

Redesigning the HBCU to Address African American Student Mental Health Challenges

Abstract

As African Americans overcome mental health challenges that are exacerbated by the economic, social, and health-related difficulties caused by the COVID-19 pandemic, as well as threats to their physical safety sparked by racism and domestic terrorism (Weissman, 2022), the university must meet the needs of Black students to ensure their wellbeing. This paper focuses on HBCUs as a site for helping Black students process these traumas because HBCUs have long been the most nurturing four-year university environment for Black students (Lomax, 2020). However, the external nature of these factors, combined with the corporatization of US colleges in a system that rewards publication over inclusive teaching is what makes addressing mental health at HBCUs a complex problem. Using a collective literature analysis, this paper uncovers the importance of addressing student mental health at HBCUs and presents an iterative approach to designing mental health interventions to meet Black students' needs through academic and extracurricular infusion. It was found that although HBCUs generally provide a safer and more inclusive environment for Black students than PWIs, there is still a need for programs and initiatives at HBCUs that intentionally and explicitly promote the mental wellbeing of Black students. It was also found that Black men in particular need well-being interventions, and that efforts that target the attention and needs of Black men must continue alongside efforts designed for the entire student population. HBCU leaders should consider redesigning their institutions to mitigate mental health challenges through interventions that are built *into* the course and experiential learning curricula. Once successfully adopted, HBCUs can inspire the cultivation of Black student well-being at other types of institutions.

“What if” Statement:

- What if a curricular infusion approach was used to destigmatize, recognize, and prioritize mental health for Black students at HBCUs?
- What are the barriers that prevent Black colleges from achieving this infusion today?

Credit to Authors

I take this brief paragraph to mention the authors who were the most instrumental in providing information on the current condition of mental health at HBCUs. As of May 2022, Dr. Larry J. Walker is an Assistant Professor in the Department of Educational Leadership and Higher Education at the University of Central Florida. Dr. Walker has published numerous pieces on student mental health at HBCUs and solutions that would mitigate mental health challenges. Two of his pieces are referenced in this paper, and they've directed me to several other sources that were helpful. I'd also like to credit Dr. Autumn Asher Blackdeer for her review and synthesis of 39 articles that encapsulate the recent history of behavioral health research at HBCUs, which provided vital context by connecting research across institutions and time periods. As of May 2022, Dr. Blackdeer is an Assistant Professor of Social Work at the University of Denver.

Introduction

Mental health challenges impact US college students of all racial and ethnic groups. However, according to Walker (2015), sourced by Alim et al (2006), “African Americans from underserved backgrounds are more likely than other racial and ethnic groups, including Asians, Hispanics and Whites, to be exposed to traumatic events. Overcoming a singular or continuous traumatic event can have a long-term impact on the socio-emotional development and academic performance of students from high-risk communities.” This fact is supported by NCES data that shows that Black students have the lowest 4-year graduation rate (21%) among all other race/ethnic groups in the reporting, lower than White, Asian, Hispanic, Pacific Islander, and Native peoples and those of two or more races (2017). The relationship outlined here between mental health and graduation rate is one of correlation, not causation, but statistics like these are still important to place in context together.

This paper focuses on HBCUs as a site for helping Black students process these traumas because HBCUs have long been the best 4-year university environment for Black students to flourish. HBCUs provide a nurturing environment for Black students (Lomax, 2020). The positive impact of these unique contextual offerings, like Black fraternities and sororities and faculty-student mentorship between those from shared cultural backgrounds, suggests that HBCUs offer experiences that indirectly improve the mental wellbeing of the students who attend. According to BlackDeer (2021), nearly a fourth of all Black college graduates are HBCU grads. Although they provide a sense of community and affinity for the Black students who attend them, these institutions are still capable of enabling, and in the worse cases contributing to student mental health challenges.

Some HBCUs, like PWIs and most other institutions, operate as if health resources and academics are separate, and that students shouldn't address their mental wellbeing in the classroom. Some suggest developing programs that are meant to encourage Black students to seek mental health resources at their institution (Walker, 2015; Open Minds, 2021). Although these interventions may destigmatize mental health, their impact is limited due to the lack of available resources once a student decides to seek help. A national mental health staff shortage in higher ed is affecting hundreds of US colleges, not just HBCUs (Kreidler, 2022).

