

FACTORS INFLUENCING SELF-STIGMA AND ATTITUDES TOWARDS UTILIZATION OF COUNSELING SERVICES AT A HBCU

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<p>Corresponding Author OMETHA LEWIS-JACK Bowie State University</p> <p>Article History Received: 10 / 09 / 2025 Accepted: 26 / 09 / 2025 Published: 01 / 10 / 2025</p>	<p>Abstract: The current study examined college students' attitudes towards utilization of professional mental health services and their self-stigma of seeking professional services at an HBCU. One hundred and forty-four students at Bowie State University (BSU) participated in the study. Students were between the ages of 18 and 47 years, with a mean age of 23 years. Students completed a Demographic Questionnaire, which included questions about alcohol and marijuana usage, amounts, and frequency, the Attitudes Towards Seeking Professional Help Scale (ATSPPH), and the Self-Stigma of Seeking Help Scale (SSOSH). Students were recruited from several classes across the campus and completed the surveys in person. Consistent with prior research, results indicated a significant negative relationship between the ATSPPH and the SSOSH scales. Students who held more favorable views of seeking mental health services were less likely to experience internalized stigma. Gender differences were found in attitudes towards seeking professional help and self-stigma towards seeking help, with females demonstrating more positive attitudes and less self-stigma than males. Student classification proved to be a significant factor impacting attitudes towards seeking professional help, where test scores increased progressively across classification levels. Juniors exhibited the most positive attitudes, followed by seniors, sophomores, and freshmen. Students' age, alcohol, and marijuana use did not impact attitudes towards seeking help or self-stigma towards seeking professional help. However, Students who lived on campus did not differ in their attitudes towards seeking professional help from Commuter students, but had more of an internalized stigma towards seeking help than commuters. These findings highlight the importance of targeted mental health outreach, particularly for male students and underclassmen, who may be more vulnerable to negative attitudes and stigma.</p> <p>Keywords: seeking professional help, self-stigma, African American students, barriers to utilization, socio-demographic factors.</p>
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Introduction

Mental health challenges among college students have become increasingly prevalent, with over 60% of students nationwide meeting the criteria for one or more mental health conditions (Lipson et al, 2018). However, African American students, particularly those attending Historically Black Colleges and Universities (HBCUs), often face unique barriers to accessing mental health services (Eisenberger et al, 2013). Despite the supportive cultural environment that HBCUs are known to foster, utilization of counseling services among their students remains disproportionately low. Several factors contribute to this underutilization: cultural stigma surrounding mental health, mistrust of mental health professionals, and a lack of representation among counseling staff are consistently cited as significant deterrents (Cabral & Smith, 2011; Masuda et al., 2012). Moreover, institutional climate—defined by students' perceptions of inclusivity, support, and the visibility of mental health resources—plays a critical role in shaping help-seeking behaviors. Research indicates that Black students who perceive their campus climate as unsupportive or racially hostile are less likely to seek mental health services, even when in need (Masuda et al, 2012). A study conducted at Xavier University of Louisiana, an HBCU, revealed that only 30.2% of African American students utilized on-campus

mental health resources, while 35.2% sought support off-campus (Ayyad et al., 2024).

These findings underscore the need for targeted interventions that address both systemic and perceptual barriers to care. Enhancing the visibility of services, increasing the diversity of counseling staff, and fostering a campus culture that normalizes mental health care are essential steps toward improving utilization rates. Furthermore, qualitative data suggests that students value counselors who share similar cultural backgrounds or demonstrate cultural humility, as these traits foster trust and therapeutic engagement (Picco et al, 2016). As such, HBCUs are uniquely positioned to lead in developing culturally responsive mental health services that not only address the needs of their student populations but also serve as models for other institutions.

