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Protective Factors Associated With Positive Mental Health in Traditional and Nontraditional Black Students

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Black students have higher levels of psychological distress compared with other students, in part to racism and discrimination; however, help-seeking remains low. As a result, most research has been deficit-based focusing on mental illness, which provides an incomplete state of their mental health. Therefore, very little is known about positive mental health (PMH), which is composed of social, emotional, and psychological well-being. To better understand their complete state of mental health, this study examined variations in levels of PMH among 235 Black traditional (ages 18 to 25) and nontraditional (ages 26+) college students attending historically Black colleges and universities and predominantly White institutions, in addition to identifying protective mechanisms promoting flourishing within these subgroups. The sample included 156 traditional college students ($M_{\text{age}} = 20.88$, $SD = 2.12$; 83% female) and 79 nontraditional college students ($M_{\text{age}} = 36.06$, $SD = 36.1$; 80% female). Approximately 54.4% of nontraditional students were flourishing compared with 43.6% of traditional students who were moderately mentally healthy. No significant differences were found in PMH among Black students attending historically Black colleges and universities and predominantly White institutions. Results indicate spirituality, social support, self-esteem, and racial identity (low centrality and high public regard) are associated with PMH in Black traditional students; however, spirituality, self-esteem, and racial identity (high public regard) were associated with PMH in nontraditional students. Our findings emphasize the importance of integrating identified protective mechanisms into existing programs and services to increase levels of flourishing among Black students within the college setting. Implications and recommendations for future research are provided.

Public Policy Relevance Statement

Few studies have examined Black students' mental health from a positive perspective, so little is known about their complete state of mental health. Therefore, there is a need for policymakers to become more cognizant of the unique challenges faced by Black students to aid in allocating more resources targeting protective mechanisms that promote and sustain their mental health, resulting in their positive development and outcomes.

College campuses are gaining public attention regarding racially charged incidents targeting minority students. Incidents such as harassment, racial posts, slurs, symbols, protests, physical assault, and murder (see *The Journal of Blacks in Higher Education's* "Campus racial incidents," 2018; [https://](https://www.jbhe.com/incidents/)

www.jbhe.com/incidents/) threaten the livelihood of minority students, evoking a disquieting disposition on college campuses. Although such acts have incessantly occurred within these settings, discrimination unabatedly persists, even though colleges have taken action to increase inclusivity among students (McClain & Perry, 2017). Discrimination has been a prevalent issue on campuses, which is not surprising because Black students have long been subjected to discrimination as adolescents in public schools from peers and teachers (Fisher, Wallace, & Fenton, 2000). Discrimination not only contributes to a diminished sense of belonging (Zavadil & Kooyman, 2014), but also places Black students at risk for higher levels of psychological distress (Christopher & Skillman, 2009; Greer & Chwalisz, 2007). Additionally, formidable stressors such as socioeconomic status, undereducation, and

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acculturation, in addition to racism and prejudice plague Black students (Davidson, Yakushka, & Sanford-Martens, 2004), making them susceptible to dropout (McClain & Perry, 2017).

Compared with White students, Black students' college graduation rate is approximately 20% lower (Montgomery & Montgomery, 2012) which is indicative of other factors at work impeding their academic success. Black students' exposure to stressors associated with their race, also known as minority status stress, adversely affects their mental well-being (Cokley, McClain, Enciso, & Martinez, 2013; Griffith, Hurd, & Hussain, 2017), thus increasing their likelihood of experiencing mental illness (Williams, Yu, Jackson, & Anderson, 1997). Mental illness negatively impacts academic performance, as well as graduation and retention rates (Kitzrow, 2003; Nami, Nami, & Eishani, 2014). Though these challenges are taxing, extant literature highlights Black students' apprehension in receiving professional treatment as evidenced by the steady decline in help-seeking behaviors among this population (Kearney, Draper, & Barón, 2005). Given the adversity Black students endure on college campuses, more research is warranted to prevent negative mental health outcomes, and subsequently negative academic outcomes.

Positive mental health (PMH) refers to positive affect and functioning (Keyes, 2002) and has been linked to academic success (Ketchen Lipson, Gaddis, Heinze, Beck, & Eisenberg, 2015), increased earnings, improved relationships (Lamers, 2012), and better physical outcomes (Canadian Institute for Health Information, 2009). PMH evolved from positive psychology which is "the scientific study of positive experiences and positive individual traits, and the institutions that facilitate their development" (Duckworth, Steen, & Seligman, 2005, p. 629). More importantly, PMH buffers against mental illness (Keyes, 2010). However, a significant amount of mental health research has focused on impairments (Winzer, Lindblad, Sorjonen, & Lindberg, 2014), and this is particularly true for research focused on Black students. A continued focus on mental health as an impairment provides an incomplete understanding of mental health for college students, especially Black students. Traditional and nontraditional Black students alike are exposed to unique stressors that affect their mental well-being. Their minority status alone predisposes them to disparities in multiple facets such as education, workforce, health, and mental well-being (Cokley et al., 2013), making PMH a pertinent area of interest for this population in particular.

Traditional and Nontraditional Students

In the United States, traditional college students (ages 18 to 24) constitute an estimated 57% of undergraduate enrollment (Trenz, Ecklund-Flores, & Rapoza, 2015) although nontraditional student enrollment has gradually increased over the past few years (Bruce-Sanford, Heskeyahu, Longo, & Rundles, 2015). Traditional college students face a significant amount of stress as they transition from high school to college (Hermon & Davis, 2004) and grapple with the hassles of academic and financial pressures, homesickness, and establishing new friendships. On the contrary, nontraditional college students are more likely to be first-generation college students, older, and minorities (Trenz et al., 2015). Nontraditional students are often characterized as having more external responsibilities (work, family, and school) compared with traditional students (Trenz et al., 2015), which contributes to

higher stress levels (<https://www.jbhe.com/incidents/>) as they struggle to manage competing demands as caregivers, students, and employees (Dill & Henley, 1998). Although nontraditional students tend to reside off-campus (Hermon & Davis, 2004), Black nontraditional students are still subjected to the racism and discrimination that is interwoven into the various structures of society (i.e., work, daily interactions). Similarly, Black traditional students are exposed to minority status stressors in a more intense manner given they often reside, work, study, and socialize within a single context, the college setting.

