



Program Considerations and Addressing At-Risk Populations in Active Minds Clubs: A Brief Report

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Abstract

Active Minds, a national non-profit, was created to combat suicide and mental health stigma among youth and young adults. Research has indicated that Active Minds has been effective in positively changing students' attitudes and behaviors towards mental health. This study seeks to understand what else Active Minds can do to address mental health barriers and help-seeking within student populations and how Active Minds can better support at-risk populations in their wellness. This study consisted of four focus groups, and 13 participants completed a Brief Questionnaire and answered open-ended questions from a semi-structured interview guide. The narrative was coded and categorized, and thematic analysis was utilized. Eight themes were identified: (a) creating shared safe spaces (b) mental health stigma among Native American and Hispanic/Latinx students (c) the vulnerability of LGBTQ+ student populations (d) addressing special populations in Active Minds programming (e) the role of gender and religion in mental health (f) cultural education and resources (g) normalizing mental health through education and family conversation, and (h) promotion of Active Minds and accessibility of counseling. Because the sample size only consisted of 13 participants the results cannot be generalized to students, but the results are transferable to student populations. The researchers recommend that Active Minds use a peer support model and develop curriculums that address mental health stigma and cultural education in diverse populations. Future research is needed to uncover those strategies that might engage males in mental health education.

Keywords Active Minds · Mental health · Diverse populations · Suicide · Qualitative

Suicide is a substantial problem in colleges and universities. It is the second leading cause of death among youth and young adults (Lamis et al., 2014). Stigma plays a key role on whether a college student will seek out mental health services. Roughly half of students do not use mental health services because of the stigma associated with it (The College Post, 2019). Additionally, students are less likely to use mental health treatment if it is stigmatized among their peers (Wolf, 2018).

LGBTQ+, Native American, Hispanic/Latinx, and white males are vulnerable to mental health challenges and suicide. It is estimated that college students, who identify as LGBTQ+, are four times more likely to commit suicide

(The Trevor Project, 2021). The suicide rate for Native Americans between the ages of 15–24 is the highest of any racial and/or ethnic group. Talking about mental health within the home or to a mental health professional can be considered taboo within the Hispanic/Latinx community (Almendrala, n.d. xxxx; National Alliance on Mental Illness, 2022). Furthermore, white males are almost four times more likely to die by suicide than white females (American Foundation for Suicide Prevention, 2022).

Literature Review

It has been documented that safe spaces for talking about mental health can be an effective tool for wellness among college students (Active Minds, 2019). Research has found that safe spaces, where LGBTQ+ and Latina students could communicate without fear of being silenced and judged, did provide a positive experience (Bedree et al., 2019; Revilla, 2004).

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Indigenous peoples have experienced historical trauma from being forced to assimilate to Western civilization (Brown-Rice, 2014). Because of the forced assimilation, tribal communities have adopted many norms of the white majority (Granbois, 2005). One of those norms is mental health stigma. According to Granbois (2005), this mental health stigma does exist within tribal communities.

The Hispanic/Latinx culture is rooted in deep religious traditions and machismo attitudes (Mental Health America, 2022b). Jack (2022) states that Hispanic/Latinx families seek to keep personal challenges private and stereotypes towards persons with mental health challenges are prevalent within this culture. Research found that only 20% of the Hispanic/Latinx population talks about their mental health with a physician, and 10% visit a mental health provider (Consult QD, 1995–2022). Moreover, only 6% of mental health professionals can provide services in Spanish, and the language barrier can discourage the Hispanic/Latinx population from using a helping professional (Bailey & Hogan, 2019).

As a result of stigma, the LGBTQ+ population experiences discrimination, prejudice, violent acts, and rejection from their families (Pires & Ponte, 2019). Research shows that the lack of acceptance in society for the LGBTQ+ population can lead to increased isolation, mental health challenges, and exacerbate suicidal risk (Mental Health America, 2022a).

