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Mental Health Perceptions of Underrepresented College Students in U.S. Higher Education

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ABSTRACT
Guided by intersectionality theory, this study conducted in-depth interviews to examine mental health challenges among underrepresented college students and to determine how they access care in U.S. higher education. Findings indicated that the challenges faced by underrepresented college students during the COVID-19 era continue to influence the higher education landscape. Underrepresented college students face mental health challenges not only as individuals but as members of overlapping identity groups. These challenges are shaped by the stigma and discrimination associated with their social identities. Recognizing and addressing these challenges is essential to addressing mental health issues effectively. Thus, colleges must respond by making targeted adjustments to better support these students and choose an approach to mental health in U.S. higher education that accounts for how multiple social identities and systems of oppression intersect. This study suggests that colleges should develop counseling and support systems that explicitly consider these intersections and promote coping strategies tailored to the needs of diverse student populations.
KEYWORDS: mental health problems, counseling centers, underrepresented college students, intersectionality

College students increasingly report mental health struggles (Bryant & Welding, 2023; Venable & Pietrucha, 2022) and higher engagement with therapy and counseling services (Abrams, 2022). At the same time, college enrollment has grown more diverse (Nam, 2023; Stewart-Rozema & Pratts, 2023), and students from underrepresented groups report increases in depression, anxiety, and suicidal ideation. However, students of color used mental health services at lower rates between

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2013 and 2021 compared to White students (Lipson et al., 2022). Black LGBTQIA+ students, for example, face mental health risks due to their intersecting identities related to the experience of racism, heterosexism, and racialized heterosexism (Lefevor et al., 2020). Structural racism, racial microaggressions, and model-minority stereotypes shape how they view and access care (Hingwe, 2021). Many turn instead to friends, family, or nonclinical sources like religious communities for support (Edelman, 2023; Lipson et al., 2018). Colleges must account for these realities when offering counseling and support, especially to the students identified in this study—those with shared experiences of marginalization in higher education, a group that includes ethnic minority and LGBTQ+ students.

Lipson et al. (2022) identified a gap in knowledge about mental health trends in racially and ethnically diverse young people. National surveys, including the National College Health Assessment and the Healthy Minds Study, rely primarily on data from White participants. Researchers must address this by recruiting diverse and inclusive samples (Waymer et al., 2023). Social science researchers (e.g., Fiani, 2018; Nakkeeran & Nakkeeran, 2018) also call for transcending binary gender and racial categories to include other social identity dimensions such as disability, age, religion, and sexual orientation in their mental health studies.

College enrollment has grown more diverse. The Hispanic and Latino/a student population rose from 4% in 1980 to over 20% in 2020, while the Black student population increased from 9% to 13% (Nam, 2023). The number of international students has also risen, with over 70% coming from Asia in 2020–2021, primarily from China and India (Stewart-Rozema & Pratts, 2023). These populations reported greater increases in depression, anxiety, and suicidal ideation between 2013 and 2021 compared to prior analyses, including a 2013–2017 analysis of Healthy Minds Study data (Lipson et al., 2022). Black individuals and sexual minorities have been found to experience higher rates of suicidal thoughts and mental health issues than heterosexual White individuals (e.g., Lefevor et al. 2018; Meyer et al., 2008; Williams et al., 2007). Colleges must consider these patterns when offering support. However, researchers rarely examine how college students with underrepresented and intersecting marginalized identities experience mental health challenges.

Intersectionality offers a framework for analyzing how interrelated identity dimensions shape individual experiences (Collins & Bilge, 2020). This framework helps researchers interpret how underrepresented college students navigate U.S. higher education. Guided by this theory, this study uses in-depth interviews to examine mental health challenges among these students and ascertain how they access care. The goal is to reduce disparities and promote equity in higher education. This study addresses existing gaps by focusing on how underrepresented students experience mental health issues and interact with campus support systems. Examining these experiences is essential to understanding broader health disparities in higher education. Thus, this study contributes to the literature in two significant ways. First, it extends the research on college students' mental health—much of which relies disproportionately on White-majority samples—by centering underrepresented students whose lived experiences are often statistically marginalized or analytically flattened in aggregate data. Second, this study applies intersectionality theory by moving beyond descriptive acknowledgment of multiple identities to examine how social identities operate as mutually constitutive and structurally embedded dimensions of experience within campus mental health contexts. By situating mental health within intersecting systems of power in higher education, this research offers both theoretical refinement and a practice-oriented framework for addressing inequities in campus mental health support.

Literature Review

Intersectionality

Kimberlé Crenshaw (1989) introduced the concept of intersectionality to describe the lived experiences of individuals at the margins of society. This framework examines how overlapping systems of power shape social relations and daily life (Collins & Bilge, 2020). It challenges assumptions of group homogeneity and highlights intra-group differences (Pompper, 2014). Intersectionality explains how mutually shaping identity dimensions such as race, class, gender, and age can structure experiences of discrimination. These social identities are inseparable and influence how individuals experience the world and relate to others (Collins & Bilge, 2020; Pompper, 2014).

Surveys like the National College Health Assessment and the Healthy Minds Study often overlook students with diverse social identities, including those defined by age, class, culture, religion, or disability. U.S. higher education now includes students who were once excluded because of cost or discrimination based on race or citizenship. Many of these students seek fairness and bring varied expectations and needs. As institutions create programs for groups such as African American/Black students, Latinx communities, LGBTQ+ students, veterans, and returning students, it is clear that many students occupy multiple identity categories. Intersectionality offers a way to develop equity strategies in higher education (Collins & Bilge, 2020). This study uses an intersectional approach to examine how students with heterogeneous identities experience mental health challenges and seek support across social identity dimensions such as race, sexual orientation, and class.

College Students' Mental Health Problems Shaped by Intersecting Identities

Mental health concerns are widespread among college students. They manage academic pressure while also navigating separation from family or home countries, along with work and caregiving responsibilities (Pedrelli et al., 2015). Students also face challenges related to relationships, financial stress, social injustice, mass violence, and issues stemming from COVID-19 (Abrams, 2022), including behavioral and attention difficulties (Harris, 2023). These mental health issues affect multiple aspects of students' lives, including academic performance, social relationships, and overall well-being. For instance, depression correlates with lower grades and higher dropout rates, especially for students who also experience anxiety (Eisenberg et al., 2009). Suicidal ideation and suicide can also impact the broader campus community, including roommates, peers, partners, and others who experience grief and loss as a result (Meilman & Hall, 2006).

Anxiety, depression, and suicidality are the most common mental health concerns among undergraduate and graduate students (The Healthy Minds Study, 2023). Anxiety disorders involve excessive fear, worry, and associated behavioral disturbances (World Health Organization, 2022). Although these responses are typical reactions to stress (American Psychiatric Association, 2022), persistent symptoms can disrupt daily functioning. Types of anxiety disorders include generalized anxiety disorder, panic disorder, phobias, agoraphobia, social anxiety disorder, separation anxiety disorder, and selective mutism. Symptoms often include restlessness, difficulty concentrating, irritability, worrying too much, and sleep disruptions (National Institute of Mental Health, n.d.). These disorders affect students' academic performance, relationships, and work. Globally, anxiety is the most prevalent mental health issue among college students, affecting motivation and social interaction, which in turn influence academic development (Liu et al., 2023). COVID-19

disruptions and social media pressure are key contributors (Stearns, 2022), alongside socioeconomic conditions, dissatisfaction with college culture, parenting style, family dynamics, lifestyle, and personality (Liu et al., 2023).