HBCU leaders should consider redesigning their institutions to mitigate mental health challenges through interventions that are built *into* the course and experiential learning curricula. Since HBCUs graduate more Black students than any other type of 4-year institution, and since HBCUs are uniquely positioned to understand the historical and socio-economic contexts in which Black students live, learn and work, HBCUs should lead the charge for infusing wellbeing into university curricula. Not only can this intervention be a powerful way to seek justice, liberation, and care for African American students, but it can also be a way to equalize achievement outcomes between African American students and other racial and ethnic groups.

African American men have a troubled relationship with mental health stigma. African American students are less likely to seek mental health treatment than other racial and ethnic groups, but African American males are less likely to seek mental health treatment and are more likely to have negative perceptions and attitudes toward mental illness than Black women (Krow, 2020). Walker (2018) mentions that African American men are disproportionately exposed to traumatic experiences, which negatively impacts their performance and perceptions of the importance of college. Ezeala-Harrison and Reena Ahuja (2018) found that a student's overall perception of the importance of college and personal attitudes toward schooling more so impacts a male student's likelihood to persist than it does for a female student. These observations are coupled with the fact that only 34% of Black men graduate within 6 years, compared to 44% of Black women (NCES, 2017). All this context explains why Black students at HBCUs need mental health support and de-stigmatization of mental health. These interventions are important for all Black students, but if we want Black men to achieve equitable levels of personal, professional, and academic success, we must create targeted interventions for them as well.

Review of the Literature

Responses to Mental Health Challenges at HBCUs

From reviewing online sources on the matter of mental health at HBCUs, the two main solutions that institutions currently raise are 1) increasing institutional funding through grants, and 2) providing more access to existing wellness resources. HBCUs are underfunded compared to white institutions (American Council on Education, 2019). The federal government offers student health-related grants, and fed officials sight these grants as a way for HBCUs to strengthen their response to mental health crises. HBCUs understand the importance of grant writing and undergo training on how to write successful grant applications. Black colleges cite hiring more wellness staff, extending wellness services hours, and expanding the scope of counselors' work as responses to compromised student mental health. Applying for more grants and expanding wellness resources may be part of the solution, but these interventions should be ancillary to the student-centered infusion of wellbeing in curricula.

HBCUs are also making partnerships with funding agencies like the United Negro College Fund and the Steve Fund to increase awareness around student mental health through survey research, consultation, and direct funding (Open Minds, 2021). This particular partnership has provided the following survey data from 342 students and 419 faculty and staff across 47 Black colleges:

- The top three mental health concerns for students, faculty, and staff are stress, anxiety, and depression.
- 83% of students believe their campuses are addressing mental health and well-being.
- 45% of students said that although their campuses address mental health and well-being, they would not speak to anyone on campus if they were in a mental health crisis

- 25% of faculty and staff said there is no training available about student mental health and wellness.
- 49% of faculty and staff believed there were barriers preventing students from receiving adequate mental health care.

The findings above are only a few from this survey. This example provides several reasons for why redesigning the HBCU is necessary to address the well-being needs of students. The needs expressed through the statistics above include but are not limited to empowering students to seek wellness resources (for themselves and others) in crisis and non-crisis situations, equipping faculty to address wellbeing in all aspects of their work, but especially when working with students directly, and creating a culture on campus (virtual and/or physical) that fosters wellbeing for faculty, staff, and students. The “Proposed Solutions” section of this paper suggests solutions for addressing these needs.

Is Addressing Student Mental Health at HBCUs a Wicked Problem?

Wicked problems are seemingly never-ending, multifaceted, deep issues that simply cannot be solved. Instead of attempting to solve wicked problems, institutions should scaffold them into smaller, more manageable problems, in an attempt to solve those problems and make the larger wicked problems less...wicked...for the time being.

From my personal analysis using Alford and Head’s “Alternative types of complex problems” depicted in Figure 1, resolving the mental health challenges of Black students and Black men at HBCUs is not a wicked problem. However, it is a complex problem that is more analytically complex than it is communicatively complex. Making this delineation between a wicked problem and a complex problem can be a helpful design process for colleges for several reasons 1) problem-centered design can be vital for narrowing the focus of an institution’s objectives, 2) understanding the extent to which a problem is analytically and/or communicatively complex can focus efforts even more (usually skewing toward one or the other), and 3) making the distinction can more clearly identify the scale of the problem, parties involved, timeline, and necessary resources for addressing these analytical or communicative challenges.