There are socially constructed norms for behavior that exist for females and males in the U.S. Men are expected to be strong and stoic without giving in to their emotions (Power, 2011). Research has found that 38% of men do not talk about their feelings, and roughly 30% of men have never cried or shown emotion in front of others (McCallister, 2022). Such attitudes can create distress, increasing susceptibility to a mental health challenge for males (Woolfe, 2020).

A considerable proportion of people (38%) in the U.S. believe that mental health challenges can be cured through the bible and prayer (Holpuch, 2013). Bryant (2018) states while there is “nothing wrong with prayer”, people still have to be “proactive” by surrounding themselves with the proper supports and resources in the healing process of a mental health challenge. Prayer alone is not going to solve mental health challenges (Bryant, 2018).

Many States do not educate their students about mental health (University of Wisconsin-Superior, 2021). Roy (2020) contends that early mental health education can prevent stigma, biases, isolation of youth, and encourage help-seeking behavior in student populations.

Access to mental health services can be challenging for students. When asked where they could go for counseling services, 14% of college students report that they “don’t know where” to seek these services (Elflein, 2022). This problem is further complicated in rural communities.

Research indicates that 65% of individuals lack access to a psychiatrist, and 47% do not have access to a psychologist in rural areas (Davis, 2019).

Overview of Active Minds

Active Minds, a 501(c)3 organization, is a leader in driving mental health conversations across colleges nationwide (Active Minds, 2022d). In 2000, Alison Malmon, the founder of Active Minds, lost her brother, Brian, to suicide (Active Minds, 2022d). Malmon’s brother was diagnosed with a mental health condition during his senior year in college and had there been an opportunity for him to discuss this challenge, Malmon believes that his passing could have been prevented (Active Minds, 2022d). As a result, Malmon worked to create UPenn’s first peer-to-peer group—Open Minds—which focused on destigmatizing mental health challenges and encouraging help-seeking behavior (Active Minds, 2022d). In 2013, a national office was established to provide support to the Open Minds chapters, and all were rebranded to align with the newly established Active Minds nonprofit organization (Active Minds, 2022d). Today, there are over 600 Active Minds clubs across the United States on college campuses today (Active Minds, 2022a). Additionally, Active Minds is aware of the mental health crisis in the primary and secondary school systems that have been exacerbated by racism, gun violence, homophobia, and the impact of the COVID-19 global pandemic (Active Minds, 2022b). Therefore, Active Minds is expanding its programs to a thousand high schools, middle schools, and elementary schools by 2025 (Active Minds, 2022b).

Active Minds Programming

Active Minds utilizes a peer-to-peer approach with the development and implementation of its mental health programming, which prepares student leaders to change mental health perceptions and create supportive campus environments (Active Minds, 2019). Active Minds’ student-led model incorporates a unique combination of contact-based education across small-group activities and large-scale campus programs alike (Active Minds, 2019).

Theory

Empowerment theory is aligned with the philosophy of Active Minds. Empowerment theory explains how people can reduce helplessness and barriers by using self-efficacy, strengths, and a collective consciousness (Virginia Commonwealth University School of Social Work, 2021). With

the use of mutual support, the experts and those affected by the social problem inspire each other to believe that positive change is possible (Zimmerman, 2000). Due to the stigma associated with mental health, Active Minds encourages all parties to work together to make mental health awareness a reality on college campuses.

Research on Active Minds

In 2018, a longitudinal study with over 1000 students conducted by the RAND corporation learned of the benefits that Active Minds. The study revealed that Active Minds can encourage a student to reach out to a peer or friend with a mental health challenge; create a supportive campus environment; and positively transform student attitudes about mental health issues (Active Minds, 2022c; Sontag-Padilla et al., 2018). While Active Minds has proven to be effective on a variety of outcomes, current research has not addressed the following questions:

- (1) How can Active Minds better support those at-risk students who are vulnerable to suicide and mental health challenges?
- (2) What barriers exist for student populations when seeking support for their mental health?

