Mental Health Care for Underrepresented Undergraduate Students at UC San Diego: Exploring Stigma and Barriers to Access (2021)

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Byincreasing funding to hire more diverse staff and strengthen student peer support, Student Health and Wellness can increase utilization of services and reduce clinician burnout.

Stigma is a product of intersectional identities

INTRODUCTION

- Underrepresented students at UC San Diego access Counseling and Psychological Services (CAPS) at lower rates than their Caucasian counterparts (25% vs. 30%)
 - Obstacles to underutilization of services among race/ethnic minority populations not clear

METHODS

- Semi-structured virtual interviews for clinicians (n=4) and students (n=21) over Zoom
- Participants were recruited with voluntary response sampling
- Common themes identified and constructed into codes, which were aggregated into key findings

COVID-19 =

† Normalization | Ability to seek care

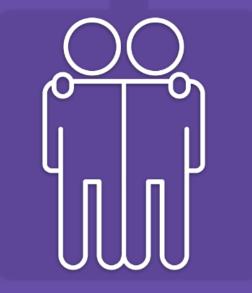
RESULTS

- Recruitment and retention of mental health staff from minority populations is a challenge
 - Time, insurance, convenience, limited knowledge of resources, and COVID-19 hinder students from seeking general and mental health care.









Peer support



Marketing

Improving student peer ıncrease knowledge



- The timing and content of the university's mental health care outreach is reactive rather than preventative
- COVID-19 has increased normalization of mental health but reduced access



- Combating stigma and increasing access for underrepresented students needs a multifaceted and intersectional approach
- Requires combination of culturally competent marketing, peer education programs, and more conveniently provided services
- Peer consultations, outsourcing outreach initiatives, and cluster-hirings of representative clinicians can increase access and decrease clinician burnout



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