Depression is a mood disorder marked by persistent sadness, hopelessness, and loss of interest. Core features include symptoms of emotional distress such as emptiness and irritability alongside somatic and cognitive changes that impair functioning (Chand & Arif, 2023). Unlike temporary shifts in mood, depressive episodes last at least 2 weeks and may involve poor concentration, excessive guilt, low self-worth, suicidal thoughts, disrupted sleep, weight changes, and fatigue. Depression can disrupt daily life, affecting relationships, academic performance, and workplace functioning (World Health Organization, 2023). The transition from high school to college, a period of identity exploration and instability, increases vulnerability to depression. During this phase, factors such as biological traits (e.g., sex, nationality), psychological state (e.g., neuroticism, self-efficacy), college experience (e.g., academic year, financial resources), and lifestyle (e.g., exercise, sleep, diet) influence depressive symptoms (Liu et al., 2022). Studies across multiple countries have found that the COVID-19 pandemic intensified depression among college students (e.g., Li et al., 2021; Nomura et al., 2021; Volken et al., 2021; Wang et al., 2020).

Suicidal ideation "is a broad term used to describe a range of contemplations, wishes, and preoccupations with death and suicide" (Harmer et al., 2023, para. 1). Signs vary by individual, but the Anxiety and Depression Association of America (ADAA) outlines common warning signs across speech, mood, and behavior. These include expressing feelings of entrapment; being a burden; withdrawing from loved ones; saying goodbye to others; and showing rage, shame, or irritability (ADAA, 2023). Suicidal ideation has increased among college students over time. During the COVID-19 pandemic, psychological stress and co-occurring disorders such as anxiety and depression contributed to this rise (Liu et al., 2023). The Healthy Minds Study (2023) found that 15% of college students reported suicidal ideation, up from 13% in 2020.

In addition to anxiety, depression, and suicidality, college students also experience eating disorders, substance misuse, and attention-deficit/hyperactivity disorder (ADHD; Kirsch et al., 2015; Pedrelli et al., 2015). These conditions affect not only academic performance but also students' financial dependence on their families and, in turn, their self-identity and psychological development (Vescovelli et al., 2017). As a result, all these conditions have been the focus of broad study in recent decades. However, most research relies on samples of heterosexual White students, leaving underrepresented students' mental health concerns largely unexplored.

This study argues that college students' mental health concerns cannot be understood through isolated identity dimensions, such as race, gender, or sexuality, treated independently. Rather, mental health experiences are constituted through the interaction of multiple social identities within institutional power structures. An intersectional framework enables examination of how configurations of identity, such as nationality × race or sexuality × cultural background, produce qualitatively distinct forms of stress, vulnerability, and resilience. In this view, mental health challenges are not merely individual conditions, but socially patterned outcomes shaped by structural arrangements in higher education. Intersectionality theory holds that experiences are shaped by the interaction of multiple social identity dimensions. It explains why individuals differ in how they experience mental health problems and how they seek support. This study applies an intersectional approach to examine how underrepresented students engage with mental health challenges and support systems.

> RQ1. How do intersecting identities shape the mental health challenges experienced by underrepresented college students within U.S. higher education?

Intersecting Identities in College Counseling Services and Support-Seeking

More college students are seeking help through campus counseling services. For example, between 2009 and 2015, Pennsylvania State University's Center for Collegiate Mental Health reported a 40% increase in students using these services, with demand rising steadily until the start of the COVID-19 pandemic (Abrams, 2022). A national survey found that one in five students had already used peer counseling, and 62% of nonusers expressed interest in trying it (Duggan et al., 2022). In response to growing demand, especially during the pandemic, colleges have begun expanding their mental health services (Weissman, 2021).

The purpose and structure of campus counseling centers continue to shift in response to social, political, and economic conditions (Kitzrow, 2009). The COVID-19 pandemic intensified anxiety, isolation, and depression among college students in the U.S. (Lee et al., 2021). Despite increased need, many colleges struggled to meet student demand. A University of Michigan survey found that 60% of students reported greater difficulty accessing mental health care during the pandemic (Dennon, 2022). According to the Healthy Minds Study, access to services also varied by students' racial backgrounds across 133 campuses (Edelman, 2023). These findings underscore the need for colleges to offer accessible and equitable counseling services.

College counseling services can effectively identify and support students with mental health concerns (Cuijpers et al., 2016; McKenzie et al., 2015). Students facing academic difficulties reported that counseling helped them manage coursework, stay enrolled, and improve their college experience (McKenzie et al., 2015). Those who engaged with counseling consistently were more likely to graduate than peers who discontinued treatment (Schwitzer et al., 2018). Psychotherapy on campus also improved students' well-being and reduced their distress (Vescovelli et al., 2017).

College counseling centers offer a range of resources, including workshops, individual and group counseling, emergency services, and treatment planning (Prince, 2015; Wilfong, 2022). Workshops address common issues such as social anxiety, boundary-setting, and resilience-building (PaperClip Communications, 2022). Some colleges integrate family involvement, provider coordination, and technology to improve treatment adherence (Pedrelli et al., 2015). However, there is limited research on the specific resources that underrepresented students know about or use to support their academic success.

This study argues that counseling services are institutional responses to college students' mental health that students access and experience differently. Moreover, students' support-seeking behaviors are driven by the interaction of their social identity dimensions within institutional power structures. Thus, this study asks the following questions:

> RQ2. How do intersecting identities shape how underrepresented students prioritize counseling services and institutional support while pursuing their degrees?
>
> RQ3. In what ways do intersecting identities inform underrepresented students' experiences with mental health counseling services and support in their college?

Methods

Qualitative research is suited to exploring complex and sensitive issues that cannot be reduced to quantifiable measures (Davis & Lachlan, 2017). It enables researchers to identify patterns and extract meaning from participants lived experiences (Denzin & Lincoln, 2005) and allows for a deeper understanding of how individuals interpret their realities (Corbin & Strauss, 2008). This study uses a qualitative approach to examine how underrepresented college students

experience mental health challenges and make sense of their identities in the higher education setting.

Sampling and Recruitment

Upon receiving IRB approval for the study (under protocol #26746), the researchers recruited underrepresented graduate and undergraduate students from a public university in the eastern United States using purposive and snowball sampling. They first contacted campus centers that support LGBTQIA+, African American, Hispanic, and international students. Early participants were then asked to refer peers who fit the study criteria. The final sample included 18 participants, whose pseudonyms and descriptions are presented in Table 1. Recruitment ended once thematic saturation was reached, with recurring patterns identified in the data (Corbin & Strauss, 2008). Each participant received a $30 Amazon gift card for completing the interview.