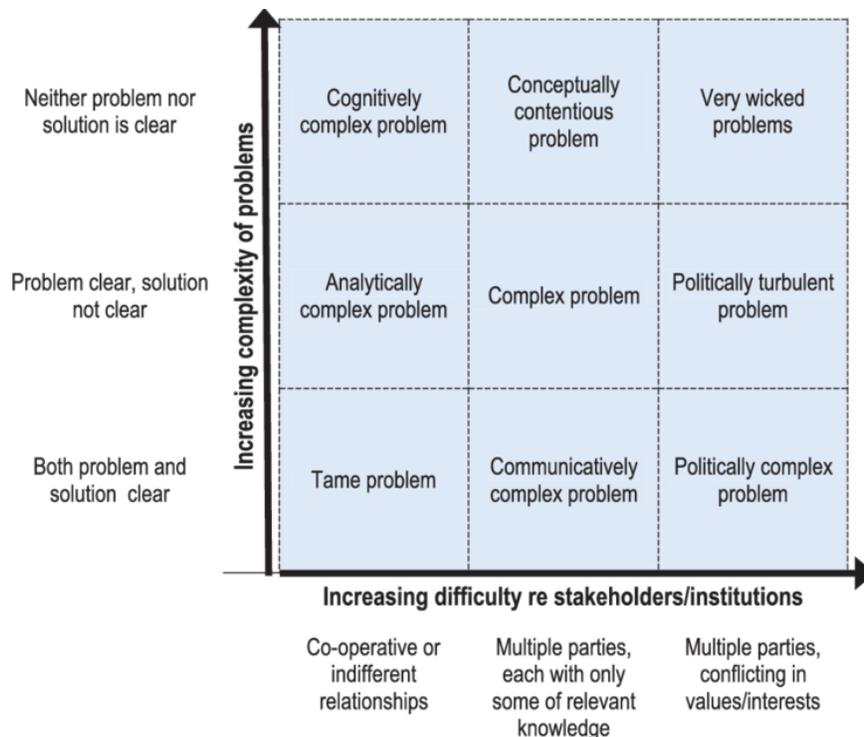


Figure 1. Source: Alford & Head, 2017

Problem #1: Getting Black students and faculty to understand the importance of seeking help (de-stigmatization)

In the words of Dr. Larry J. Walker, who’s been cited several times throughout this paper, “convincing men to ignore stigmas associated with mental illness is difficult. Issues relating to masculinity and cultural mistrust hamper efforts to increase their self-efficacy (So, Gilbert, & Romero, 2005).” Walker is citing the complex relationship between Black men and the concepts of vulnerability and self-help. The unteaching of cultural expectations that impact African Americans’ perceptions of self-efficacy is difficult, time-consuming, and emotionally draining for all parties involved.

Problem #2: Getting Faculty and School Leadership on Board

Considering the numerous studies on student wellbeing at HBCUs, the many published action plans by institutions for addressing this issue, and statistics that show that HBCU graduates are better equipped for a life of wellbeing than Black students at PWIs (Startz, 2021), staff and school leaders and HBCUs already have a sense of the importance of addressing student mental health. However, the competitive nature of higher education still de-centers the student in some contexts, with some faculty prioritizing research over teaching in a race for tenure, and some leadership teams prioritizing national rankings and enrollment over the wellbeing of their students. Many faculty have not had the formal training to teach, let alone the training needed to teach with a lens of inclusivity and care for students’ wellbeing. In fact, the system prepares faculty to be the exact opposite: there’s a myth in the field of higher ed research that unbiased,

emotionless, almost mechanic faculty are the best faculty because this emotionless disposition is necessary to conduct good research (Finely, 2022). This myth must be debunked. Addressing well-being topics in the classroom is additional work for faculty and leaders, and the incentives (monetary and intrinsic) for doing so must outweigh the capitalistic industry incentives for prioritizing research and rankings.

Problem #3: Defining “Student Success” and “Mental Wellbeing”

According to the existing research on college student well-being, there’s a natural inclination for institutions to equate student well-being to high academic performance. Although a sudden, inexplicable dip in a student’s academic performance can be a signal for necessary intervention, consistently high academic achievement doesn’t automatically equate to good mental health. The “high-achieving student” suffers from severe mental health challenges because of this falsely assumed positive correlation between academic success and mental wellbeing (Kotrodimos, 2021). Not addressing challenges for these students, like high-functioning depression and high-functioning anxiety, can lead to decreased levels of performance in the future if not addressed early on, and in the more extreme cases, can lead to demotivation and apathy, debilitating depression, self-harm, and suicide. The institution must be interested in addressing the mental health challenges of *all* students, not just those who are struggling academically or those who show the more obvious signs of distress. This would require institutions to think deeply about what “student success” means to them, how well-being fits into that definition, and strategies for ensuring that this holistic definition of success is achieved for all students.