Studies have found marked differences between traditional and nontraditional students. For example, Dill and Henley's (1998) study highlighted that traditional and nontraditional students experienced unique stressors. In their study, traditional students were more preoccupied with peers and social involvement compared with nontraditional students, who were more concerned with obligations beyond their education. Traditional students have better mental health (Trenz et al., 2015) and engage in more physical activity, which promotes wellness (Hermon & Davis, 2004). However, nontraditional students exhibit higher levels of self-care, a greater sense of control over their lives, more realistic beliefs (Hermon & Davis, 2004), better academic performance (Spitzer, 2000), more learning goals (Hoyert & O'Dell, 2009), and increased resilience (Chung, Turnbull, & Chur-Hansen, 2017). Compared with traditional students, graduation rates for nontraditional students are significantly lower, in part to financial issues, age concerns, and interrole conflicts (Markle, 2015). Often, nontraditional students make the decision to transition back to college to increase career opportunities, fulfill a desire to graduate, or prove their capability (Goings, 2018). Whereas nontraditional students often feel out of place in the classroom, they report more positive interactions with instructors because of commonalities such as age, which increases their comfort level (Scott & Lewis, 2011). These age differences may also account for the varying interactions between traditional and nontraditional students in the classroom. For example, traditional students are more likely to engage in behaviors that allow them to "stand out" from their peers while nontraditional students are more humble in their interactions with instructors (Goings, 2017). As a result, the college experience for these students will look and feel differently.

Aside from the normal stressors that accompany being a college student, both traditional and nontraditional Black students experience racism and discrimination, particularly at predominantly White institutions (PWIs), which many students report as stressful (Cokley et al., 2013). This is alarming because the majority of Black students attend PWIs that subjects them to such stressors (Lee & Barnes, 2015). Approximately 87% of Black students attend PWIs (McClain & Perry, 2017) where they are more likely to perceive discrimination (Cokley et al., 2013). These settings have been identified to contribute to mental health problems (Davidson et al., 2004; Eisenberg, Hunt, & Speer, 2013; Pieterse, Todd, Neville, & Carter, 2012), particularly for one third of college students who identify as being a racial/ethnic minority (Smith, Chesin, & Jeglic, 2014). Consequently, the racial climate of campus settings can adversely affect how well minority students adjust to college (Fischer, 2007). In addition, Black students attending historically Black colleges and universities (HBCUs) also experience stressors despite being the majority. For example, academic stress is a common concern for Black students attending

HBCUs (Negga, Applewhite, & Livingston, 2007). Aside from academic stressors, students attending HBCUs also report financial concerns because of rising tuition costs resulting from less state support (Palmer, Davis, & Hilton, 2009). Previous research has also found Black students to experience racial and ethnic-related stressors at HBCUs, such as environmental and interracial stressors, although at relatively low levels (Greer, 2008). These studies further highlight the challenges posed to Black students, regardless of institution type, which have significant implications for their overall academic success and well-being.

Social Support, Self-Esteem, Racial Identity, and Spirituality

Given the high levels of psychological distress that has been documented among Black college students (Christopher & Skillman, 2009), it is imperative to examine psychosocial factors that are positively associated with increased levels of mental health such as social support, self-esteem, racial identity, and spirituality (Barton & Miller, 2015; Hardeman et al., 2016; Hefner & Eisenberg, 2009; Orth & Robins, 2013) to promote and sustain PMH. Social support is an individual's perception of support from others and is one of the most important protective factors for college students (Friedlander, Reid, Shupak, & Cribbie, 2007). Students with higher levels of social support often have better mental health (Hefner & Eisenberg, 2009), as social support buffers against academic-related stress (Renk & Smith, 2007). Among Black students, social support has been identified as a protective factor contributing to increased levels of resiliency (Brown, 2008). Self-esteem refers to an individual's assessment of his or her overall worth and has been linked to improved academic achievement, mental well-being, and happiness and a stronger sense of identity (Mann, Hosman, Schaalma, & de Vries, 2004). Higher levels of self-esteem are associated with lower levels of mental distress in students (Knowlden, Hackman, & Sharma, 2016; Sowislo & Orth, 2013); however, Black students' experiences in higher education often subject them to increased stress (e.g., discrimination, alienation, and invisibility) which can adversely affect self-esteem (Nadal, Wong, Griffin, Davidoff, & Sriken, 2014). Racial identity, characterized as a key factor in the success of Black students (Darrell, Littlefield, & Washington, 2016), is "a sense of group or collective identity based on one's perception that he/she shares a common racial heritage with a particular racial group" (Helms, 1990, p. 3). Racial identity has both direct and indirect links to psychological well-being (Sellers, Copeland-Linder, Martin, & Lewis, 2006). African Americans who strongly identify with their race have better mental health (Sellers, Caldwell, Schmeelk-Cone, & Zimmerman, 2003). In addition, extant literature highlights the salient role of racial identity in mitigating the risks associated with racial discrimination (Sellers et al., 2006), which is germane to Black college students given "the psychological and emotional energy required to manage stress in academic and social contexts as well as systemic and everyday racism can be overwhelming and taxing" (McGee & Stovall, 2015, p. 493). Spirituality is one's belief in something greater, which yields a search for meaning and purpose for one's life (Wong, Rew, & Slaikeu, 2006). Spirituality buffers against depression (Berry & York, 2011) and self-injury in college students (Kress, Newgent, Whitlock, & Mease, 2015). Within the Black community, spirituality has consistently been

instrumental in coping with adversity (Hendricks, Bore, & Waller, 2012). Although previous studies have examined the relationship between these psychosocial factors and mental health, they have not used a comprehensive measure of subjective well-being (social, emotional, and psychological) such as PMH nor have they examined these constructs simultaneously to account for more variance. In addition, no research to date has compared levels of these psychosocial factors within subgroups of Black students and their relation with PMH.