Table 1
Descriptive Information about Participants

Participants	Gender	Sexual Orientation	Race or Ethnicity	Education
Sarah	Woman	Bisexual	White	Undergraduate Student
Oliver	Man	Trans	White	Master's Student
Mei	Woman	Lesbian	Asian (Chinese)	Doctoral Student
Qian	Man	Heterosexual	Asian (Chinese)	Doctoral Student
Hao	Man	Heterosexual	Asian (Chinese)	Doctoral Student
Li	Woman	Heterosexual	Asian (Chinese)	Doctoral Student
Xiao	Woman	Heterosexual	Asian (Chinese)	Doctoral Student
Ji-woo	Woman	Heterosexual	Asian (Korean)	Doctoral Student
Ahmed	Man	Heterosexual	Middle Eastern (Syrian)	Doctoral Student
Abina	Woman	Heterosexual	Black (Ghanaian)	Master's Student
Hana	Woman	Heterosexual	Asian (Vietnamese)	Undergraduate Student
Lucia	Nonbinary	Gender Fluid	Latina	Undergraduate Student
Camila	Woman	Bisexual	Latina	Undergraduate Student
Nkechi	Man	Heterosexual	Black (Nigerian)	Master's Student
Bima	Man	Heterosexual	Asian (Indonesian)	Doctoral Student
Caleb	Nonbinary	Gender Fluid	Black	Undergraduate Student
Dita	Woman	Heterosexual	Asian (Indonesian)	Doctoral Student
Emily	Woman	Bisexual	White	Undergraduate Student

In-Depth Interviews

The interviews were conducted on Zoom between January and March 2024. Zoom was selected for its ease of use, affordability, data management features, and security protocols (Archibald et al., 2019). Two graduate students conducted the interviews, which lasted 30 to 45 minutes and were recorded with participant consent. A structured interview guide ensured consistency while allowing conversational flexibility (Warren & Karner, 2015). A professional transcription service transcribed all recordings.

Data Analysis

The researchers conducted systematic coding and interpretation of the transcribed interviews. Analytic descriptions guided the process and supported the identification of key themes and their connection to the literature (Warren & Karner, 2015). To enhance interpretive rigor, three researchers independently conducted the initial coding of the transcripts, followed by iterative rounds of comparison and discussion. Through a consensus coding process, the researchers systematically reconciled discrepancies, refined code definitions, and developed shared interpretations through collaborative analytic dialogue. The team first performed open coding by reviewing transcripts multiple times to identify recurring patterns (Warren & Karner, 2015). This phase involved a systematic line-by-line examination of the data to identify emerging themes and establish a preliminary codebook (Charmaz, 2006; Warren & Karner, 2015). This process was iterative; the codebook was continuously refined as themes were consolidated, subdivided, or removed to better reflect the "big picture" of the data (Davis & Lachlan, 2017).

The coders then organized major themes and subthemes to develop a structured interpretation of how the participants perceived and navigated mental health challenges. The team also examined alternative explanations to ensure a robust analysis (Timmermans & Tavory, 2022; Warren & Karner, 2015). This stage required the researchers to challenge their own preconceptions while developing axial codes that bridge major themes and subthemes. Consistent with Charmaz (2006) and Lindlof and Taylor (2011), axial coding involves specifying the properties and dimensions of each category to identify underlying patterns and relationships. By systematically examining context, actions, and consequences, the researchers could effectively clarify the structural context and motivational processes shaping the participants' experiences. This process yielded themes that directly addressed the research questions on the mental health experiences of college students from underrepresented groups.

The researchers consisted of four women scholars, three of whom were international researchers. Their gendered and transnational positionalities informed both the data collection process and the interpretive lens applied during thematic development. Recognizing that researchers' social locations inherently shape qualitative analysis, the team engaged in sustained reflexive practice throughout the study. This included critically examining how their cultural backgrounds, professional training, and lived experiences might influence the analytic decisions. Reflexivity was treated as a methodological resource, ensuring that the researchers' identities deepened interpretive sensitivity without overshadowing the participants' voices, while remaining attentive to the diversity and specificity of the participants' lived experiences.

Results

Table 2 demonstrates the results of the open and axial coding of the interview data collected from 18 college students.

Table 2

Open and Axial Codes from Interviews with College Students

Open code	Axial code	Overarching Themes
COVID-19 isolation Toxic/abusive family dynamics Romantic relationship dissolution	External factors beyond the academic setting	**The intersectional experience of mental health**
Language barriers Career/job market uncertainty Financial/tuition stress Academic overload (attendance/deadlines)	Structural and positional Pressures	
Vague awareness of services Lack of scheduling or logistics knowledge Preference for in-person counseling Preference for shared social identity Gendered preference for small items	Barriers to counseling and access to health centers	**Awareness of counseling services and institutional support**
Low-stakes, activity-based workshops Art, dogs, and De-stress Fest	Existing institutional supports	
Counselor as family vs. stranger Cultural and language disconnects Perception of just another meeting with someone who does not understand their experiences	The importance of shared social identities with counselors	**Experiences of intersectional inclusion in campus care**
Identity-based communities Alternative community networks AI chatbots for introversion and anonymity	Coping strategies	

To address the first research question regarding how intersecting identities shape the mental health challenges experienced by underrepresented college students in U.S. higher education, participants identified depression, anxiety, ADHD, and COVID-19-related stress as frequent concerns. Stress and depression appeared more often among international students and Black individuals. In contrast, American students and LGBTQ+ individuals more often reported anxiety and ADHD. Oliver stated,

> All of my family members have been diagnosed with OCD, usually for most of them. And so with that, when we're all trapped in the same place, it doesn't really go well, because for me, COVID happened during high

> school, my last year of it, and so that was a struggle of everyone is dealing with their stuff in the same house.

Camila reported experiencing a major depressive episode during the COVID-19 pandemic. Other participants described how isolation and a lack of diversity in their surroundings contributed to feelings of depression. Many expressed discomfort with leaving their homes and reported emotional withdrawal during this period.

The findings suggest that many mental health challenges among college students arise from external factors beyond the academic setting. These include toxic romantic relationships and abusive family dynamics. Abina described a recent breakup as an unexpected shock that left her emotionally unmoored, and she reported feeling detached, incapable of focusing, and unable to read or process even short texts. Similarly, Sarah recalled,

> And I also went through a breakup at the end of my freshman year, which was really, really difficult, and it took me a while to fully gain distance from my ex ... It was one of those where we really, really wanted it to work, but it just didn't. And we kept trying to force it and it didn't work, so we eventually had to stop talking completely, which was really, really hard, especially since we were doing long distance and I felt like I had spent a lot of my freshman year just sitting and talking to him and texting him instead of going and doing things that I maybe could have spent more time on and being present.

Mei described similar struggles:

> Throughout my life, that's the first and foremost thing is of course my family and both my mother and my father, they kind of abused me and they're really toxic to me. ... The meaning of me for them is to become the one that they want me to be. They want me to do what they want me to do and I have to do that … And I really feel like I'm not a human being under their control. So that's really the biggest thing in my life that I am always, I have been struggling for years and that's why I escaped from my family physically… And other things I really cannot recall right now because compared to my family things, I think they're really minor.

Preexisting struggles often intensify in college because of financial stress, time constraints, and uncertainty about career prospects. International students identified language barriers as a major stressor. Xiao shared that "if I need to speak English in a public setting, I will feel anxious." Both undergraduate and graduate students reported difficulties balancing relationships and personal responsibilities. Undergraduates specifically noted the burden of strict attendance policies and overlapping academic deadlines. Graduate students cited the volume of required reading and job market anxiety as primary concerns. Lucia described particularly stressful days filled with back-to-back meetings and assignments, with no time to pause or recover. Li reported significant career-related stress: after waiting 6 months for a return job offer, she was eventually told no positions were available, which left her frustrated and uncertain.