An Iterative Design Approach to Redesigning HBCUs to Address the Mental Health Needs of Black Students

This section presents an iterative design framework for addressing the mental health needs of Black students and Black male students at HBCUs. The framework involves identifying the problem, designing a prototype, implementing the prototype, assessing the outcomes, and repeating the full process until the prototype is effective, scalable, and sustainable.

Step #1: Identifying the Problem

1. Identify the small problems within the wicked problem
 - a. What is the real problem for the institution?
 - b. What does the institution have control over?
2. Identify how these problems are getting in the way of the institution’s current or future goals
 - a. How are these goals relevant to the success of the institution? After assessing the problem, the institution should set new goals, eliminate arbitrary goals, and

cement relevant existing goals. The institution should forecast the relevance of these goals in achieving success in the short term, mid-term, and long term

Step #2: Designing a Prototype

3. Determine all the major stakeholders involved in this problem/solution.
 - a. Who are some stakeholders that could be impacted that aren't obvious?
 - b. Who is missing in the group of stakeholders? What are the advantages and disadvantages of inviting these groups into the design process?
4. Use an iterative design approach to design an intervention – or a network of interventions – that empowers students, faculty, staff, and community members equally
 - a. Envision the intervention at scale (determine the vision for a year, 3 years, 5 years, 10 years, etc.)
 - b. Scale down the intervention to the appropriate size of a prototype that can be carried out by the institution now
 - c. Devise a team of data scientists to determine key data points to capture and help create measurement and analysis tools
 - d. Design a prototype that is low-cost, small-scaled, and time-effective that incorporates a feedback loop
 - e. Draw a journey map and empathy map for the stakeholders
 - i. What are some pain points that these folks may experience?
 - ii. What makes this experience smooth for stakeholders?
5. Run the prototype

Step #3: Assess Outcomes

6. Collaborate with data scientists to determine if data points were properly collected, measure those data points, and assess whether the outcomes of the prototype were achieved
 - a. Assess both prototype outcomes and ease of implementation
 - i. Did things go smoothly? How did this make the participants feel? What reservations do stakeholders have?

Step #4: Repeat

7. Even if the prototype is deemed to be unsuccessful, redesign the prototype and run it again
 - a. Why was the original prototype successful or unsuccessful? Do we scale up or scale down from here?
8. Continue running the prototype until it no longer looks like a prototype, made possible through constant iteration and slow growth of investments (growing investments is all about effectively communicating to shareholders the vision and impact of the prototype,

and receiving genuine buy-in from those that are directly impacted so that they too can tell the story)

Proposed Solutions

The previous section outlined the process for designing potential solutions for addressing the mental health challenges of Black students and Black male students at HBCUs. This section proposes potential solutions for HBCUs to design using the framework from the previous section. Institutions should be inspired to select one, some, or all of the solutions below, and to tweak these proposed solutions to meet the specific needs of their students.

Solution #1: Capture the Cultural Climate at HBCUs

Blackdeer's analysis of the present state of research surrounding behavioral health at HBCUs suggests that plenty of research has already been collected for the purposes of informing the field of topics like sexual and domestic violence and belonging in relation to mental health. However, these studies are dated and need to be updated to get a pulse on today's impacts on students' mental wellbeing.

HBCUs should seek partnerships and coaching that would develop their grant writing skills, thus increasing their likelihood of receiving the funding needed to conduct studies and implement programs. These studies should:

1. Determine whether students are satisfied with how the university culture, resources, professors, and programs promote mental well-being
2. Take suggestions that students may have for the institution to improve student wellbeing. Give them avenues to voice their frustrations

Figures 2 and 3 provide an example for the types of data points that institutions should collect on their students.