Methodology

Location of the Study

This study takes place at a rural community college in the Southwestern United States. In the spring of 2021, an Active Minds club was established at this college.

Research Design

This was a qualitative study and approved by Tulane University's Institutional Review Board (IRB) and the community college's IRB in the fall of 2021. The study included a Brief Questionnaire (See Appendix B), and four in-person focus groups using a semi-structured interview guide (See Appendix A). Any student at the community college, who was 18 years or older, could participate in the study.

Sample

A convenience sample of students at the college were asked to participate in the focus groups. Thirteen participants volunteered to participate in the study.

Measures

The Brief Questionnaire asked participants to identify specific personal and college demographics and their experiences with mental health and Active Minds (See Appendix A). The semi-structured interview guide asked participants about the role of mental health within their homes and their impressions of campus mental health services (See Appendix B). The researchers also sought input about the college's Active Minds chapter and how Native American, Hispanic/Latinx, and LGBTQ+ students can be supported when faced with a mental health challenge. Additional questions were asked to clarify participants' responses.

Procedures

In the fall of 2021, all students at the community college were invited to participate in this study through email. Participants at the focus groups were given an informed consent to sign and completed the Brief Questionnaire before the focus group began. The focus groups lasted roughly an hour and 15 min and were audio-recorded.

Data Analysis

The data was transcribed by the two researchers in this study. Using thematic analysis, the two researchers for this study coded and categorized the data separately and wrote memos in the margin. The two researchers cross compared their coded and categorized data, and the researchers came to an agreement on the study's themes and the narrative within each theme. The researchers used a constructivist paradigm, and a theoretical approach was used because the researchers were interested in data that aligned with the study's research questions (Braun & Clarke, 2006). Moreover, a latent level of analysis was selected because the researchers were interested in interpreting the data and how the data related with previous theories (Braun & Clarke, 2006).

Results

There were 12 females and 1 male in this study. Over half of the students were in their 2nd year of college (53.8%). Most students who participated were nursing (23.1%) and psychology (23.1%) students. Many students identified as white (23.1%) and Hispanic/white (23.1%). A majority of the participants were members of the LGBTQ+ community (53.8%). Most participants did not have a history of receiving mental health services (61.5%). While five participants had a family member with a mental health challenge (38.5%), five participants stated they were unsure if they had a family member with a mental health challenge (38.5%).

Nearly all participants had a friend or peer with a mental health challenge (84.6%), and half of the participants had been previously involved with Active Minds. One participant did not complete the Brief Questionnaire.

The following themes emerged from the analysis: (a) creating shared safe spaces (b) mental health stigma among Native American and Hispanic/Latinx Students (c) the vulnerability of LGBTQ+ student populations (d) addressing special populations in Active Minds programming (e) the role of gender and religion in mental health (f) cultural education and resources (g) normalizing mental health through education and family conversation (h) and promotion of Active Minds and accessibility of counseling (i).

Theme 1: Creating Shared Safe Spaces

Participants noted it is essential to have a place where they can express and share their mental health challenges without fear of judgment.¹ One participant noted, “I believe in the importance of having a space where you can talk about mental illness and wellness with peers who might also have concerns or problems or a situation going on.” [FG 4] Another participant stated, “I think it is important to encourage those who may not want to talk. It is important to include everyone in the conversation.” [FG 3].

Theme 2: Mental Health Stigma Among Native American and Hispanic/Latinx Students

Participants, who identified as Native American in one of the focus groups, felt rejection and shame, for having discussed mental health issues with their families. One participant stated that their family member communicated that “It is all in your head. It is no big deal. Get over it.” and felt guilt for having addressed the topic within their family. [FG 1] Hispanic/Latinx participants commented, “You are perceived as weak if you go and get help” for your mental health, and it is “taboo to even touch” the topic, and “the knowledge is not there.” [FG 3, FG 4] One of the Hispanic/Latinx participants’ parents said, “I did not get counseling. It did not exist. You will do fine.” [FG 3].