In answer to the second research question, participants showed general awareness of on-campus counseling and health centers. Qian noted that he knew about the school health center, hotline options, and departmental advisors. However, most lacked specific knowledge about how to schedule appointments, determine the availability of services, or verify the qualifications of counselors. For example, Hao said, "I heard that there's a clinic that deals with students' mental issues. You can walk in during the weekdays. I'm not sure, but I know there's something like that."

Participants preferred in-person counseling and expressed a desire to speak with counselors who shared similar social identities. Black international students emphasized the importance of

connecting with counselors from comparable cultural and racial backgrounds. Nkechi stated a preference for face-to-face conversations, and Abina noted that sharing her cultural identity with a counselor helped her express her concerns more openly.

Some participants also valued online resources, including articles and directories for finding potential counselors. They wanted the option to evaluate whether an online counselor could be trusted.

Women participants specifically discussed the value of activity-based support and simple, tangible resources. Sarah mentioned,

> I guess workshops and tips on staying organized and managing to-dos would be helpful. I enjoy the de-stress resources the school offers, like the De-stress Fest and the drop-in activities. I really like the booths where you can stop by and pick up small items like a stress ball or a notepad. Little things like that do make my day a bit better.

Hana shared,

> I think activity-based resources are my ideal method because they channel energy into something productive. It could be something like mug painting or art projects, or even therapy dogs—it's fun and helps take my mind off what's going on in my life. I also think it's important for these activities to be easily accessible and inclusive. Yoga and meditation classes are great too. Having these types of activities spread throughout the year is a good way to start building healthy habits and improving overall well-being.

Most participants had not used campus mental health services. Those who did reported that positive experiences often depended on connecting with counselors who shared their social identities. This connection helped them speak openly without fear of judgment. For example, Abina stated,

> They linked me to a Black person. The person is a Black, so it's very easy to talk to somebody like that. And then she's young too. Somebody I can talk to, someone who is grown, and I'm not scared to talk to the person. So I was able to express myself really well with a lady. She's young and she's Black. She could understand where I'm coming from, and then we have a similar understanding of same topics. So it was easy talking to her. Yeah ... first, she's young. And then she's of the same race as me. She's Black. I just see myself in her like, oh, this is my sister I'm talking to. This is family I'm talking to, not a stranger.

Camila shared that her first experience with counseling occurred in college. Her counselor was a woman of color, which she found especially supportive as a Latina and an American first-generation college student.

Other participants described negative experiences with campus counseling. Mei recalled that the school advertised 24/7 access to mental health services for students, staff, and faculty. After submitting a form, she was told to expect a callback within two hours but never received one. As a result, she said, "Okay, I'll let it go." Li, an international student, noted,

> They assigned me a new counselor, an American woman. There's a bit of a language barrier, and sometimes we also have cultural differences. She doesn't always fully understand my point, but she's taught me many effective ways to relieve stress.

Lucia stated,

> I stepped away honestly, eventually it felt like, oh, there's just another meeting I have to go to. I had to think of things to talk about. I think it was

> also, I just didn't really like my therapist after a little bit, and we would sit in awkward silence. She really wouldn't ask me questions. I would just talk through my own issues, which I can do on my own, if that makes sense. Now I'm at the point where I'm like, all right, I guess therapy was kind of helpful at first, but I really don't have the time or the patience to sit down and look for another therapist.

Participants expressed differing views on mental health days. International students tended to view them as helpful, whereas American-born students often found them ineffective. For instance, Emily stated,

> They gave us mental health days, but those days were just taken from our reading days for exams, which is just like, what is the point, then? It's not like they're giving us anything; it's just like they're hiding. That's not doing anything.

Consistent with prior research (e.g., Lefevor et al., 2020), the participants in this study relied on various coping strategies beyond campus counseling. These included therapy, emotional distancing, medication, exercise, and hobbies. Many also turned to friends and community networks. Bima found support by joining the Indonesian community. Similarly, Caleb described engaging with a group of peers who shared similar identities:

> There's a lot of queer people there and a lot of alternative people who don't "fit," and I don't know, it's just cool to see those types of people doing cool things. A lot of them are very open to being talked to about whatever—music, this or that, how it kind of feels to be on campus as a weirdo.

A sense of belonging within identity-based communities gave participants emotional support and space to express themselves freely. Still, many acknowledged neglecting their mental health. Some turned to pets or joined clubs in search of connection, though most continued to struggle with seeking help through campus services.

The findings suggest that identity influences both recognition of mental health issues and willingness to seek support. American-born students were generally more aware of their mental health and more likely to pursue help. In contrast, international students often prioritized academic responsibilities and avoided acknowledging mental health struggles because of stigma.

Participants also shared recommendations for improving campus counseling services. They suggested addressing not only academic stress but also broader mental health challenges. Many emphasized the need to increase the number of counselors who share students' cultural backgrounds and identities. Some recommended more in-person events to foster direct engagement, whereas others highlighted the value of inclusive options, such as AI chatbots, for students who may be introverted. Participants also called for counseling services to be more tailored to individual needs and preferences.

Discussion

College Students' Mental Health Problems

Guided by intersectionality theory (Crenshaw, 1989), this study aimed to examine the lived experiences of underrepresented college students in U.S. higher education and inform both research and practice. Consistent with earlier studies (e.g., Liu et al., 2023; The Healthy Minds Study, 2023), participants commonly reported depression, anxiety, ADHD, and stress. Echoing previous findings (e.g., Li et al., 2021; Nomura et al., 2021; Son et al., 2020), many participants described how the COVID-19 pandemic intensified these mental health challenges. University regulations during the

pandemic restricted social engagement to virtual settings or small, distanced gatherings. Participants noted the absence of informal social spaces such as dorm lounges, cafés, and campus events that typically offer emotional relief. This aligns with prior research (e.g., Brooks et al., 2020; Finn, 2018) that linked social and physical distancing to increased stress, anxiety, and depressive symptoms. Although the interviews took place after most pandemic restrictions had been lifted, students continued to report lingering effects, including experiences of isolation, limited social interaction, and economic uncertainty.

International and Black students primarily experienced stress and depression, whereas American students and LGBTQ+ individuals more often reported anxiety and ADHD. Using an intersectionality lens, these results show how overlapping identities, such as race and nationality, shape distinct mental health concerns. For international and Black students, this study found that stress often stemmed from cultural adjustment (Zhang & Goodson, 2011), immigration-related challenges (Shea & Wong, 2022), and racism (Ingram & Wallace, 2019). LGBTQ+ students described mental health issues related to stigma and marginalization, which contributed to anxiety and ADHD. These were not the same experiences, but they were constituted by specific identity dimensions. For instance, international and Black students' stress experiences were not only academic; they were influenced by racism and the precarity of their visa status. This supports Crenshaw's (1989) double bind thesis that individuals at the intersection of multiple social identities experience unique mental health issues.

These findings demonstrate that social identities intersect with systems of power to shape mental health outcomes. LGBTQ+ students, for instance, referred to experiences of minority stress, a form of stress driven by prejudice toward sexual and gender minorities (Frost & Meyer, 2023). According to Meyer's (2003) minority stress theory, stigma, discrimination, and prejudice generate a hostile social environment that produces mental health struggles. Schmitz et al. (2019) also found that LGBTQ+ youth of color face interlocking systems of discrimination that affect their mental well-being. These findings highlight that the experience of stress among college students is not uniform but shaped by the interaction of their social identities. For these participants, racial microaggressions from peers intersected with a perceived lack of queer-affirming spaces on campus. For LGBTQ+ students of color, mental health challenges emerged not only from interpersonal hostility but also from institutional arrangements that failed to accommodate overlapping identity-based needs. For example, participants described difficulty navigating cultural heritage expectations alongside gender identity within a university counseling system that often treats race and sexuality as discrete, rather than intersecting, domains. These findings indicate that the mental health needs of an LGBTQ+ student are inseparable from their cultural and racial heritage, requiring support beyond generic LGBTQ+ toward intersectional advocacy.