At Bowie State University, one of the 3 HBCUs under the University of Maryland Higher Education Commission, students are given several opportunities to learn about the Counseling Center and the services that are provided. During the new students' orientation, all incoming freshmen are seen in groups of 30 and given information about the services offered at the counseling center. They have a tour of the counseling center, and early assessments are offered in readiness for whether they may have educational or mental challenges that may need referrals to specific



resources on campus, for example, disability services. Students are also exposed to services offered at the Counseling center in their Freshman Seminar classes, where representatives of the Counseling center visit freshman seminar classes at least once that first semester, to ensure students are well aware of the Center and other related resources that may enhance wellness. The staff at the University Counseling Center, including psychologists, social workers, crisis managers, and a psychiatrist, are all of African American descent. Therefore, the issue of racial biases is not a significant one at the Center. However, as with many other colleges, the percentage of men who are employed mimics the gender breakdown at the university. Currently, there is one African American male who provides services at the Counseling Center. Therefore, several of the barriers experienced by Black students at PWIs are minimized at this HBCU. Counselors look like the population they serve, and there is very little mistrust of the staff by the students because the staff have seen the students several times in different settings to establish trusting relationships, and there have been no reports of Black students stating that the counseling staff are racially hostile. However, despite the lack of these specific cultural barriers, utilization of counseling services among students at BSU is still disproportionately low.

The current study has several objectives:

- To examine whether gender differences exist in students' attitudes towards seeking mental health counseling services and self-stigma of seeking help at the BSU Counseling Center.
- To examine whether age will play a significant role in their attitude toward seeking professional help.
- To examine whether student classification will impact attitudes towards the utilization of mental health services.
- To examine the relationship between alcohol and marijuana use and attitudes towards seeking professional help and self-stigma of seeking help.
- To identify whether residential status (living on or off campus) impacts students' attitudes towards seeking mental health counseling.

Hypotheses

- There will be a significant correlation between scores on the attitude towards seeking professional psychological help scale and scores on the self-stigma of seeking help scale.
- It is expected that females would have a more positive attitude towards seeking mental health counseling and lower self-stigma of seeking help than males at BSU.
- Older students will have a more positive attitude towards seeking mental health counseling and lower self-stigma of seeking help than younger students at BSU.
- Student classification will impact attitudes towards the utilization of mental health services.
- Alcohol and marijuana use will be determinants in students' attitudes towards utilization of mental health services and their self-stigma of seeking help.
- Students living in on-campus housing will have more positive attitudes towards seeking mental health counseling at the University's Counseling Center.

Methods

Participants

A convenient sample of 144 BSU undergraduate students participated in this study. Students were predominantly African American (120, 83.3%) with the other ethnic groups representing smaller percentages – Caucasian (6.4%), Hispanic (5.35%), Multiracial (7.49%), and Other (6.42%). Students ranged in age from 18 to 47, with the majority of students falling in the 18-23 age range, with an overall mean age of 23.3 years. Consistent with the gender disparities at BSU, 113 females (78.5%) and 27 males (18.8%) participated in the study. The majority of students (118, 81.9%) came from the College of Professional Studies (CPS). Participants also included 56 (38%) of students who lived on campus and 81 (56%) who commuted daily. Eighty-three students (57.6%) were the first in their families to attend college, while 61 (42.4%) were not.

Measures

- **Demographic Questionnaire** captured basic demographic information (e.g., age, gender, ethnicity) and other socio-demographic information, e.g., prior experience with mental health services, alcohol, and marijuana usage.
- **The Attitudes towards Seeking Professional Psychological Help (ATSPPH)** is a 29-item, widely used psychological assessment tool developed by Fischer and Turner (1970) designed to measure an individual's attitudes toward seeking help from mental health professionals, particularly in times of emotional and psychological distress. Items are typically rated on a 4-point Likert scale ranging from strongly disagree to strongly agree. A higher score indicates a more positive attitude toward seeking professional psychological help.
- **The Self-Stigma of Seeking Help (SSOSH) Scale (Vogel, Wade, & Haake, 2006)** is a 10-item instrument designed to assess the degree to which individuals believe that seeking psychological help would negatively impact their self-esteem or self-worth. Items are rated on a 5-point Likert scale with scores ranging from strongly disagree to strongly agree. Higher scores indicate greater self-stigma associated with seeking psychological help.

Procedure

Approval was obtained from BSU's Institutional Review Board (IRB), and students were provided with an online consent form explaining the study's purpose, confidentiality, and voluntary nature. Undergraduate students were recruited from courses in which they were enrolled, in the College of Professional Studies, and from other classes taken anywhere on campus. Once consent was obtained, students reported to the testing laboratory in the department of psychology, where they completed the Demographic Questionnaire, the Attitudes Towards Seeking Professional Psychological Help (ATSPPH), and the Self-Stigma of Seeking Help (SSOSH) Scale. After a short debriefing where students were asked whether any of the questions had affected them in a negative way, each participant was offered extra credit as an incentive to be used in the class from which they were recruited.

