of how race, gender, and institutional context influence mental health behaviors, offering critical insights into how educational institutions and mental health providers can better support this demographic. As evidenced in the findings, the study demonstrates the effectiveness of mental health literacy programs within African American college students, advocating

for their expansion and integration into the curriculum, which goes beyond typical approaches in mental health education. The focus on culturally tailored anti-stigma efforts, such as peer-led discussions and collaborations with community leaders, offers a significant strategy for reducing barriers to help-seeking. The emphasis on family-inclusive mental health interventions, addressing the critical role of family support, adds a novel layer to existing research, suggesting a comprehensive, culturally informed approach to mental health care for Black Male College students.

Implications

The findings of the study have several important implications for mental health interventions and policies targeting Black/African American college students at HBCUs. First, the high level of mental health literacy observed among these students suggests that educational programs aimed at increasing awareness and understanding of mental health issues can be effective. The finding aligns with the research by Gulliver et al. (2010), which indicates that increased mental health literacy can lead to more proactive help-seeking behaviors. HBCUs should continue to implement and expand mental health literacy programs to further enhance students' knowledge and encourage them to seek help when needed.

Second, the significant association between mental health literacy and help-seeking behavior underscores the importance of integrating mental health education into the broader curriculum. By normalizing discussions about mental health and incorporating relevant information into various courses, educators can help reduce stigma and make students more comfortable with seeking help. The approach is supported by Reavley and Jorm (2011), who found that young people's attitudes toward mental health can be positively influenced by educational interventions. Thus, HBCUs should consider mandatory mental health literacy courses or workshops for all students.

Third, despite the positive impact of mental health literacy, the study highlights that stigma remains a significant barrier to help-seeking behavior. Vogel et al. (2013) emphasized that perceived stigma can deter individuals from seeking mental health services even when such individuals are aware of their benefits. The finding suggests that efforts to improve mental health literacy must be accompanied by robust anti-stigma campaigns. HBCUs should develop targeted initiatives to challenge and reduce stigma associated with mental health, such as peer-led discussions, public awareness campaigns, and collaborations with

influential figures within the community to promote a more accepting and supportive environment.

Finally, the reliance on family members for mental health support, as indicated by the study, points to the need for family-inclusive mental health interventions. Lindsey et al. (2013) found that social support from family plays a critical role in the mental well-being of African American youth. HBCUs should consider involving family members in mental health education and support programs. Workshops and seminars that educate families about mental health issues and effective ways to provide support could enhance the overall mental health support system for students. In addition, creating resources and support networks for families could help bridge the gap between students' reliance on family support and their access to professional mental health services. These implications highlight the multifaceted approach needed to address mental health issues among Black/African American college students at HBCUs. By combining increased mental health literacy, stigma reduction efforts, and family-inclusive strategies, HBCUs can create a more supportive and effective mental health environment for their students.

Limitations

Despite the valuable insights provided by the study, several limitations should be considered. First, the findings are based on self-reported data from a specific demographic (Black/African American male college students attending HBCUs), which may limit the generalizability of the results to other populations or settings. Variations in cultural, institutional, and socioeconomic factors could influence mental health literacy and help-seeking behaviors differently across different groups of college students. Second, the study primarily relies on cross-sectional data, which captures information at a single point in time. Longitudinal studies would provide a more comprehensive understanding of how mental health literacy and help-seeking behaviors evolve over time among Black/African American male college students.

Third, while the study highlights the prominence of familial support in help-seeking behaviors, the study does not delve deeply into the specific dynamics or cultural nuances within family networks that may impact mental health support. Further qualitative research could provide richer insights into the roles, beliefs, and challenges faced by families in supporting the mental health needs of college students. It is also important to note that a limitation of this study is the

absence of perspectives from Black men who dropped out of university, highlighting the need for future research to explore persistence and retention factors within this demographic.

Conclusion

Overall, the findings of our study underscore the importance of collaborative efforts among mental health counselors, school counselors, university administrators, and policymakers to address knowledge gaps, reduce stigma, and enhance access to mental health resources and support networks on college campuses. By prioritizing mental health education, fostering family involvement, and expanding access to culturally competent mental health services, stakeholders in mental health and higher education can promote positive mental health outcomes and support the well-being of all college students.

Future research should focus on investigations into the effectiveness of specific interventions to reduce stigma and improve mental health literacy. Research should examine innovative approaches to enhancing access to mental health resources and support networks on HBCU campuses, such as the integration of technology-based interventions and peer support programs. The results of these efforts can contribute valuable insights into the development of evidence-based strategies that promote positive mental health outcomes, not only for young Black men but also for the broader college student population.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

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