Each student brings a distinct story, which may include adverse childhood experiences, poverty, racism, violence, or food insecurity (Kumpf, 2020). Findings from this study also show that mental health issues often stem from relational and family dynamics, including toxic romantic relationships and abusive households. The participants of this study arrived on campus from widely different environments, some of which were supportive and others harmful. These findings suggest that colleges can help by promoting a culture that affirms all students' mental health needs, and institutions can engage students in shaping mental health policy and acknowledge the intersectional and contextual nature of their lived experiences.

Although some studies have determined that living with parents was a major challenge for college students during the COVID-19 pandemic (Elmer et al., 2020), this study found that international students faced a different issue: being separated from family and unable to return home because of travel restrictions. These students worried about their own health and education along with the well-being of their families abroad.

Colleges' Counseling Services and Support

International students also bring with them views on mental health shaped by different healthcare systems and cultural norms (Kumpf, 2020). However, college mental health services in the U.S. often reflect models developed for the majority White population (Yasui et al., 2017). Yasui et al. emphasized the importance of addressing mental health within the cultural frameworks that students inherit across generations, including their values, beliefs, and practices. Participants noted that in many of their cultures, mental health struggles remain taboo. These insights of the participants suggest the need for institutions to recognize and integrate diverse perspectives when developing mental health resources. One key recommendation from the participants was to increase the number of counselors from culturally diverse backgrounds who share students' identities. This approach reflects a principle of intersectionality: that mental health experiences are shaped by the interaction of multiple identities. Hiring more culturally aligned counselors could help institutions better meet the needs of underrepresented students and create more inclusive, responsive mental health support. For international and underrepresented students, a counselor who does not share their social identities may inadvertently reinforce the systems of marginalization that caused the stress. Thus, these challenges identified by participants suggest a need to diversify the workforce as a structural change that supports the lived intersectional realities of the college students.

The participants' responses related to counselors underscored the importance of counselors' reflecting on their cultural identities, values, and beliefs, while considering how these are linked to power and privilege. Awareness of one's own worldview can affect one's ability to connect with students from different backgrounds (Hook et al., 2017). It is the counselor's responsibility to create a space where underrepresented students feel that their identities, perspectives, and experiences are respected. This begins with cultural competence—recognizing personal biases, questioning assumptions, and actively engaging with diverse student experiences.

Participants noted a lack of clear information about how to schedule appointments, locate available services, and verify the qualifications of campus counselors. Transparency about these details is essential. Although counseling centers are often criticized for not meeting students' mental health needs, this study suggests that the broader responsibility lies with the institution. Many campus counseling centers operate under limited resources and are only able to offer a few sessions per student (Kumpf, 2020). If colleges clearly communicate the scope and limitations of their services, they can help manage expectations, reduce frustration, and improve the experience of students are seeking mental health support.

Colleges are well-positioned to address student mental health by taking a structural approach that prioritizes well-being. This requires comprehensive planning, including funding reform, diversifying the counselor workforce, and integrating mental health education into the curriculum. Institutions should allocate resources toward mental health services using data-driven strategies to ensure equitable distribution and especially to reach underrepresented student populations (Kumpf, 2020). Their efforts should include recruiting counselors from diverse backgrounds and developing training programs that prepare them to work effectively with underrepresented students. These programs should recognize the limits of traditional counseling models and embrace frameworks that account for multiple, intersecting social identities. In addition to service expansion, colleges should embed mental health education into academic programs. Normalizing conversations about mental health through education can help reduce stigma and promote open dialogue. Providing clear information about available counselors—including photos, educational background, and contact details—can also improve access and increase students' comfort in seeking support.

Participants shared similar views on the value of both in-person and online mental health services. In-person counseling allows for the observation of nonverbal cues and fosters a more immediate, relational setting that can deepen therapeutic engagement (Ko, 2024). Although some students preferred face-to-face counseling, others highlighted the benefits of digital tools, especially AI chatbots, which they perceived as more accessible to students who are introverted. Online services offer flexibility and convenience, enabling students to connect via video, chat, or phone on their own schedules. In addition, high student-to-therapist ratios often delay access to care, and AI chatbots offer a possible solution. These tools can simulate natural human conversation and provide support without time or location restrictions (Bradesko & Mladenic, 2012; Gaffney et al., 2019). As a supplement to traditional counseling, chatbots could help address service gaps. Kuhail et al. (2024) found that students often rated AI-based counseling more favorably than human-led sessions, suggesting that chatbots may be particularly effective for addressing mild-to-moderate concerns. However, they have some limitations. Psychotherapy bots are associated with concerns about their inability to support users with serious mental health issues such as suicidal ideation, overreliance on AI, and withdrawal from real-world social interaction (Kaplan, 2024). Nevertheless, based on prior research and participants' perspectives, this study suggests that AI chatbots can serve as accessible first-line support, complementing traditional mental health services for underrepresented college students. Reflecting participants' statements on AI chatbots can also improve more than just accessibility; for those who are facing deep cultural stigma, the findings suggest that these tools can offer a safe and anonymous space to obtain help. For instance, in cultures where mental health is a taboo topic, a chatbot can provide a private space where students do not feel judged by a human who might represent a different or dominant culture. However, as the conceptual framework suggests, these tools must be designed with an intersectional dataset to ensure they do not repeat the same biases found in traditional counseling.

Colleges may also benefit financially from proactive investments in student mental health (Kumpf, 2020). Although wellness initiatives can involve upfront costs related to staffing, facilities, and operations, the long-term returns are substantial. For example, mental health support has a direct impact on retention. One study estimated that treating 100 students experiencing depression in a single academic year could prevent six dropouts, resulting in approximately $240,000 in retained tuition revenue (Kognito, 2015).

Mental health resources also influence college access for underrepresented groups. For many trans and nonbinary students, mental health is a key factor in determining whether they feel ready for college (Quinn, 2024). A visible institutional commitment to mental health can encourage these students to enroll. Expanding support in this way not only improves well-being but also promotes equity in higher education by supporting broader participation among underrepresented populations.

Drawing on intersectionality theory, we recommend an approach to mental health in U.S. higher education that accounts for the intersection of multiple social identities and systems of oppression. Underrepresented college students face mental health challenges not only as individuals but as members of overlapping identity groups. These challenges are shaped by stigma and discrimination associated with their social identities. Recognizing and addressing these layered challenges are essential to offering effective mental health support. Institutions must move beyond one-size-fits-all services and adopt intersectional strategies that reflect the realities of students with multiple, marginalized identities. This study suggests that colleges develop counseling and support systems that explicitly consider these intersections and promote coping strategies tailored to the needs of diverse student populations.