Multidimensional Model of Racial Identity (MMRI)

The multidimensional model of racial identity (MMRI; Sellers, Rowley, Chavous, Shelton, & Smith, 1997; Sellers, Smith, Shelton, Rowley, & Chavous, 1998) offers a conceptual framework for assessing the relation between the dimensions of racial identity and PMH. The MMRI emphasizes the significance and meaning of race, which helps to better understand the Black college experience, given their college experiences differ from their White counterparts (e.g., minority status stressors). The MMRI considers the cultural and historical significance of race in the lives of African Americans and allows the significance and meaning one attributes to race to fluctuate over time (Sellers et al., 1997, 2003). The MMRI is composed of four dimensions: racial salience, centrality, regard, and ideology (Sellers et al., 2003, 1998). Racial salience references the degree to which an individual's race is germane to his or her self-concept at a moment in time. Contrary to racial salience, racial centrality references the degree to which an individual consistently defines him/herself by his or her race. Racial regard is an individual's thoughts and feelings about their race, which has two components. The first component is private regard which references how positively or negatively an individual feels about Black people and belonging to their racial group. The second component is public regard which references an individual's perceptions (positive or negative) of how others view Black people. Racial ideology references an individual's beliefs, opinions, and attitudes about how Black people should act. This dimension is characterized by four ideological philosophies: nationalist (views being Black as unique), oppressed minority (focuses on similarities in oppression between Black people and other minority groups), assimilation (focuses on similarities between Black people and the larger American society), and humanist (focuses on similarities between all humans, thus excluding other characteristics such as race, gender, etc.). Because a single dimension of the MMRI is not tantamount with racial identity, different outcomes are associated with different dimensions (Sellers et al., 2003). Due to this being the first study to examine PMH in Black college students, it is important to gain a better understanding of which dimensions contribute to increased levels of PMH within the college setting.

The Present Study

Most research examining Black college students has been from a deficits-based perspective. Therefore, the purpose of this study is to contribute to PMH literature, which is scant, especially on Black students. Additionally, this study will increase knowledge about

the relative importance of specific protective factors for traditional and nontraditional Black students, which is limited. More importantly, this research will inform mechanisms to improve mental health and educational disparities between Black and White students by identifying protective factors that promote PMH in these students. Previous research has highlighted stressors affecting Black students' well-being; however, less is known about PMH. Understanding PMH is beneficial due to Black students being less likely to utilize college counseling centers (Avent Harris & Wong, 2018). Therefore, this study aims to (a) assess variations in PMH between Black traditional and nontraditional students attending HBCUs and PWIs and (b) identify protective factors (racial identity, social support, self-esteem, and spirituality) promoting PMH within these subgroups. Extant research has not examined PMH exclusively in Black students; therefore, we hypothesize there are no significant differences in levels of PMH given each subgroup has their own unique stressors. In addition, we also hypothesize Black students attending HBCUs to display better mental health than those attending PWIs. Research finds Black students attending majority-serving institutions, such as HBCUs, to report better academic performance, increased social involvement, and higher occupational aspirations (Allen, 1992). Based upon current literature, we also hypothesize that racial identity (high centrality and regard), social support, self-esteem, and spirituality are significant predictors of PMH, such that students with higher levels of these constructs will have better mental health. PMH is inclusive of social, emotional, and psychological well-being (Keyes, 2002) and measuring PMH provides valuable information on how well students adjust to college life (Keyes et al., 2012). Assessing distinctions between these groups provide insight into their current levels of mental health amid stressors experienced to promote flourishing. Research on PMH is sparse in comparison to mental illness due to it being a slightly new concept; however, this research highlights the significance of focusing on positive aspects in these students because "a deficit focus on research often overlooks students' strengths and ability to adapt" (Chung et al., 2017, p. 78).

Method

Participants

Among the 257 college students who responded to the survey, only 235 participants completed the survey in its entirety. We excluded 22 participants (9%) from the study who were missing data on study variables. Descriptive statistics for traditional and nontraditional were calculated for age, gender, nationality, institution composition, classification status, marital status, and background socioeconomic status (SES). Table 1 shows the characteristics of the sample composed of 235 Black college students, in which 156 participants (66.4%) were categorized as traditional students ($M_{\text{age}} = 20.88$; $SD = 2.12$) and 79 (33.6%) were nontraditional students ($M_{\text{age}} = 36.06$; $SD = 36.1$). For this study, traditional students were between the ages of 18 and 25 and nontraditional students were ≥ 26 . Most participants were female in both groups: 83% ($n = 129$) female among traditional and 80% female among nontraditional students and approximately 5% of participants from both groups were foreign-born students. Similarly, 80% of traditional students attending a HBCU compared with 91% of nontraditional students. Roughly, 31% of traditional

students were sophomores, whereas 60.8% of nontraditional students were graduate students. Most traditional students (53.2%) resided off-campus and had never been married (98.1%), similar to nontraditional students who mostly resided off-campus (94.9%) and had never been married (51.9%). Twenty-eight percent of traditional students reported a background SES between \$20,000 and \$34,999, whereas 27% nontraditional students reported a background SES of less than \$20,000. Among traditional students, almost 44% exhibited moderate levels of mental health compared with nontraditional students who were mostly flourishing (54.4%).

Study Procedures

Following the receipt of institutional review board approval by Morgan State University in November 2016 (Protocol 16/10-0109; title of study: "The Relationship Between Identity-Related Constructs and Positive Mental Health in Black College Students"), a pretest was conducted with students from an undergraduate social work course to assess clarity of survey questions and gauge completion time. After the pretest, participants were recruited from HBCUs and PWIs for this cross-sectional study. Potential participants were recruited through faculty, e-mail, social media websites (Facebook, LinkedIn, etc.), and high-traffic areas, in which they were e-mailed a link to a web-based survey from Survey Monkey. Upon entering Survey Monkey, participants were presented with informed consent prior to beginning the survey. Inclusion criteria for participants included (a) self-identifying as a Black college student and (b) being at least 18 years of age or older. The informed consent reiterated that their participation was voluntary and refusing to participate would not impact their relationship with their institution. At the conclusion of the survey, a debriefing form (list of national mental health resources) was also made available to participants in the event he or she experienced emotional distress from being asked personal questions. Participants completing the survey in its entirety had the option to provide their e-mail address to be entered into a raffle drawing for one of eight \$25 gift cards that would be randomly drawn at the conclusion of the study. Data were collected during spring of 2017 and the survey was closed after reaching the required number of participants. Randomly selected participants providing an e-mail were entered into a raffle drawing and contacted via e-mail to have their gift cards mailed to them or picked up from a designated location. Collected survey responses were password protected for confidentiality purposes.

Measures

Participants completed the online survey comprised of a demographic questionnaire and five instruments measuring spirituality, social support, self-esteem, racial identity, and PMH.

Demographic questionnaire. The demographic questionnaire included questions assessing participant's age, gender, nationality, institution composition, residential status, classification status, marital status, and SES.