Theme 3: The Vulnerability of the LGBTQ+ Student Population

Participants stated that identifying as LGBTQ+ carries a “social stigma.” [FG 4] This social stigma takes a toll on a person’s mental health, and participants who identify as LGBTQ+ expressed that they “...do not want someone to see them differently.” [FG 4] This “lack of

acceptance and validation” can lead to suicidal ideation within the LGBTQ+ population. [FG 4] Many youth from the LGBTQ+ community, “do not know how to communicate how they feel. The younger they are, the harder it is.” [FG 4].

Theme 4: Addressing Special Populations in Active Minds Programming

To open the mental health conversation among these special populations, it was suggested that Active Minds embrace a model that makes a special effort to welcome every “human” and “soul.” [FG 3, FG 4] As one participant described, having “people within your club that are diverse that are LGBTQ+, Latino, etc., It is more likely that I would join that club [that was] reaching out to those diverse people of color.” [FG 3] One participant discussed how they think it would be beneficial if Active Minds practices “...aligned with Indigenous people... that comes back again to collaborating on what is the best way to approach this.” [FG 1].

Participants also stated that Active Minds could have a cultural fair that addresses education, stereotypes, and facts of the Hispanic/Latinx, Native American, and LGBTQ+ cultures with “food, pictures, and symbols” representative of each culture. [FG 4] Furthermore, “Having people from diverse backgrounds telling their story is great.” [FG 3] As one participant suggested, “... maybe Indigenous representatives from Active Minds [could] speak to students.” [FG 1].

Theme 5: The Role of Gender and Religion in Mental Health

One participant discussed that males are taught at a young age to “repress feelings... You are supposed to be strong and stoic. You are supposed to be the rock of the house.” [FG 4] Additionally, there are strong “machismo” norms within the Hispanic/Latinx culture. [FG 3] One participant commented, “Men are told not to express their emotions, and if you do, you are weak.” [FG 3] One participant discussed how people believe mental health is something “you need to get fixed with G-d.” [FG 3, FG 4] Another participant discussed how, “All I really wanted was someone to talk to,” but instead received the message, “Did you read your bible and pray? I was told to find G-d’s perspective on it.” [FG 4] One participant commented how “throwing a bible at it does not solve the problem.” [FG 4].

Theme 6: Cultural Education and Resources

Participants stated that students need to take responsibility for their own cultural awareness, as one participant states, “I think with the cultural sensitivity...it has to start within yourself. Become self-aware of your own culture and biases,

¹ FG denotes which of the four focus groups is being quoted.

so you can avoid biases with other cultures and become open-minded.” [FG 4] Creating a space for cultural awareness that would educate Active Minds’ members was important to participants. One participant suggested, educating “participants about LGBTQ+ and how to be more inclusive of them and educate others on how to be more accepting towards other cultures. We are really lacking the knowledge of different cultures of the LGBTQ+ communities.” [FG 4].

Exploring and bringing light to current issues faced by Native American populations was also noted as an important consideration when addressing cultural awareness and mental health challenges. As one focus group participant described, “We just need to start telling those real and true stories about what is going on with Indigenous people. Sometimes, it comes out but not enough. It does not get enough media attention.” [FG 1].

Identifying culturally relevant resources to support families in addressing mental health challenges was a point brought up several times throughout the focus groups. A few focus group participants stated, “Parents do not know where to go if their kids are having problems, especially if they only speak Spanish. More Spanish interpreters and advertisement are needed in the Latino community and more awareness is needed.” [FG 3].

Theme 7: Normalizing Mental Health Through Education and Family Conversation

Multiple focus group participants shared consensus in the importance of normalizing mental health through education across all age groups, particularly among children and adolescents. As one focus group participant expressed, “... Active Minds, should be everywhere and in every school, of course, pertaining to their ages.” [FG 4] Additionally, mental health conversations can encourage younger people to discuss feelings, an idea that was agreed upon by many focus group participants. One participant noted, “It is definitely not normalized to talk about mental health, especially with smaller children. They also experience anxieties and trauma.” [FG 4].