Limitations and Conclusion

This study has several limitations that should be considered when interpreting the findings. First, the sample included only underrepresented college students in the U.S., which limits the applicability of the results to a global context. In addition, all participants were recruited from a single public university in the eastern United States, restricting the generalizability of the findings to other institution types and regions. Second, although the qualitative approach offered in-depth insights, future researchers could adopt mixed methods designs to include quantitative measures of underrepresented students' experiences with mental health care in higher education. Although this study used an intersectional lens to analyze the findings, the study did not directly assess experiences of structural oppression. Future work should address this gap.

Despite these limitations, the findings of this study advance the understanding of underrepresented college students' perspectives on mental health and counseling services. The challenges they faced during the COVID-19 era continue to influence the higher education landscape. Colleges must respond by making targeted adjustments to better support these students, foster inclusion, and reduce barriers to care. These efforts could increase mental health service use among underrepresented students and reduce the risk of attrition caused by unmet mental health needs.

Authors Contributions

Dr. Tugce Ertem-Eray: Conceptualization, Funding Acquisition, Investigation, Methodology, Data Analysis, Writing Original Draft

Dr. Eyun-Jung Ki: Conceptualization, Methodology, Supervision, Writing - Review & Editing

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Conflicts of Interest

We have no conflicts of interest to disclose.

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Institutional Review Board Statement

This research project was conducted with the approval of the NC State University Institutional Review Board (IRB) under protocol #26746. Approval for the study was granted on January 11, 2024. We confirm that all procedures involving human participants were performed in accordance with the ethical standards of the institutional research committee.

Informed Consent Form

College students who contributed data for this project received and verbally agreed to an informed consent document. This form is available by email request to the corresponding author (terteme@ncsu.edu).

Data Availability Statement

Due to the nature and specificity of the evaluation data collected for this project, the interview data are not available for public use. However, several deliverables (i.e., presentations) were produced to summarize this data and the key evaluation findings. These products are available by email request to the corresponding author (terteme@ncsu.edu).

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Reference

Abrams, Z. (2020, July 11). A crunch at college counseling centers. *Monitor on Psychology, 51*(6). https://www.apa.org/monitor/2020/09/crunch-college-counseling

Abrams, Z. (2022, October 12). Student mental health is in crisis. Campuses are rethinking their approach. *Monitor on Psychology, 53*(7). https://www.apa.org/monitor/2022/10/mental-health-campus-care

ADAA. (2023, May 11). Prevention & warning signs. https://adaa.org/understanding-anxiety/suicide/prevention-warning-signs

American Psychiatric Association (2022). Anxiety disorders. In *Diagnostic and statistical manual of mental disorders* (pp. 215-231). 5th ed. Text Revision. American Psychiatric Association.

American College Health Association-National College Health Assessment II. (2019). https://www.acha.org/documents/ncha/NCHA-II_SPRING_2019_UNDERGRADUATE_REFERENCE%20_GROUP_EXECUTIVE_SUMMARY.pdf

Bradesko, L., & Mladenic, D. (2012). A Survey of chatbot systems through a Loebner prize competition. Ljubljana. In Proceedings of Slovenian Language Technologies Society Eighth Conference of Language Technologies. https://nl.ijs.si/isjt12/proceedings/isjt2012_06.pdf

Brooks, S. K., Webster, R. K., Smith, L. E., Woodland, L., Wessely, S., Greenberg, N., & Rubin, G. J. (2020). The psychological impact of quarantine and how to reduce it: Rapid review of the evidence. *The Lancet, 395*(10227), 912–920. https://doi.org/10.1016/S0140-6736(20)30460-8

Bryant, J., & Welding, L. (2023, February 15). College student mental health statistics. *Best Colleges.* https://www.bestcolleges.com/research/college-student-mental-health-statistics/

Chad, S. P., & Arif, H. (2023). *Depression*. StatPearls Publishing. https://www.ncbi.nlm.nih.gov/books/NBK430847/

Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative analysis.* Sage.

Collins, P. H., & Bilge, S. (2020). *Intersectionality.* Polity.

Corbin, J., & Strauss, A. (2008). *Basics of qualitative research*. Sage.

Crenshaw, K. W. (1989). Demarginalizing the intersection of race and sex: A Black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. *University of Chicago Legal Forum, 1*(8), 139-167. http://chicagounbound.uchicago.edu/uclf/vol1989/iss1/8

Cuijpers, P., Cristea, I. A., Ebert, D. D., Koot, H. M., Auerbach, R. P., Bruffaerts, R., & Kessler, R. C. (2016). Psychological treatment of depression in college students: A metaanalysis. *Depression and Anxiety, 33*(5), 400-414. https://doi.org/10.1002/da.22461

Davis, C. S., & Lachlan, K. A. (2017). *Straight talk about communication research methods*. Kendall Hunt.

Dennon, A. (2022, January 21). Update on the college student mental health crisis. *Best Colleges.* https://shorturl.at/hvyB7

Denzin, N. K., & Lincoln, Y. S. (2005). *The Sage handbook of qualitative research*. Sage.

Duggan, M., Koczela, S., Hanhan, T., Humphrey, D., Malpiede, M., Cogan, D., Eisenberg, D.,… (2022, January). Peer counseling in college mental health. https://drive.google.com/file/d/1bpb2KJdNAtLGoUJpHtZaS9JvovOHWI1w/view

Edelman, J. (2023, March 14). More students are having mental health problems, but more are asking for help. *Diverse Issues in Higher Education.* https://www.diverseeducation.com/reports-data/article/15352465/more-students-are-having-mental-health-problems-but-more-are-asking-for-help#:~:text=The%20HMS%20did%20find%20differences,health%20stigma%20in%20different%20cultures.

Eisenberg, D., Golberstein, E., & Hunt, J. B. (2009). Mental health and academic success in college. *The B.E. Journal of Economic Analysis & Policy, 9*(1). Article 40.

Elmer, T., Mepham, K., Stadtfeld, C., & Capraro, V. (2020). Students under lockdown: Comparisons of students' social networks and mental health before and during the COVID-19 crisis in Switzerland. *PLoS One, 15*(7), e0236337. https://doi.org/10.1371/journal.pone.0236337

Fiani, C. N. (2018). *Beyond the binary: Gender identity and mental health among transgender and gender non-conforming adults.* [Doctoral dissertation, City University of New York].

Finn, C. (2018). Examining the relationship between the nontraditional learner and sense of connectedness in an online learning environment at a for-profit college (Doctoral dissertation). Northcentral University. Ann Arbor, MI: ProQuest Dissertations Publishing.

Frost, D. M., & Meyer, I. H. (2023). Minority stress theory: Application, critique, and continued relevance. *Current Opinion in Psychology, 51*, 101579. https://doi.org/10.1016/j.copsyc.2023.101579

Gaffney, H., & Mansell, W., & Tai, S. (2019). Conversational agents in the treatment of mental health problems: Mixed-method systematic review. *JMIR Mental Health, 6*(10). https://doi.org/10.2196/14166

Harmer, B., Lee, S., Duong, T. V. H., Saadabadi, A. (2023). *Suicidal ideation*. StatPearls Publishing. https://pubmed.ncbi.nlm.nih.gov/33351435/

Harris, P. (2023, February 10). 'Survival mode': Worsening post-COVID-19 quarantine student behavior contributes to classroom issues. *Alligator.* https://www.alligator.org/article/2023/02/worsening-student-behavior

Hingwe, S. (2021). Mental health considerations for black, indigenous, and people of color: trends, barriers, and recommendations for collegiate mental health. In Riba, M. B. and Menon, M. (Eds.) College Psychiatry. Psychiatry Update, vol 1. Springer, Cham. https://doi.org/10.1007/978-3-030-69468-5_6

Hook, J. N., Davis, D., Owen J., & DeBlare, C. (2017). *Cultural humility. Engaging diverse identities in therapy*. American Psychological Association.