Spirituality. Spirituality was assessed using the Spiritual Index of Well-Being (Daaleman & Frey, 2004). This instrument

Table 1. Demographic Characteristics of Black Traditional and Nontraditional Students (N = 235)

Characteristics	Traditional (n = 156; 66.4%)		Nontraditional (n = 79; 33.6%)		χ^2
	n	%	n	%	
Gender					
Female	129	82.7	63	79.7	
Male	27	17.3	16	20.3	
U.S. citizen					
Yes	148	94.9	75	94.9	
No	8	5.1	4	5.1	
Institution composition					
HBCU	125	80.1	72	91.1	
PWI	31	19.9	7	8.9	
Reside on campus					
Yes	73	46.8	4	5.1	
No	83	53.2	75	94.9	
Classification status					
Freshman	30	19.2	2	2.6	
Sophomore	48	30.8	6	7.6	
Junior	29	18.6	6	7.6	
Senior	32	20.5	17	21.5	
Graduate	17	10.9	48	60.8	
Marital status					
Single	153	98.1	41	51.9	
Married	1	.6	24	30.4	
Divorced	1	.6	9	11.4	
Separated	0	0	3	3.8	
Widowed	1	.6	2	2.5	
Background socioeconomic status					
<\$20,000	27	17.3	21	26.6	
\$20,001–34,999	44	28.2	17	21.5	
\$35,000–49,999	20	12.8	14	17.7	
\$50,000–74,999	32	20.5	9	11.4	
\$75,000–99,999	18	11.5	10	12.7	
\$100,000–149,999	12	7.7	7	8.9	
≥\$150,000	3	1.9	1	1.3	
Level of mental health					7.82*
Flourishing	58	37.2	43	54.4	
Moderate	68	43.6	29	36.7	
Languishing	30	19.2	7	8.9	

Note. HBCU = historically Black college or university; PWI = predominately White institution. Total sample $M_{age} = 25.98$, $SD = 9.22$.
* $p < .05$.

measures the quality of an individual’s spiritual life using 12 reverse-coded items on a 5-point Likert scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). The instrument is divided into two subscales (self-efficacy and life scheme) for a composite score with higher scores indicating higher levels of spirituality. Sample items included “I can’t begin to understand my problems” and “I haven’t found my life’s purpose yet.” In the current study, this scale had a Cronbach’s alpha of 0.92, which is indicative of high internal consistency.

Social support. Social support was measured using the Multidimensional Scale of Perceived Social Support (MSPSS; Zimet, Dahlem, Zimet, & Farley, 1988). The MSPSS is composed of 12 items assessing perceptions of support from family, friends, and a significant other. The MSPSS uses a 7-point Likert scale ranging from

1 (*very strongly disagree*) to 7 (*very strongly agree*) with higher scores reflecting higher levels of perceived social support. Sample items include “There is a special person who is around when I am in need” and “I have friends with whom I can share my joys and sorrows.” For this study, this scale had a Cronbach’s alpha of 0.92.

Self-esteem. Self-esteem was assessed using the Rosenberg (1965) Self-Esteem Scale to gauge an individual’s self-worth. This instrument consists of 10 items on a Likert scale ranging from 0 (*strongly disagree*) to 3 (*strongly agree*). Five of the 10 items are reverse coded (Items 2, 5, 6, 8, and 9) with higher scores reflecting higher levels of self-esteem. Sample items include “On the whole, I am satisfied with myself” and “I feel that I’m a person of worth, at least on an equal plane with others.” In the current study, this measure had a Cronbach’s alpha of 0.92.

Racial identity. Racial identity was assessed using the Multidimensional Inventory of Black Identity–Short Form (Sellers et al., 1997), which measures three dimensions of racial identity referenced in the MMRI: centrality, regard, and ideology. This shortened version of the Multidimensional Inventory of Black Identity consists of 27 items using a 7-point Likert scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). The Centrality scale contains four items assessing the degree to which being Black is a central to their definition of self. A sample item includes “In general, being Black is an important part of my self-image.” The Regard scale assesses the positive and negative thoughts and feelings associated with being Black and includes two subscales: Public Regard and Private Regard. The Public Regard subscale consists of four items measuring one’s perceptions about how Black people are viewed by other racial groups. A sample item includes “Overall, Blacks are considered good by others.” The Private Regard subscale consists of three items measuring one’s personal thoughts and feelings about Black people. A sample item includes “I am proud to be Black.” The Ideology scale measures the one’s beliefs and attitudes about how Black people should act and consists of four subscales: Nationalist, Oppressed Minority, Assimilationist, and Humanist. The Nationalist subscale consists of four items and measures the uniqueness of being Black. A sample item includes “Blacks would be better off if they adopted Afrocentric values.” The oppressed minority subscale consists of four items and measures commonalities between Blacks and other oppressed groups. A sample item includes “There are other people who experience racial injustice and indignities similar to Black Americans.” The Assimilationist subscale consists of four items and measures commonalities between Blacks and the rest of American society. A sample item includes “Blacks should feel free to interact socially with White people.” The Humanist subscale consists of four items and measures commonalities of all humans. A sample item includes “Being an individual is more important than identifying oneself as Black.” For the present study, the racial identity dimensions had a Cronbach’s alpha as follows: centrality ($\alpha = .84$), public regard ($\alpha = .75$), private regard ($\alpha = .71$), nationalist ($\alpha = .67$), oppressed minority ($\alpha = .69$), assimilationist ($\alpha = .78$), and humanist ($\alpha = .59$). Due to the Humanist subscale having a low alpha, it was excluded from further analysis.

Positive mental health (PMH). PMH was assessed using the Mental Health Continuum–Short Form (MHC-SF; Keyes, 2002), which measures positive aspects of mental health. The MHC-SF is composed of 14 items on a 6-point Likert scale (0 = *never*, 1 = *once or twice*, 2 = *about once a week*, 3 = *two to three times a week*, 4 = *almost every day*, and 5 = *every day within the past month*). PMH is composed of social, emotional, and psychological well-being and the MHC-SF captures these dimensions. Items 1–3 measure emotional well-being (positive affect and life satisfaction), Items 4–8 measure social well-being (social acceptance, social actualization, social contribution, social coherence, and social integration), and Items 9–14 measure psychological well-being (autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance (Keyes et al., 2008). Sample items include “During the past month, how often did you feel happy?” and “During the past month, how often did you feel satisfied with life?” Higher scores reflect higher levels of PMH or flourishing. This scale had a Cronbach’s alpha of

0.93 in the current study. In previous research with college students and various cultural groups, the MHC-SF has demonstrated adequate reliability and validity (Keyes et al., 2012; Keyes et al., 2008; Lamers, Westerhof, Bohlmeijer, ten Klooster, & Keyes, 2011).