Theme 8: Promotion of Active Minds and Accessibility of Counseling

Participants felt that it was important that Active Minds work in cross-collaboration with centers and services, so that the “word” of the program is spread throughout the college campus. [FG 1] As one focus group participant suggested, “Involve the Native American Center...I know that the Hispanic club wants to work with Active Minds...

work with [the] LGBTQ+ club.” [FG 1] Promotion of the program could be in the form of virtual advertising accessible to students as well as “signs, posters, pamphlets, hotline numbers, etc.” [FG 1, FG 2, FG 3, FG 4] on campus. Many participants did not have a clear idea of how to utilize counseling services on campus; as one participant stated, “Everyone knows that there is counseling available, but we don’t where [to go] or who to contact.” [FG 3] A participant expressed, “Outreach would make a world difference.” [FG 3] One participant noted, “Our rural community in general does not have nearly enough mental health resources. We have a lack of providers,” which causes further distress for students. [FG 2].

Discussion

The results of this study point to the importance of college students having a safe space to talk about their mental health challenges. Research supports this claim, and Active Minds advocates for it (Active Bedree et al., 2019; Craig, 2016; Minds, 2019; Revilla, 2004; Yee, 2019). It is also important to note that participants felt safe in these focus groups commenting that they were therapeutic and asked how these safe spaces for mental health discussions could be held on campus more frequently.

Native American participants commented upon the mental health stigma that exists within their culture. Based on the narrative of the focus groups, it was evident that many Native American participants’ families have adopted the mental health stigma that exists in the general population (Grandbois, 2005). Hispanic/Latinx participants also elaborated on the mental health stigma that exists within their families and how these cultural norms can discourage help-seeking behaviors, and participants also discussed the stigma LGBTQ+ students can experience from their family members, friends, and peers (Mental Health America, 2022a, 2022b; Pires & Ponte, 2019; Ramirez, 2017).

Most of the participants stressed the importance of addressing the mental health challenges of diverse populations within Active Minds. Participants believed that the mental health education provided by Active Minds needs to be aligned with the students’ cultural practices. To accomplish this goal, participants recommended collaborating with centers and departments on campus that serve special populations (Active Minds, 2019). Participants believed that these centers and departments can provide Active Minds clubs with guidance on how to deliver programming that is sensitive to the cultural practices of diverse populations.

Additionally, a few participants believed that Active Minds could address diverse populations by hosting or sponsoring cultural fairs. These cultural fairs could inform students about practices and traditions different from their own. Participants also recommended using guest speakers, who have lived experience with a mental health challenge and come from diverse backgrounds, to share their mental health stories with students, faculty, and staff.

Although there was only one participant who identified as male in this study, this participant discussed the socially constructed norms that exist for men in society. This participant discussed how these norms can be a barrier to emotional wellness for men (Power, 2011). Moreover, Hispanic/Latinx participants elaborated on the traditional gender roles that exist within their culture (Mental Health America, 2022b). Most Hispanic/Latinx families are inegalitarian, and participants discussed how this family structure can affect whether a male decides to seek a mental health professional (Ramirez, 2017).

Some participants commented that they were told to use prayer or the bible to heal their mental health challenge. A significant proportion of people in the U.S. believe that prayer or the bible can heal a mental health challenge (Holpuch, 2013). The participants who were given these messages expressed feeling isolated, and this exacerbated their current distress; they felt that healthy conversation, instead of the bible or prayer, would promote their wellness.

Participants stated that it is essential to take individual steps to understand, reflect, and recognize the biases that may exist within us and make a concerted effort to understand persons from other backgrounds and how their mental health experiences might be different from the societal majority. Native American participants stressed that cultural awareness and knowledge of Indigenous peoples in the general population is lacking, and most people's knowledge of Native peoples is stereotypical. Hispanic/Latinx participants also discussed how the white majority never has to worry about a language barrier when seeking services, and that it is important to advocate for employing mental health providers who are bilingual or multilingual (Bailey & Hogan, 2019).