Ingram, L., & Wallace, B. (2019). "It creates fear and divides us:" Minority college students' experiences of stress from racism, coping responses, and recommendations for colleges. *Journal of Health Disparities Research and Practice, 12*(1), 80-112. http://digitalscholarship.unlv.edu/jhdrp/

Kaplan, S. (2024, January 12). Dr. Jodi Halpern on why AI isn't a magic bullet for mental health. *Berkeley Public Health*. Retrieved from https://publichealth.berkeley.edu/news-media/research-highlights/why-ai-isnt-a-magic-bullet-for-mental-health

Kirsch, D. J., Doerfler, L. A., & Truong, D. (2015). Mental health issues among college students: Who gets referred for psychopharmacology evaluation? *Journal of American College Health, 63*(1), 50-56. https://doi.org/10.1080/07448481.2014.960423

Kitzrow, M. A. (2009). The mental health needs of today's college students: Challenges and recommendations. *NASPA Journal, 46*(4), 647-660. https://doi-org.prox.lib.ncsu.edu/10.2202/1949-6605.5037

Ko, N. J. (2024, April 10). Virtual therapy vs. in-person therapy. https://www.psychology.org/resources/virtual-therapy-vs-in-person/

Kognito. (2015). Benefits of investing in students' mental health. White Paper. https://ocde.us/EducationalServices/SLACI/SchoolClimate/Documents/Landing%20Page/Return_On_Investment_Mental%20Health%20Kognito_WhitePaper.pdf

Kuhail, M. A., Alturki, N., Thomas, J., & Alkhalifa, A. K. (2024). Human vs. AI counseling: College students' perspectives. *Computers in Human Behavior Reports, 16*, 100534. https://doi.org/10.1016/j.chbr.2024.100534

Kumpf, E. (2020). *I'm fine. A student perspective on suicide and mental health on college campuses.* New Degree Press.

Lee, J., Solomon, M., Stead, T., Kwon, B., & Ganti, L. (2021). Impact of COVID-19 on the mental health of US college students. *BMC Psychology, 9*, Article number 95 https://doi.org/10.1186/s40359-021-00598-3

Lefevor, G. T., Park, S., & Pedersen, T. (2018). The impact of minority stress on the mental health of sexual and religious minorities. *Journal of Gay & Lesbian Mental Health, 22*, 90–104. https://doi.org/10.1080/19359705.2017.1418696

Lefevor, G. T., Smacka, A. C. P., & Giwab, S. (2020). Religiousness, support, distal stressors, and psychological distress among black sexual minority college students. *Journal of GLBT Family Studies, 16*(2), 148-162. https://doi.org/10.1080/1550428X.2020.1723369

Li, Y., Zhao, J., Ma, Z., McReynolds, L. S., Lin, D., Chen, Z., Wang, T., Wang, D., Zhang, Y., Zhang, J., Fan, F., Liu, X. (2021). Mental health among college students during the COVID-19 pandemic in China: A 2-wave longitudinal survey. *Journal of Affective Disorders, 281*, 597-604. https://doi.org/10.1016/j.jad.2020.11.109

Lindlof, T. R., & Taylor, B. C. (2011). *Qualitative communication research methods*. Sage.

Lipson, S. K., Kern, A., Eisenberg, D., & Breland-Noble, A. M. (2018). Mental health disparities among college students of color. *Journal of Adolescent Health, 63*(3), 348-356. https://doi.org/10.1016/j.jadohealth.2018.04.014

Lipson, S. K., Zhou, S., Abelson, S., Heinze, J., Jirsa, M., Morigney, J., Patterson, A., Singh, M., Eisenberg, D. (2022). Trends in college student mental health and help-seeking by race/ethnicity: Findings from the National Healthy Minds Study, 2013-2021. *Journal of Affective Disorders, 306*, 138-147. https://doi.org/10.1016/j.jad.2022.03.038

Liu, X. Q., Guo, Y. X., Zhang, W. J., & Gao, W. J. (2022). Influencing factors, prediction and prevention of depression in college students: A literature review. *World Journal of Psychiatry, 12*(7), 860-873. https://doi.org/10.5498/wjp.v12.i7.860

Liu, X. Q., Guo, Y. X., Xu, Y. (2023). Risk factors and digital interventions for anxiety disorders in college students: Stakeholder perspectives. *World Journal of Clinical Cases, 11*(7), 1442-1457. https://doi.org/10.12998/wjcc.v11.i7.1442.

McKenzie, K., Murray, K. R., Murray, A. L., & Richelieu, M. (2015). The effectiveness of university counseling for students with academic issues. *Counselling & Psychotherapy Research, 15*(4)., 284-288. https://doi.org/10.1002/capr.12034

Meilman, P. W., & Hall, T. M. (2006). Aftermath of tragic events: The development and use of community support meetings on a university campus. *Journal of American College Health, 54*(6), 382–384. https://doi.org/10.3200/JACH.54.6.382-384

Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychology Bulletin, 129*, 674–697. https://doi.org/10.1037/0033-2909.129.5.674

Meyer, I. H., Dietrich, J., & Schwartz, S. (2008). Lifetime prevalence of mental disorders and suicide attempts in diverse lesbian, gay, and bisexual populations. *American Journal of Public Health, 98*(6), 1004–1006. https://doi.org/10.2105/AJPH.2006.096826

Nakkeeran, N., & Nakkeeran, B. (2018). Disability, mental health, sexual orientation and gender identity: understanding health inequity through experience and difference. *Health Research Policy and Systems, 16*(1), 9-29. https://doi.org/10.1186/s12961-018-0366-1

Nam, J. (2023, March 31). Diversity in Higher Education: Facts and Statistics. *Best Colleges.* https://www.bestcolleges.com/research/diversity-in-higher-education-facts-statistics/

National College Health Assessment (NCHA). https://www.acha.org/NCHA/NCHA_Home

National Institute of Mental Health. (n.d.). Anxiety disorders. https://www.nimh.nih.gov/health/topics/anxiety-disorders

Nomura, K., Minamizono, S., Maeda, E., Kim, R., Iwata, T., Hirayama, J., Ono, K., Fushimi, M., Goto, T., Mishima, K., Yamamoto, F. (2021). Cross-sectional survey of depressive symptoms and suicide-related ideation at a Japanese national university during the COVID-19 stay-home order. *Environmental Health and Preventive Medicine, 26*(30). https://doi.org/10.1186/s12199-021-00953-1

PaperClip Communications. (2022). 10 student mental health & well-being workshops. https://cdn.shopify.com/s/files/1/0595/5171/1405/files/10_Student_Mental_Health_and_Well-Being_Workshops_SAMPLE.pdf?v=1639603418

Pedrelli, P., Nyer, M., Yeung, A., Zulauf, C., & Wilens, T. (2015). College students: Mental health problems and treatment considerations. *Academic Psychiatry, 39*, 503–511. https://doi.org/10.1007/s40596-014-0205-9

Pompper, D. (2014). *Practical and theoretical implications of successfully doing difference in organizations*. Emerald.