Statistical Analyses

Statistical analyses were performed using SPSS Verison 24.0. Chi-squared analyses were performed to assess significant differences in levels of PMH (languishing, moderate mental health, and flourishing) between traditional and nontraditional Black students. Chi-squared analyses revealed significant differences in levels of mental health between traditional and nontraditional students, $\chi^2(2) = 7.82, p = .02$, with nontraditional students experiencing higher levels of mental health (see Table 1). Independent *t* tests were used to identify mean score differences between traditional and nontraditional students and HBCUs and PWIs on measures of self-esteem, social support, spirituality, racial identity, sociodemographic characteristics and PMH. Hierarchical multiple regression analyses were conducted to examine the unique contributions of sociodemographic characteristics, self-esteem, social support, spirituality, and racial identity in PMH scores among traditional and nontraditional students. Sociodemographic variables were rescaled into dichotomous variables (0 and 1) such that gender = 0 (male) and 1 (female), nationality = 0 (U.S.-born) and 1 (foreign-born), institution type = 0 (HBCU) and 1 (PWI), residence = 0 (on-campus) and 1 (off-campus), classification status = 0 (undergraduate) and 1 (graduate), marital status = 0 (single) and 1 (married), and background SES = 0 (<\$50,000) and 1 (\geq \$50,000). Prior to performing the hierarchical multiple regression, collinearity was assessed among the independent variables to ensure they were not highly correlated. Following an examination of correlations, Table 2 shows the study variables were within accepted limits.

Results

Table 3 shows the results of the independent *t* tests conducted to assess differences in self-esteem, social support, spirituality, racial identity subscales, and PMH between the two subgroups. Significant differences were found for self-esteem, $t = -3.142, p = .008$, with traditional students experiencing lower mean levels of self-esteem ($M = 20.97, SD = 6.62$) when compared with nontraditional students ($M = 23.61, SD = 4.84$). Additionally, significant differences were found for social support, $t = .911, p = .03$, with traditional students ($M = 63.55, SD = 14.92$) reporting higher levels compared with nontraditional students ($M = 61.48, SD = 19.15$). There were no statistically significant differences between the groups ($p > .05$) for spirituality, dimensions of racial identity, and PMH scores. To assess differences in PMH scores between traditional and nontraditional Black students attending HBCUs and PWIs, separate independent *t* test analyses were conducted for each subgroup. Results showed no significant differences in PMH for traditional students attending HBCUs ($M = 40.98, SD = 15.9$) and PWIs ($M = 40.19, SD = 14$); $t(154) = 0.25, p = .80$, or nontraditional students attending HBCUs ($M = 45.36, SD = 16.45$) and PWIs ($M = 49.42, SD = 6.5$); $t(77) = -0.65, p = .52$. In addition, independent *t* tests revealed

Table 2. Correlations for Self-Esteem, Social Support, Spirituality, Racial Identity Subscales, and Positive Mental Health (PMH; $N = 235$)

Measure	1	2	3	4	5	6	7	8	9	10	11
1. Self-Esteem	—										
2. Social Support	.44**	—									
3. Spirituality	.74**	.36**	—								
Racial Identity subscales											
4. Nationalist	-.07	-.1	-.1	—							
5. Oppressed Minority	-.07	-.05	-.06	.37**	—						
6. Private Regard	.31**	.20**	.23**	.34**	.08	—					
7. Public Regard	.14*	.06	.15*	-.08	.15	.14	—				
8. Centrality	.27**	.26**	.14*	.53**	.16	.62	.03	—			
9. Humanist	.09	.02	.17**	-.39	.08	-.2	.3	-.33	—		
10. Assimilation	.09	.02	.1	-.14	.16	.07	.16	-.002	.37	—	
11. PMH	.78**	.45**	.75**	-.08	.001	.25	.3	.18	.18	.09	—

* $p < .05$. ** $p < .01$.

no significant differences in PMH scores among traditional undergraduate and graduate students, $t(154) = -0.53, p = .60$. Similarly, no significant differences were found in PMH scores among nontraditional undergraduate and graduate students, $t(77) = -1.65, p = .10$. In regard to institution type, results showed no significant differences for social support, $t(233) = 1.53, p = .13$, self-esteem, $t(233) = .13, p = .90$, spirituality, $t(233) = -.27, p = .79$, nationalism, $t(233) = 1.03, p = .31$, oppressed minority, $t(233) = -.91, p = .36$, private regard, $t(233) = .69, p = .49$, public regard, $t(233) = -.64, p = .53$, assimilation, $t(233) = -1.32, p = .19$, and PMH, $t(233) = .25, p = .81$. On the contrary,

results showed significant differences for centrality, $t(233) = 2.06, p = .05$, in which Black students attending HBCUs ($M = 19.62, SD = 3.60$) reported higher levels of centrality compared with those attending PWIs ($M = 17.94, SD = 4.76$).

A three-step hierarchical multiple regression was conducted for each subgroup to examine the contribution of factors assumed to affect PMH. In Step 1, PMH was the dependent variable and the dichotomous sociodemographic characteristics, namely gender, nationality, institution, residence, classification, marital status, and background SES were entered as the independent variables. In Step 2, self-esteem, social support, and spirituality were entered

Table 3. Means and Standard Deviations for Self-Report Measures of Black Traditional and Nontraditional Students

Measures	Traditional ($n = 156$)		Nontraditional ($n = 79$)		t
	M	SD	M	SD	
Spirituality	40.13	9.54	45.12	8.11	.18
Self-Esteem	18.95	6.05	21.24	4.47	-3.14**
Social Support	58.67	13.93	56.79	17.74	.91*
Positive Mental Health	37.96	14.27	42.3	14.67	-2.28
Racial Identity Subscales					
Nationalist	16.23	3.68	15.43	3.97	1.54
Oppressed Minority	14.33	3.78	13.5	3.82	1.57
Private Regard	14.69	2.17	14.66	1.98	.1
Public Regard	10.33	4.4	10.43	4.37	-.16
Centrality	19.33	3.9	19.37	3.75	-.06
Assimilation	18.88	4.27	18.41	3.87	.82
PMH scores by institution type					
	HBCU		PWI		
	n	$M (SD)$	n	$M (SD)$	t
Student category					
Traditional students	125	40.98 (15.9)	31	40.19 (14)	.25
Nontraditional students	72	45.36 (16.5)	7	49.42 (6.5)	-.65

Note. PMH = positive mental health; HBCU = historically Black college or university; PWI = predominately White institution.