All participants stressed the importance of age-appropriate mental health education at all stages of development. Many commented that in their primary, secondary, and college education, mental health education did not exist. Participants felt that such education is essential to facing the developmental challenges during the lifespan (Roy, 2020).

Many participants discussed how they are unsure about how to access mental health counseling on campus (Elflein, 2022). Participants felt that there needs to be more visibility and promotion of mental health services. They also discussed the lack of mental health services in rural communities, which also compounds the problem of accessibility (Davis, 2019).

Limitations and Recommendations

This study only consisted of 13 participants; therefore, the findings cannot be generalized to all college students and limit the study's construct validity. While the participants within this study came from diverse backgrounds, only one male participated in the study. The small sample size and limited male participation may be result of stigma and the absence of mental health literacy of student populations at this college.

Therefore, it is recommended that the Active Minds national organization consider the following programmatic initiatives. First, these focus groups provided a source of healing for participants; thus, Active Minds might want to consider using a peer support model on college campuses. A peer support model would provide students with the opportunity to share their mental health challenges with other students in a safe space, and research shows that peer support is an effective tool for mental health coping (Mental Health America, 2022c). Second, the Active Minds national organization may want to create curriculums that address mental health stigma and culturally relevant education within special populations. Third, it is also important to learn how Active Minds clubs can better engage white males in the importance of mental health literacy. Youth and young adults, who identify as male, are less likely to talk about their mental health than females and white males have the second highest suicide rate of any population group (Centers for Disease Control & Prevention, 2022; McCallister, 2022). Future researchers might want to create a questionnaire asking open-ended questions that address the mental health barriers for male college students or hold focus groups that are exclusively male.

Conclusions

This study revealed many programmatic considerations that could enhance the success of the Active Minds national organization and existing clubs. The researchers of this study suggest that Active Minds expand its programming through a peer support model. Curriculums that address cultural education and special populations could better assist Active Minds clubs in supporting diverse student populations in their wellness. Although Active Minds has been found to have a positive impact on students' attitudes and responses towards mental health, there are student populations that are especially vulnerable to suicide. This study attempts to provide the Active Minds national organization and the clubs across the nation with some steps that could be taken to support students, especially students, who are high risk for suicide or a mental health challenge and come from diverse backgrounds.

Appendix A

Interview Questions:

- (1) Could you tell me about your experience with campus mental health services?
- (2) What do you feel are some of the challenges students face in receiving the mental health support they need?
- (3) What have been your experiences with mental health within your home/culture?
- (4) Research has shown that students who identify as Native American, Hispanic/Latinx, and LGBTQ+ may not seek mental health services when they are having challenges. What is your understanding of why students from these backgrounds may not use mental health services?
- (5) What can Active Minds do to make sure all students are heard?
- (6) How can Active Minds help students access mental health services on campus?
- (7) What would you like to see from campus mental health services? What do you think will help students access mental health services on campus?

Appendix B

Brief Questionnaire

- (1) **What is your gender?**
- (2) **What is your class standing?**
 - First Year Student
 - Second Year Student.
- (3) **What is your major?**
- (4) **What is your age group?**
 - 18—24 years.
 - Older than 25 years.
- (5) **Please describe your race and/or ethnicity:**
- (6) **Do you identify as someone who is part of the LGBTQ+ community?**
 - Yes.
 - No.
- (7) Do you have history of receiving mental health services?
 - Yes.

- No.
- (8) Do you have a family member with a mental health condition?
 - Yes.
 - No.
 - Not Sure.
 - (9) Do you have a friend or peer with a mental health condition?
 - Yes.
 - No.
 - Not Sure.
 - (10) **Are you currently or have you been previously involved with Active Minds?** Yes No

Declarations

Conflict of interest Authors declare that they have no known conflicts of interest to disclose.

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