Results

Hypothesis 1

A Pearson product-moment correlation was conducted to examine the relationship between scores on the Attitudes Toward

Seeking Professional Psychological Help (ATSPPH) scale and the Self-Stigma of Seeking Help (SSOSH) scale. Results indicated a significant negative correlation, $r = -.335, p < .001$, supporting Hypothesis 1.

Hypothesis 2

An independent samples *t*-test was conducted to assess gender differences in attitudes and self-stigma. Females scored significantly higher on the ATSPPH scale ($M = 20.76$) than males ($M = 17.07$), $t(138) = -3.056, p = .003$. On the SSOSH scale, females scored significantly lower ($M = 20.46$) than males ($M = 23.55$), $t(138) = 2.499, p = .014$, indicating lower self-stigma among female students.

Hypothesis 3

An independent samples *t*-test was conducted to assess age differences in attitudes and self-stigma. Students were divided into two age groups: younger (ages 18–21) and older (ages 22–47). No significant differences were found in ATSPPH scores between younger ($M = 19.75$) and older students ($M = 21.19$), $t(138) = -1.280, p = .203$. Similarly, SSOSH scores did not differ significantly between younger ($M = 21.07$) and older students ($M = 20.86$), $t(138) = 0.190, p = .850$.

Hypothesis 4

A one-way ANOVA was conducted to examine differences in ATSPPH scores across student classifications (Freshman, Sophomore, Junior, Senior). Results indicated a significant effect of classification, $F(3, 139) = 3.48, p = .018$. Mean scores were: Freshman ($M = 17.84$), Sophomore ($M = 19.70$), Junior ($M = 21.58$), and Senior ($M = 20.82$). Post hoc Tukey's HSD tests revealed that Juniors scored significantly higher than Freshmen ($p < .001$), Sophomores ($p < .001$), and Seniors ($p < .001$). Seniors scored significantly higher than Freshmen ($p < .001$) and Sophomores ($p < .001$). Sophomores scored significantly higher than Freshmen ($p < .001$). No significant differences were found between Juniors and Seniors. These results suggest that test scores increased progressively across grade levels, with Juniors achieving the highest average scores.

Hypothesis 5

Independent sample *t*-tests were conducted to assess differences in attitudes and self-stigma based on alcohol and marijuana use. No significant differences were found in ATSPPH scores between students who reported alcohol use and those who did not, $t(142) = 0.396, p = .699$. Similarly, SSOSH scores did not differ significantly between those who reported alcohol use and those who did not, $t(142) = -0.245, p = .964$. An Independent Sample T-test revealed no significant differences in ATSPPH scores, $t(142) = 0.471, p = .639$, nor in SSOSH scores, $t(142) = 0.651, p = .516$, based on marijuana use.

Hypothesis 6

An independent samples *t*-test was conducted to assess differences in attitudes and self-stigma between students living on campus and those who commute. No significant differences were found in ATSPPH scores, $t(135) = 1.188, p = .237$. However, a significant difference was found in SSOSH scores, $t(135) = 1.910, p = .050$, with on-campus students reporting higher self-stigma ($M = 22.01$) than commuters ($M = 20.07$).

Discussion

The present study examined several factors influencing students' attitudes toward seeking professional psychological help

and self-stigma for seeking help among students at BSU. These factors included socio-demographics in addition to environmental influences like drug and alcohol use/abuse. Overall, the findings provide partial support for the proposed hypotheses and offer meaningful insights into how demographic and behavioral variables relate to help-seeking attitudes towards seeking professional help and self-stigma of seeking professional help.

Consistent with Hypothesis 1, a significant negative correlation was found between attitudes toward seeking help and self-stigma. This suggests that students who hold more favorable views of seeking mental health services are less likely to experience internalized stigma, aligning with prior research on the inverse relationship between help-seeking attitudes and stigma (Vogel et al., 2006).

However, in support of Hypothesis 2, which examined gender differences in attitudes towards seeking help and self-stigma of seeking help, the results revealed significant gender differences. Female students demonstrated more positive attitudes and lower self-stigma compared to male students. This has been a consistent finding across a broad range of research that women are generally more open to seeking psychological support and experience less stigma in doing so (Lipson et al., 2018). This may also be because of the societal expectations that are placed on females very early in life. Females are usually considered the weaker sex; they learn very early in their childhoods to seek help when unable to create the changes themselves, whereas boys are groomed to be tough and only seek help in cases of emergency, and where they have less access to resources to do so. Smith (2004) found that adolescent males believed that using counseling services was not as effective as handling their problems on their own. In general, the preference is to cope on their own, especially when it comes to dealing with emotional issues.