* $p < .05$. ** $p < .01$.

simultaneously as we did not expect one psychosocial variable to explain more variance above and beyond the other variables. In Step 3, the dimensions of racial identity were entered to assess their impact on PMH given certain dimensions of racial identity have more pronounced effects on the well-being of Black college students (Sellers & Shelton, 2003).

For traditional students, the results of Step 1 indicated that sociodemographic characteristics accounted for only 7% of the variance in PMH and was not statistically significant in the model, $F(7, 148) = 1.58, p = .14$. Nationality was the only statistically significant independent variable, $\beta = .16, p = .05$; however, it should be interpreted with caution due to the small number of foreign-born students in the sample. In Step 2, self-esteem, social support, and spirituality were entered into the regression equation. The change in variance accounted for (ΔR^2) was equal to .66, which was significantly different from zero, $F(10, 145) = 39.17, p < .001$. Controlling for sociodemographic characteristics, self-

esteem, social support, and spirituality were significant predictors of PMH in traditional students ($p \leq .001$); however, none of the sociodemographic variables were significant in this model. The results of the regression indicated that this model explained 73% of the variance in PMH scores. In Step 3, the dimensions of racial identity were added to the model yielding a $\Delta R^2 = .03$, which was statistically significant, $F(16, 139) = 27.36, p < .001$. In addition, this model explained 76% of the variance in PMH scores. Controlling for other variables, the only dimensions of racial identity that significantly contributed to this model was centrality ($\beta = -.15, p = .03$) and public regard ($\beta = .14, p = .002$). Therefore, lower levels of centrality and higher levels of public regard were associated with higher levels of PMH in Black traditional students. In addition, self-esteem ($\beta = .49, p < .001$), social support ($\beta = .22, p < .001$), and spirituality ($\beta = .29, p < .001$) remained significant predictors of PMH when controlling for other variables in the model (see Table 4).

Table 4. Summary of Hierarchical Regression Analysis Predicting Positive Mental Health in Traditional (Trad) and Nontraditional (Nontrad) Students ($N = 235$)

Variable	B		SE B		β		R^2	
	Trad	Nontrad	Trad	Nontrad	Trad	Nontrad	Trad	Nontrad
Model 1							.07	.14
Gender	6.30	-.81	3.34	4.58	.15	-.02		
Nationality	11.44	3.88	5.71	8.24	.16*	.05		
Institution	-.34	3.65	3.13	6.21	-.01	.07		
Residence	.45	11.48	2.54	8.80	.01	.16		
Classification	2.17	3.67	4.03	3.87	.04	.11		
Marital status	14.98	3.30	15.63	3.97	.08	.10		
Background SES	1.77	8.66	2.50	4.14	.06	.26*		
Model 2							.73***	.70***
Gender	2.85	-.44	1.86	2.90	.07	-.01		
Nationality	1.27	-1.16	3.16	5.11	.02	-.02		
Institution	-1.23	3.47	1.72	4.02	-.03	.06		
Residence	-.19	-3.19	1.39	5.60	-.01	-.04		
Classification	1.33	-1.15	2.20	2.45	.03	-.04		
Marital status	-5.01	2.77	8.60	2.49	-.03	.08		
Background SES	.03	2.23	1.38	2.58	.00	.07		
Spirituality	.48	.94	.11	.19	.30***	.48***		
Self-esteem	1.25	1.40	.17	.38	.49***	.39***		
Social support	.20	.02	.06	.07	.18***	.02		
Model 3							.76*	.78**
Gender	1.85	.79	1.85	2.73	.05	.02		
Nationality	-1.67	-3.15	3.19	4.88	-.02	-.04		
Institution	-2.39	.62	1.73	3.68	-.06	.01		
Residence	-.67	-4.62	1.36	5.40	-.02	-.06		
Classification	2.11	.35	2.17	2.35	.04	.01		
Marital status	-1.89	2.49	8.47	2.28	-.01	.07		
Background SES	-.01	2.87	1.34	2.52	.00	.09		
Spirituality	.47	.88	.10	.18	.29***	.45***		
Self-esteem	1.24	1.45	.17	.36	.49***	.41***		
Social support	.25	-.08	.06	.07	.22***	-.09		
Nationalist	.29	.14	.25	.34	.07	.03		
Oppressed minority	.24	.05	.20	.30	.06	.01		
Private regard	.31	-.27	.44	.70	.04	-.03		
Public regard	.50	1.03	.16	.25	.14**	.28***		
Centrality	-.60	.37	.27	.37	-.15*	.09		
Assimilationist	.00	.22	.16	.27	.00	.05		

* $p < .05$. ** $p < .01$. *** $p < .001$.

For nontraditional students, the sociodemographic characteristics entered at Step 1 accounted for 14% of the variance in PMH scores and was not statistically significant in the model, $F(7, 71) = 1.67, p = .13$. For nontraditional students, background SES was the only statistically significant independent variable, $\beta = .26, p = .04$. In Step 2, self-esteem, social support, and spirituality were entered into the model. The change in variance accounted for (ΔR^2) was equal to .56, which was significantly different from zero, $F(10, 68) = 15.65, p < .001$. In Step 3, the dimensions of racial identity were added to the model yielding a $\Delta R^2 = .08$, which was statistically significant, $F(16, 62) = 13.64, p < .001$. Among the racial identity dimensions, only public regard was significantly associated with PMH ($\beta = .29, p < .001$). Therefore, students perceiving Blacks as being viewed more favorably by others have higher levels of PMH. In this model, spirituality and self-esteem were remained significant ($p < .001$). As shown in Table 4, the results of the regression indicated that this model explained 78% of the variance in PMH scores among nontraditional students.