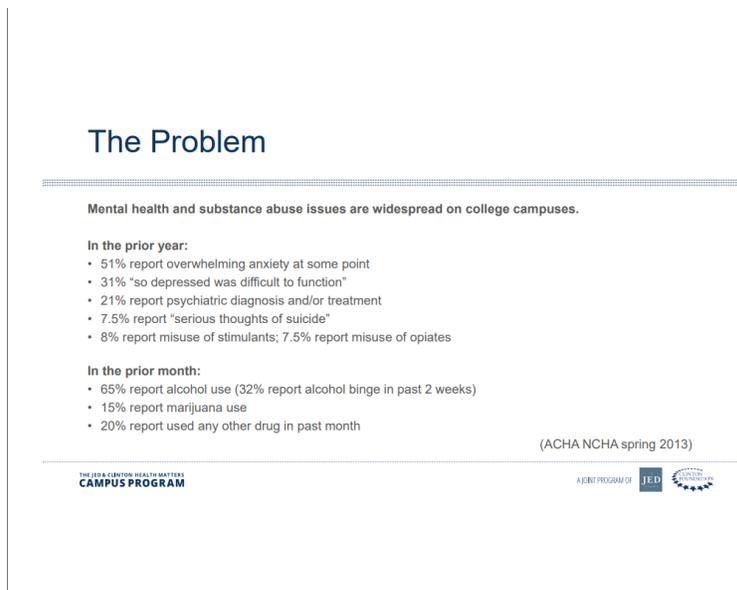


Figure 2. Source: American College Health Association (ACHA), 2013

Academic Impact

Students reported the following factors affecting their academic performance:

- 28.5% - stress
 - 20% - anxiety
 - 12% - depression
 - 10% - relationship difficulties
 - 20% - sleep difficulties
- ❖ Only "cold/flu" and "work" had comparable impact

(ACHA NCHA spring 2013)

THE JED & CLINTON HEALTH MATTERS
CAMPUS PROGRAM

A JOINT PROGRAM OF JED CLINTON
HEALTH MATTERS

Figure 3. Source: ACHA, 2013

Solution #2: Host a Student Wellbeing Symposium

HBCUs can prototype a student wellbeing symposium, a joint effort shared by the university's teaching and learning center, student affairs, and/or the wellness/student health center. The symposium would bring together faculty, staff, students, researchers, and institutional leaders, and would invite experts within and from outside the university to teach skills in the following:

- Inclusive teaching and universal design for learning
- Trauma-informed teaching and culturally responsive teaching
- Working with student affairs and counseling staff to integrate topics of wellbeing into course curriculum
- Working with the university's research center to learn how to collect data on students' wellbeing
- Using education technology and learning data to identify red flags that signify necessary intervention for students who may be struggling

The symposium could also host conversations between students, wellbeing staff, and institutional leaders to give students an opportunity to express their needs directly.

In identifying student wellbeing as a complex problem, there are some who may be averse to this type of solution. Instead of making attendance to this symposium a work requirement, it should be included in the tenure assessment of tenure-track faculty. So, in order for faculty to earn tenure or to be promoted from assistant to associate, they must display a concerted effort to teach with an inclusive, well-being-focused lens. Attendance at this symposium must also be followed up with actionable items that the faculty member would document and then present during their tenure assessment. Emphasizing wellbeing in tenure promotion should be accompanied by the de-emphasis of research productivity.

Attendance by institutional leaders should be mandated by the university president, but should ultimately be motivated by the leaders' understanding that student wellbeing is of major concern to the institutions' goals and vision. Additionally, wellbeing staff need to be paid an honorarium for providing their insights on student health at the symposium. Their information, along with that of the students, is perhaps the most vital in this effort.

Solution #3: Devise a Student Flourishing Initiative for HBCUs | A Course on Wellbeing in the Core Curriculum

Communities of practice are important for implementing positive new behaviors within organizations and institutions of learning (Pyrko, 2017). A great example of an inter-institutional community of practice centered around student wellbeing is the Student Flourishing Initiative (SFI) (Hubbard, 2022). SFI is a collaboration between researchers and wellbeing practitioners at the University of Virginia, the University of Wisconsin-Madison, and Penn State University. This collaboration has birthed research studies on student wellbeing in higher ed, in addition to a first-year seminar course for incoming students which, according to the course description, “aims to directly assist students in finding answers to questions like these: How do one’s undergraduate years relate to creating a life that is worth living—meaning a life that is insightful, learned, creative, caring, ethical, resilient, engaged, and deeply well? What does it mean not to simply survive, but to flourish? What practices help one embrace and cultivate focus, compassion, courage, wisdom, and diversity while managing anxiety and being productive?”

Communities of practices like the Student Flourishing Initiative should be formed between HBCUs to help Black students answer these same questions.