Prince, J. P. (2015). University student counseling and mental health in the United States: Trends and challenges. *Mental Health & Prevention, 3*(1–2), 5-10. https://doi.org/10.1016/j.mhp.2015.03.001

Quinn, H. (2024, February 26). Marginalized high school students are avoiding college for mental health reasons. *Technical.ly*. https://technical.ly/diversity-equity-inclusion/mental-health-college-marginalized-students-eab-report/

Schwitzer, A. M., Moss, C. B., Pribesh, S. L., St. John, D. J., Burnett, D. D., Thompson, L. H., & Foss, J. J. (2018). Students With Mental Health Needs: College Counseling Experiences and Academic Success. *Journal of College Student Development, 59*(1), 3-20. https://doi.org/10.1353/csd.2018.0001

Schmitz, R. M., Robinson, B. A., Tabler, J., Welch, B., & Rafaqut, S. (2019). LGBTQ+ Latino/a young people's interpretations of stigma and mental health: An intersectional minority stress perspective. *Society and Mental Health, 10*(2), 163-179. https://doi.org/10.1177/2156869319847248 (Original work published 2020)

Shea, M., & Wong, Y. J. (2022). A two-way street: Immigrants' mental health challenges, resilience, and contributions. *One Earth, 5*(8), 845-848. https://doi.org/10.1016/j.oneear.2022.07.010

Son, C., Hegde, S., Smith, A., Wang, X., & Sasangohar, F. (2020). Effects of COVID-19 on college students' mental health in the United States: Interview survey study. *Journal of Medical Internet Research, 22*(9), e21279. https://doi.org/10.2196/21279

Stearns, P. N. (2022, September 1). A 'crisis' of student anxiety? *The Chronicle of Higher Education*. https://www.chronicle.com/article/a-crisis-of-student-anxiety

Stewart-Rozema, J., & Pratts, C. (2023, April 3). International student enrollment statistics. *Best Colleges.* https://www.bestcolleges.com/research/international-student-enrollment-statistics/

The Trevor Project. (2020, October 6). All Black Lives Matter: Mental health of Black LGBTQ youth. https://www.thetrevorproject.org/research-briefs/all-black-lives-matter-mental-health-of-black-lgbtq-youth/

The Healthy Mind Study. (n.d.). Student survey. https://healthymindsnetwork.org/hms/

The Healthy Minds Study. (2020). Fall 2020 data report. https://healthymindsnetwork.org/wp-content/uploads/2021/02/HMS-Fall-2020-National-Data-Report.pdf

The Healthy Minds Study. (2023). 2021-2022 data report. https://healthymindsnetwork.org/wp-content/uploads/2023/03/HMS_national_print-6-1.pdf

Venable, M. A., & Pietrucha, M. E. (2022). College student mental health report. Awareness and perception of college student mental health and support systems. *Best Colleges*. https://www.bestcolleges.com/wp-content/uploads/2023/06/Mental-Health_Report.pdf

Vescovelli, F., Melani, P., Ruini, C., Bitti, P. E. R., & Monti, F. (2017). University counseling service for improving students' mental health. *Psychological Services, 14*(4), 470-480. http://dx.doi.org/10.1037/ser0000166

Volken, T., Zysset, A., Amendola, S., Klein, S. A., Huber, M., von Wyl, A., Dratva, J. (2021). Depressive symptoms in Swiss University students during the COVID-19 pandemic and its correlates. *International Journal of Environmental Research and Public Health, 18*(4), 1458. https://doi.org/10.3390/ijerph18041458

Wang, X., Hegde, S., Son, C., Keller, B., Smith, A., Sasangohar, F. (2020). Investigating mental health of US college students during the COVID-19 pandemic: Cross-sectional survey study. *Journal of Medical Internet Research, 22*(9), e22817. https://doi.org/10.2196/22817

Warren, C. A. B., & Karner, T. X. (2015). *Discovering qualitative methods. Ethnography, interviews, documents, and images*. Oxford University Press.

Waymer, D., Brown, K. A., & Jackson, J. (2023). Researcher responsibility to diversity and inclusion in public relations and social scientific research: A call for more inclusive research and researcher participation. *Journal of Public Relations Research, 35*(5-6). 287-306. https://doi.org/10.1080/1062726X.2023.2195185

Weissman, S. (2021, August 4). New mental health investments, ongoing uncertainties. *Inside Higher Ed.* https://www.insidehighered.com/news/2021/08/05/colleges-expand-mental-health-offerings-ahead-fall-semester

Wilfong, S. (2022, May 16). What does campus mental health services do? Best Colleges. https://www.bestcolleges.com/blog/what-mental-health-services-do/#:~:text=College%20counseling%20services%20can%20help,%2C%20virtual%2C%20and%20hybrid%20options.

Williams, D. R., Gonzalez, H. M., Neighbors, H., Nesse, R., Abelson, J. M., Sweetman, J., & Jackson, J. S. (2007). Prevalence and distribution of major depressive disorder in African Americans, Caribbean blacks, and non-Hispanic whites: Results from the National Survey of American Life. *Archives of General Psychiatry, 64*(3), 305–315. https://doi.org/10.1001/archpsyc.64.3.305

World Health Organization. (2023, March 31). Depressive disorder (depression). https://www.who.int/news-room/fact-sheets/detail/depression#:~:text=Depressive%20disorder%20(also%20known%20as,and%20feelings%20about%20everyday%20life

Yasui, M., Pottick, K.J. & Chen, Y. (2017). Conceptualizing culturally infused engagement and its measurement for ethnic minority and immigrant children and families. *Clinical Child and Family Psychology Review, 20*, 250–332. https://doi.org/10.1007/s10567-017-0229-2

Zhang, J., & Goodson, P. (2011). Predictors of international students' psychosocial adjustment to life in the United States: A systematic review. *International Journal of Intercultural Relations, 35*(2), 139–162.

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Katelin Aspre Mueller, M.S., is a PhD student at the University of Illinois Urban-Champaign who studies interpersonal and health communication. She focuses on examining how individuals from invisible or marginalized populations navigate health-related uncertainty, identity negotiation, and disclosure. Her work spans topics including chronic illness, weight cycling, and mental health, using mixed methodology. She seeks to advance theorizing on uncertainty, identity, and disclosure while informing healthcare training practices to improve patient–provider communication.

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Appendices

Interview Guide

General questions

1. Please tell me about yourself.
   How old are you?
   How do you identify yourself?
   What are your hobbies?
2. Tell me about a time that you think affected your health mentally.

How did you feel?

3. How does your identity affect your mental health?
4. When you have experienced a stressful situation in your life, how do you handle it?

What type of resources are you looking for?

College experience

5. Tell me about your college experience so far.

How do you like it? How is it different from your expectations?
What is the happiest day of your college experience so far?
What is the most stressful time of your college experience so far?

6. Mental health problems are indeed more common nowadays. What do you think is the cause of mental health issues in higher education?
7. When have you experienced a stressful situation in your college education and how did you deal with it? How do you handle stressful situations?
8. Tell me about a time when your mental health issues affected your school functioning. How did it affect your work? How did you handle it?
9. Tell me about a time when your identity affected your mental health during your education.

Services and supports

10. What type of mental health services are you aware of in your college?
11. Which mental health services do you prefer to receive support in your college?
12. What is your experience working with mental health services in your college?
13. Could you please describe your experience working with mental health consultants from diverse cultural backgrounds?

Is there anything your college could have done differently?