Discussion

The purpose of this study was to contribute to the nascent literature on PMH in Black students, assess differences in PMH among traditional and nontraditional Black students, and identify salient protective factors promoting PMH in these subgroups. Results indicate differences exist in levels of PMH between Black traditional and nontraditional students, which does not support our hypothesis. Between these two subgroups of Black college students, more nontraditional students were flourishing compared with traditional students, who reported higher rates of moderate mental health. Although this finding is contrary to Trenz et al.'s (2015) study finding traditional students to have better mental health, previous research identifies older individuals as having better mental health (Keyes & Westerhof, 2012). It may be that nontraditional students have developed more effective coping mechanisms to deal with stressors because of more life experience. Furthermore, we hypothesized Black students attending HBCUs to have better mental health; however, no distinct differences in PMH were observed between the subgroups of Black students attending HBCUs and PWIs. Our study seems to suggest that Black students, regardless of institution type, experience similar stressors. This finding parallels previous research in which Black students, whether enrolled at a HBCU or PWI, reported poorer mental health, stemming from their minority status (Smith et al., 2014). Extant literature has consistently shown Black students attending PWIs to experience higher levels of minority status stressors, such as racism/discrimination (Cokley et al., 2013; Greer & Chwalisz, 2007) while other research shows Black students attending HBCUs to report increased academic performance, self-esteem, and a positive quality of life (Allen, 1992; Dzokoto, Hicks, & Miller, 2007). One plausible explanation for our finding is that Black students, in general, experience racism/discrimination at the societal level. Therefore, it is possible that the culmination of academic, financial and minority status stressors have a profound, adverse effect on the mental health of Black students attending both types of institutions. Another reason for this finding may be the small sample of Black students attending PWIs participating in the study. Our study was primarily comprised of Black students

attending HBCUs; therefore, this finding should be interpreted with caution. In regards to psychosocial factors by institution type, only one significant difference was found between HBCUs and PWIs, which was centrality. Compared with Black students attending PWIs, those attending HBCUs displayed higher levels of centrality. It is possible that students defined themselves by race more as a result of attending a majority institution, especially because students with more central racial identities are more likely to attend HBCUs (Van Camp, Barden, & Sloan, 2010). Furthermore, HBCUs are known to be 'safe spaces' and 'nurturing places' for Black students to learn, grow, and develop (Darrell et al., 2016).

In examining psychosocial factors among traditional and non-traditional Black students, results show self-esteem, spirituality, social support, and racial identity (low centrality and high public regard) to be salient protective factors of PMH for traditional students while self-esteem, spirituality, and racial identity (high public regard) were significant predictors of PMH for nontraditional students. Both groups shared three common protective factors: self-esteem, spirituality, and racial identity (high public regard). Consistent with previous research, high levels of self-esteem were associated with better mental health (Sowislo & Orth, 2013). Increased levels of self-esteem buffer against stressors (Knowlden et al., 2016; Mann et al., 2004), which is important considering Black students are susceptible to increased stressors due to their race (Davidson et al., 2004; Kearney et al., 2005). Similarly, spirituality was found to be a protective factor of PMH for both groups, which lends support to previous research for Black students (Berry & York, 2011; Jafari et al., 2010). According to Jafari et al. (2010), "spirituality contributes to promote the mental health by providing a framework for describing life's experiences" (p. 1480). Spirituality has been well-documented for helping African Americans cope with adversity (Taylor & Chatters, 2010); therefore, this finding is tantamount in Black college students. The public regard dimension of racial identity was another commonality for these subgroups of Black students providing support to our hypothesis. Students who perceived others to view their racial group favorably reported higher levels of PMH. Although previous research has found public regard and mental health to be unrelated (Sellers et al., 2003), our study found that they were related. One plausible explanation for this finding may be because of this study's directly examining the positive aspects of mental health, whereas other studies have examined psychological distress (Sellers et al., 2003; Sellers & Shelton, 2003). Black students who perceive their racial group as being viewed positively by others may feel more accepted by society, especially within the college setting, which may possibly explain why they were found to have higher levels of mental health. In previous research, public regard has been found to buffer against the adverse mental health effects of perceived discrimination in Black college students (Sellers & Shelton, 2003).

Although similar protective factors were found between these subgroups, some distinctions were also observed. For traditional students, the centrality dimension (high centrality) of racial identity was negatively associated with PMH, which did not support our hypothesis. Traditional students identifying their race as a central part of themselves were more likely to have poorer mental health. This finding is contrary to Sellers et al.'s (2003) study, in which higher levels of centrality were associated with better men-

tal health. High centrality may negatively affect PMH because “the more important race is to African Americans, the more likely they will interpret an event in terms of racial connotations than in terms of some other construct” (Shelton & Sellers, 2000, p. 47). Therefore, these students may be more likely to experience higher levels of negative affect, such as anger and frustration, when exposed to minority status stressors, which may result in lower levels of PMH. Another distinction among these two subgroups was social support being a protective factor for traditional students. This finding is consistent with previous research reporting students with higher levels of social support tend to have better mental health (Hefner & Eisenberg, 2009). Traditional students are typically transitioning to a new environment while gaining increased autonomy in decision-making, which may lead to them feeling overwhelmed in dealing with unfamiliar stressors. This may possibly explain why they are more likely benefit from increased social support compared with nontraditional students. One possible explanation for social support not being a protective factor for nontraditional students may be their inclination to be less dependent on others in meeting their daily needs. Generally, nontraditional students have more responsibilities outside the school setting so they may have become accustomed to having an established sense of independence while relying on other strengths, such as spirituality, to deal with stressors. One important factor to keep in mind is that social support was based on these students’ perceptions. Older students did not perceive themselves as having a significant social support system. Social support may have different meanings for these two groups, which may explain why it was not a salient factor for nontraditional students.