In contrast, Hypothesis 3 was not supported. No significant differences were found between younger and older students in either attitudes towards seeking professional help or self-stigma of seeking professional help. This suggests that age may not be a strong determinant of help-seeking behavior or self-stigma within this student population, despite expectations that older students might be more receptive to mental health services. In addition, although students were divided into two different age groups, the mean age of the entire sample was 23 years old. Therefore, most students were young and had similar attitudes in general towards seeking professional help and towards self-stigma of seeking help. There have been inconsistent findings as it pertains to age and attitudes towards seeking help. Some researchers have found that older students have more positive attitudes as they age (Masuda et al., 2012), whereas other studies have found that younger students have more positive attitudes towards seeking help (Picco et al., 2016).

Hypothesis 4 was supported, with student classification significantly impacting attitudes toward seeking help. It appears that test scores increased progressively across grade levels, with Juniors achieving the highest average score. Juniors exhibited the most positive attitudes, followed by seniors, sophomores, and freshmen. These results may reflect increased maturity, exposure to campus resources, or academic stressors that heighten awareness and acceptance of mental health support as students progress through college. The junior year is a very significant one for most students. At this point, they have completed two years of higher education, have a history of favorable or unfavorable grades, and may have identified factors that presented as challenges to their

success at college. With this in mind, and wanting to finish successfully and graduate on time, they are more likely to seek out counseling as one of their coping methods. They may also have witnessed favorable outcomes from their peers and associates who utilized the counseling services.

Contrary to Hypothesis 5, alcohol and marijuana use were not significant determinants of attitudes or self-stigma of seeking professional help. This finding suggests that substance use, at least in this sample, does not meaningfully influence students' perceptions of mental health services or their internalized stigma. Students who use alcohol or marijuana excessively may be even less likely to utilize counseling services because of fear of detection, and the embarrassment that follows when others are aware of one's drug usage. These sentiments are equivalent to those who might not divulge their consumption of alcohol or marijuana. In addition, post interviews with many of these students revealed that their report of alcohol or marijuana usage is not seen as a problem, and the amounts that would constitute use or abuse are often minimized. So, according to these students, current drinking amounts or frequency are not considered problematic. Since marijuana is decriminalized and even legalized in some states, reports of marijuana usage have decreased tremendously.

Hypothesis 6 was partially supported. While no significant differences in attitudes were found between students who resided on campus and commuter students, students who lived on campus reported significantly higher self-stigma. This unexpected result may indicate that students living on campus experience greater social pressure or visibility, which could contribute to increased stigma around seeking help.

One variable that has not been examined at BSU is the location of the counseling center. Students have hinted that if they are visiting the counseling center, because of its location, everyone knows. It is assumed that confidentiality is compromised, and they are concerned about what their peers may think about them. There is particularly more visibility with students who reside on campus because they recognize and know each other, as they live together.

Implications and Future Directions

These findings highlight the importance of targeted mental health outreach, particularly for male students and underclassmen, who may be more vulnerable to negative attitudes and stigma. The results also suggest that classification level may be a more relevant factor than age in shaping help-seeking attitudes. Future research should explore the underlying mechanisms driving these differences and consider longitudinal designs to track changes over time.

Additionally, the unexpected finding regarding higher self-stigma among on-campus students warrants further investigation. Campus mental health initiatives may benefit from addressing stigma directly within residential communities to foster a more supportive environment. It has been suggested that satellite counseling offices should be created in each dormitory so that visiting the center becomes more of a norm than a stigma.

Limitations

This study is limited by its reliance on self-reported data and a single-institution sample, which may affect generalizability. A cross-sectional design also limits causal interpretations. Another major limitation is the low number of male participants. With the limited sample, it is unclear what the underlying issues are that present as barriers to males seeking professional help at the University's Counseling Center. Future studies should include

diverse populations and consider qualitative methods to deepen understanding of students' experiences with mental health stigma. Gaining information from other HBCUs in the DC Metropolitan area may also increase the generalizability of the data to understand how cultural backgrounds, physical location of the campus, and ethnicity may influence students' utilization of the Counseling Centers at their respective universities.

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