Culture in Mind: Fostering a Sense of Belonging for Students of Color in Wellness-Affiliated Spaces

By Mandy Mekhail
Identities:
- Middle Eastern woman, First-Gen American, First-Gen college student, and an individual with Clinical Depression.

Passion:
- Long-standing mental health advocate. Worked as Graduate Assistant in the Center for Health and Wellness Promotion during case study

Institutional Need:
- Huron Assessment of Spring 2017
- Envisioning 2024
1. **Fostering** a culture of respect
2. **Leading** by example
3. **Empowering** with the people around me

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**My Guiding Principles and Core Values**

1. Inclusion
2. Holistic Wellness
3. Informed Empathy
4. Co-Created Learning
Feelings of belonging are positively correlated with increased academic success, retention rates, and positive mental health outcomes for students (Freeman et al., 2007).

In contrast, a lack of belonging is positively correlated with poorer academics, retention rates, and negative mental health outcomes (Musesus et al., 2017).
Students of color tend to experience greater feelings of isolation relative to their white-identifying peers with these effects being magnified at predominately white institutions. (Pewewardy & Frey, 2002).

Mental health services are underutilized by ethnic minorities both on college campuses and within the nation as a whole (Hwang & Goto, 2009; Museus, Yi, & Saelua, 2017; Ruzek, Nguyen, & Herzog, 2011).
Current Challenges in Higher Ed Regarding Mental Health

- Rising uptick in mental health needs and mental health crises among college students.
- Limited amount of Wellness Professionals relative to the needs of campus.
- Continued prevalence of mental health stigma being a barrier to seeking resources for some.
- Mental health being “the responsibility” of a few, rather than a responsibility of many.
- What else?
How can I work with students of color and campus partners to bridge the gap between students of color and mental health services?
Overview

- Cycle 1: Survey
- Cycle 2: Semi-Structured Interviews with Students
- Cycle 3: Semi-Structured Interviews with Wellness and Diversity, Equity, and Inclusion Staff
- Cycle 4: Breather Series Collaboration
Theoretical Frameworks

- Marginality and Mattering (Schlossberg)
- Community Cultural Wealth (Yosso)
- Culturally Responsive Practices (Zaretta Hammond)
Cycle 1: Surveying a Self-Selected Cohort
Seven undergraduate respondents
  ○ All identify as students of color
  ○ All identify as belonging to multicultural student organizations on campus

Twelve questions collecting qualitative and quantitative data
  ○ Focused on belonging, at both USD and Wellness-Affiliated Spaces

“How do you define a sense of belonging?”

Response-Generated Word Cloud
• Qualitative and Quantitative Differences

• Four Qualitative Types of Response:
  ▪ Positive Sentiment towards Wellness
  ▪ Unwillingness to *Personal*ly Utilize Services
  ▪ Lack of Knowledge about Mental Health Resources on Campus
  ▪ Belief that Wellness “reflects the general student population at USD…and isn't very diverse”
Cycle 2:
Semi-Structured Interviews with Students of Color
Emergent Themes

- Significant lack of belonging at some point of their time at USD (six out of seven)
  - Burden of finding community fell to them
  - “Outsider” status

- Lack of belonging served as the most significant detractor to overall well-being (six out of seven)
  - Greatly debilitating

- Cultural stigmas surrounding mental health and lack of representation pose as major barriers to seeking help
  - Fear of being “weak” or misunderstood

- Built or fostered structures to create community for folks of similar cultural backgrounds at USD because of the lack thereof (five out of seven)
Proposed Solutions

- Greater integration of wellness services in other departments of campus, particularly in spaces that worked closely with students of color

- Increased visibility and collaboration with Wellness staff

- Greater humanization of mental health clinicians and services
  - Increased diversity of mental health clinicians
  - Increased exposure to Wellness in non-clinical settings
  - Emphasis on narrative and storytelling
Cycle 3: Semi-Structured Interviews with Wellness and Diversity/Inclusion Staff
Overview

- Three Wellness staff representatives
  - Clinical and non-clinical Wellness representatives

- Two Diversity, Equity, Inclusion Staff Representatives

- Same questions asked of students, but with additional framing of their own time as an undergraduate student as well as their general observations as a professional
Emergent Themes

**Diversity, Equity, Inclusion Staff**
- Significance of belonging and its intertwined relationship with freedom, safety, and acceptance
- The need for diversity, inclusion, and equity work to be embedded in the framework of USD
- The significance of trust and relationship-building with students of minoritized identities, particularly from a cross-cultural perspective.

**Wellness Staff**
- Acknowledgement of minority stress and increased barriers existing for students of color needing mental health services
- The need for intentional, cross-campus partnerships
Cycle 4: Breather Series Collaboration
Drawing Connections
Survey Results

- 100% of respondents indicated that they felt at least a slightly high sense of belonging during the event.

- Five out of six respondents responded feeling a sense of improved well-being after attending the event; the sixth respondent stated a sense of neutrality.
● “Doing more collaborations and seeing more folks from wellness.”

● “Continue to do events like this, and maybe even consider doing them outside as well so we can enjoy the sunshine and the beautiful campus.”
Recommended Actions

- Utilize existing structures such as the Breather Series or Student Wellness Advisory Board to increase collaboration between Wellness and Diversity, Equity, Inclusion spaces.

- Increase visibility and accessibility of Wellness within spaces that students of color already feel a sense of belonging.

- Provide students and staff from multicultural spaces a seat at the table to co-create Wellness initiatives, rather than hand them a flyer to attend.

- Recruit and hire more mental health clinicians of color.
Limitations

- Small sample size of students and staff
- Prioritizing anonymity in light of meaningful, albeit identifying characteristics of respondents
- Lack of perspective from students of color that do not feel a sense of belonging from multicultural student organizations
What are some solutions that you have pursued at your campus?
Thank you!