This study significantly contributes to the literature by providing information about PMH on Black students, which is an understudied area. In addition, examining the positive aspects of mental health provide a holistic depiction of Black students’ mental health. A substantial amount of extant research examines the short-comings or deficits of Black students further emphasizing the need for the current study. Although PMH has been examined in college students, most studies had small minority populations; however, the current study examined PMH exclusively in Black students to assess PMH variations. Additionally, such research is imperative to identifying culturally appropriate interventions to promote and sustain PMH. Our findings are similar to previous research identifying protective factors such as self-esteem, spirituality, social support, and racial identity to promote flourishing. More importantly, this study shows that Black students are not a monolithic group; therefore, understanding factors affecting their well-being is essential to improving levels of mental health, in addition to graduation and retention rates. Understanding current levels of PMH in Black students and identifying protective factors assist in targeting key areas to not only improve academic success, but optimal functioning in Black students. In addition, comparative analyses of traditional and nontraditional students have focused on areas such as academic performance, resilience, and strategies for interacting with faculty (Chung et al., 2017; Goings, 2017; Spitzer, 2000). However, this is the first study to assess PMH in Black traditional and nontraditional students, which is a major contribution to the literature. Although these subgroups may experience distinct stressors, self-esteem, spirituality, and racial identity (high public regard) may be essential

to mental health promotion and protection within both of subgroups of students.

Limitations

Although this study has significantly contributed to the literature on Black college students and PMH, it is not without its limitations. The data in this study is self-reported, in which students may have encountered recall bias possibly affecting the results of the study. Another limitation is that the study was cross-sectional and correlational. As such, we are not sure whether the psychosocial factors (self-esteem, spirituality, social support, and racial identity) cause PMH or if PMH causes higher levels of these constructs. Experimental studies randomizing college students to programs that help to improve these constructs may help to elucidate causal relations between the psychosocial variables and PMH. Additionally, quasi-experimental methods, such as propensity score matching, may be useful in the absence of randomization. Lastly, data were collected from a limited number of institutions, thus limiting generalizability to other Black college students, especially those attending PWIs. Therefore, it is recommended that future studies use a larger representative sample of Black students from both types of institutions. Although several limitations have been identified, this study provides unique insight into the current levels of PMH in Black traditional and nontraditional college students, which aids in assisting colleges in developing interventions that cater to the needs of Black students.

Implications

The current study fills an important gap in the literature by examining an understudied area of mental health in Black traditional and nontraditional students. The findings of this study is of particular importance to HBCUs, which had the largest representation of students in our study. Black students attending HBCUs displayed significantly higher levels of centrality. Based on this finding, it seems the HBCU environment is conducive for Black students to develop a strong racial identity. Previous research highlights academic and financial-related stressors as common challenges to Black students (Negga et al., 2007; Palmer et al., 2009). Therefore, it is important for HBCUs to equip students with easily accessible resources to effectively manage such stressors (e.g., financial literacy, peer tutors, etc.). The findings of this study also highlight the magnitude of self-esteem, spirituality, racial identity (high public regard), and social support in promoting PMH. Furthermore, our findings inform college administrators about the need to allocate more resources to promoting and sustaining flourishing levels of mental health, given most students in our sample were moderately mentally healthy. Establishing a more positive climate toward PMH through collaboratively coordinated activities between campus student organizations and college counseling centers such as “wellness fairs” could be held periodically throughout the academic year to educate students about PMH and debunk myths associated with the term *mental health*. In addition, these activities would also allow students the opportunity to foster relationships with peers, faculty, and college administrators to help student’s recognize the impor-

tance of PMH to academic success and overall well-being. College administrators could also incorporate elements into the existing curriculum to promote the development of a healthy racial identity. Although individuals have more than one identity (Stryker, 1987), the development of a healthy racial identity is important given Black students experience minority status stressors that affect their academic success and well-being, which have been documented at PWIs and HBCUs. In the current study, self-esteem and spirituality were significant contributors to PMH in both traditional and nontraditional students; however, social support was paramount to flourishing traditional students. College administrators should make a concerted effort to facilitate peer and faculty mentorships for traditional students, especially at PWIs where Black students are more likely to experience isolation (Hefner & Eisenberg, 2009). Aside from enhancing academic success and psychosocial development (Patton, 2009), mentoring is important given most first-generation college students are students of color (Jehangir, 2010). These students could benefit greatly from increased guidance and support to adjust to the many demands of college life. A mentoring component is beneficial to students attending HBCUs and PWIs given academic stressors are common stressors. College counseling centers could incorporate these psychosocial factors into existing interventions to prevent Black students from decompensating while matriculating through college. Focusing on these strengths not only assist Black students in managing academic and financial stressors associated with being a college student, but also race-related stressors which are common to their experience, especially at PWIs. Facilitating psychoeducational groups with Black students could assist them in developing a healthy racial identity and acquiring effective coping mechanisms to respond to race-related stressors. In addition, practitioners can also focus on validating Black students' experiences, which is a vital component of empowerment (Manning, Cornelius, & Okundaye, 2004). It is imperative for these student's voices to be heard and understood to assist them in using their strengths to cope with adversity, including racism and discrimination. Also, encouraging Black students to utilize positive self-talk/affirmations aid in increasing levels of self-esteem and racial identity (public regard), which were significant in this study. Furthermore, spirituality and self-esteem were salient factors for both groups highlighting the need for college counseling centers to establish partnerships with spiritual/religious organizations in the community to help students feel better about themselves and develop a sense of purpose for their lives. Black students may be more receptive to receiving mental health information from a trusted source such as religious leaders in their community given the myriad of factors (cultural mistrust, stigma, discrimination, etc.) that have historically led the Black community to use informal services and supports.

Future Research

Future research should consider examining coping mechanisms used by Black traditional and nontraditional students and their relation to PMH. This will increase awareness as to how Black students cope with stressors within the college environment, which will aid the development of programs and services

to support these students. Additionally, more studies are needed to further investigate determinants of PMH in Black students, which are essential to promoting optimal well-being and academic success. This is the first study to examine PMH exclusively in Black students. Because Black students are not a homogenous group, additional research on PMH in Black students is warranted to identify other factors that promote PMH. Lastly, future research should also utilize a qualitative approach to assess Black students' understanding of PMH. Because culture shapes our understanding of the world, it is imperative to explore meanings assigned to this construct, which influences the use of designated services and programs targeting mental health promotion in Black students.

Conclusion

Whereas most research has focus on the negative components of mental health in Black students, this study highlights the significance of focusing on PMH. The present study underscores the importance of evaluating PMH in Black college students to increase overall well-being, as well as academic success. Because this is an understudied area among Black students, studies contributing to an increased understanding of this phenomenon will aid in the development of culturally appropriate interventions that ultimately reduce behavioral health and educational disparities. Because Black students have historically underutilized mental health services, it is important to focus on proactive measures to prevent diminishing levels of mental health.

Keywords: mental health; Black students; traditional; nontraditional; protective factors

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