At the same time, HBCUs can embed a course on wellbeing into the core curriculum alongside typical core ed like foreign language student and mathematics. Assigning these courses to first-year students is an effective strategy for making wellbeing a cultural bedrock and an academic priority. Establishing wellbeing courses taught by qualified faculty in psychology, sociology, anthropology, human science, sexual health, and other subjects, with experiential learning and inquiry-based learning components built into them, will lead to impactful engagement with wellbeing topics.

Solution #4: Establish a “Student as Partners” Approach to Wellbeing

An approach to including students into the institutional program development process can be derived from an example in which Rockland Community College collaborated with Lumen Learning to establish the first user testing center located on the college’s campus (2022). The center is designed to close student achievement gaps along the lines of race and income, and students at the community college are hired as paid interns who sit with product designers, look at data, provide recommendations for the design team, recruit students to participate in focus groups, and much more. This same hands-on approach to including students as partners should be taken when designing programs to address mental wellbeing. Students should sit with data scientists when analyzing wellbeing data to identify blind spots in the analyses, while also serving as wellbeing ambassadors to de-stigmatize mental health among Black students on campus.

Solution #5: Empower Faculty Through Teaching Fellowships for Wellbeing

In emphatic words of Dr. Timothy Eatman, “The most visceral expression of the value of an institution is how it rewards its faculty. [...] That is at the core of what drives our institutions.” Instead of recommending to or insisting that faculty engage in wellbeing work, perhaps a program like the Engelhard Project for Connecting Life and Learning at Georgetown University will incentivize faculty and strike a balance between agency and pedagogical support. In the Engelhard Project, faculty are partnered with a Georgetown staff member (or multiple staff members) who addresses student wellbeing in their work (these staff are called Campus Resource Professionals). The CRP works with the faculty member to determine the best way to bridge the faculty’s desired wellbeing topic and course material. This work usually results in the CRP joining a class session and engaging the students directly through conversations, activities and/or workshops. The Engelhard Project also incorporates a community of practice, where faculty are invited to conversations in which they can learn from each other’s approaches to student wellbeing. The Engelhard Faculty Fellows are paid a stipend each semester for each class they teach as an “Engelhard course.”

Facilitated faculty-staff collaborations for designing learning with a wellbeing lens – while acknowledging this work through additional pay – should be formed at HBCUs to integrate wellbeing into course curricula.

Solution #6: Build Supportive Male Mentorships

The literature suggests that the culture of mentorship at HBCUs is strong. HBCUs should leverage this strength by using Black male mentorship to de-stigmatize mental health and encourage Black men to practice self-awareness and personal agency when it comes to self-care. In this proposed program, Black male students will be partnered with two mentors: a Black male faculty member and a Black male mental health counselor. These groups of three provide

support for each participant, and each participant plays a role in helping the other to understand experiences related to mental health from their perspective. These groups will meet routinely throughout the semester (with guided prompts to start) for conversation about their experiences.

At the end of the semester, each group of three comes together for a one-day conference on Black male wellbeing and ways to broaden the impact of this program to the wider campus community. This provides a transformational experience for Black male students, faculty, and staff. This program also equips the student with the language and leadership skills to pass down this mentorship to a younger Black male student in the future who may need guidance in navigating experiences related to wellbeing. Each participant naturally becomes an ambassador in their respective spaces. Lastly, a program like this would prompt an institution to examine the number of Black male mental health counselors they have in proportion to the number of Black male professors and students, to ensure that Black men are supported in their health just as much as they are in their academics.

Conclusion

Post-traumatic stress, sleep deprivation, anxiety, and other mental health challenges disproportionately have a negative effect on the personal, professional, and academic development of Black students, and African American students experience these challenges more so than any other racial/ethnic group in higher education. Since HBCUs are such a large producer of Black graduates and provide a nurturing environment for Black students, HBCUs should be the site where solutions are designed to address Black student mental health challenges, especially for Black men who seem to suffer the most from stigmatization and lacking access to resources. Building solutions *into* the course and experiential learning curricula using an iterative design approach – which requires identifying, prototyping, assessment, implementation, and repetition – will have the greatest impact on students. A combination of programs like the ones detailed above can provide a supportive web that has the potential to change the culture at an institution. These programs are high-touch and meet students in a variety of contexts so that seeking out a mental health counselor is not a student’s only option for addressing their mental health needs. This lens of connectedness exemplifies the word “infusion” in a way that allows student support, learning, and personal development around mental wellbeing to happen intentionally and consistently throughout a student’s experience. Once successfully implemented at HBCUs, other types of universities can adopt these practices to meet the needs of their Black students.

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