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The Perception of Somali College Students in Seeking Mental Health Services

Isadin Hussein

A DISSERTATION SUBMITTED TO THE EDUCATIONAL LEADERSHIP FACULTY OF  
THE SCHOOL OF EDUCATION  
UNIVERSITY OF ST. THOMAS  
MINNEAPOLIS, MINNESOTA

IN PARTIAL FULFILLMENT OF THE REQUIREMENTS  
FOR THE DEGREE OF  
DOCTOR OF EDUCATION



UNIVERSITY OF ST. THOMAS, MINNESOTA

The Perception of Somali College Students in Seeking Mental Health Services

We certify that we have read this dissertation and approved it as adequate in scope and quality.

We have found that it is complete and satisfactory in all respects, and that any and all revisions required by the final examining committee have been made.

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April 14, 2023

Final Approval Date

## ABSTRACT

This phenomenological study examined how Somali college students made meaning of their perception of seeking mental health services. I selected 10 participants (three men and seven women) who attend four-year colleges in Minnesota. Data collection consisted of semi-structured interviews. Five major themes emerged from the data collected from the 10 participants. The first theme revealed the challenges faced by Somali college students to adjust to American educational institutions. The second theme indicated the awareness of mental health by the study participants. The third theme explored the challenges of seeking mental health services by the participants. The fourth theme showed the coping mechanisms by participants when dealing with mental health issues. The fifth theme addressed improving help-seeking attitude among the Somali higher education students. Acculturation theory (Chai et al., 2019; Ngo, 2014) explained the interaction between immigrant communities and the host culture. Generational trauma theory (Gillespie, 2020; Kahn & Denov, 2014) discussed how the trauma experienced by one generation is extended to other generations and causes stress and depression. The findings of this study indicate high acculturation plays a crucial role in accessing resources. Moreover, cultural misconceptions become obstacles to seeking mental health resources. Future research should expand on this study to understand how best to support Somali college students and meet their emotional health needs.

*Keywords: trauma, Somali college students, mental health*

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## CHAPTER ONE: INTRODUCTION

Addressing the mental well-being of clients is a vital component of my job responsibilities at Metro Behavioral Health in Minneapolis, Minnesota. After one year of being a special education teacher at Minneapolis Public Schools, I started my new job as a mental health practitioner at Metro Behavioral Health in 2018. My main responsibilities include completing the functional assessment for each client and creating a treatment plan that they will work on for the next six months. I have been coaching, training, educating, and supporting my clients who included college students from Twin Cities campuses to reach their rehabilitative goals for the last four years at Metro Behavioral Health.

I found my work with clients struggling with mental health symptoms rewarding and challenging at the same time. I have created and maintained satisfying relationships with many of my mental health patients during the last four years. Most of my clients were motivated and willing to follow the treatment plan and improve their emotional health. However, some lacked the motivation and commitment to seek resources and assistance. Most of the clients that we serve are East African and include a substantial proportion of Somalis.

I have experienced the joy and enthusiasm of my clients when they achieved some of their rehabilitative goals. I noticed that learning just one coping skill to reduce and manage their mental health symptoms was a major achievement for them. Additionally, accessing resources to help them live independently in the community was a milestone for them. Similarly, some of my clients were overly excited to gain social skills and have a good relationship with others in the community. On the other hand, some of my clients at Metro Behavioral Health were not engaged to utilize the skills to improve their emotional health. I have seen some of my clients isolating themselves from others and avoiding social interaction due to their mental health issues. My passion to support and

assist clients with mental health issues has evolved and grown over the last four years. Every individual has the potential for success, including those struggling with mental health concerns or issues.

### **Brief History of Somali Immigrants in the U.S.**

Somalia is located of a region commonly referred to as the Horn of Africa (see map in Appendix A) and approximately 70% of the population are nomads (Scuglik & Alarcon, 2005). Somalia acquired independence from colonialism in 1960 and its social structure consists of clans and sub-clans (Koch, 2007). Somalia has suffered decades of political violence that erupted in 1991 and the civil war has forced over one million Somalis to seek refuge in neighboring African countries as well as in the United States, Canada, and the European Union (Alemi et al., 2021). Although refugees from Somalia are initially resettled across a wide range of U.S. states, Minnesota is home to the largest Somali community in the U.S. (Alemi et al., 2021).

Somali refugees who started resettling in the U.S. in the 1990s have experienced trauma as they witnessed with disbelief the suffering of loved ones in the civil war (Kapteijns & Arman, 2004). The background of the Somali community likely plays a role in the way Somali individuals view mental health and seeking the resources they need to overcome mental health challenges. Psychological distress or emotional reaction to adversity that encompasses mood and anxiety disorders is highly prevalent in refugees who experience trauma (Bentley & Gibbs, 2010). This brief discussion outlines the background of the Somali refugees who have resettled in the U.S. and the potential impact of the civil war they experienced in their home country.

### **Problem Statement**

A problem exists with mental health issues in higher education institutions today. Despite having the resources to address this growing problem and support the emotional wellness of

students, mental health of college students is getting worse (Colarossi, 2023). This problem has negatively impacted college students and has become one of the most pressing and costly challenges on campuses today. One year through the pandemic that upended higher education, college students became isolated and many reported being alone with their thoughts has negatively impacted their emotional health (Anderson, 2021). Improving the emotional wellbeing of students plays a significant role in the success of students in their college experience. Alemi et al. (2021) reported that mental health challenges for young Somalis may go untreated given that professional mental health services are underutilized among this group. A study that investigates the perspective of Somali college students in accessing mental health resources such as a phenomenological study could provide useful insight.

Mental health disorders often carry stigma and for many people including African immigrants, is associated with weak-mindedness, fear, and hopelessness. Piwowarczyk et al. (2014) reported, “refugees who have resettled in western countries may be 10 times more likely than the general population in the resettled areas to have posttraumatic stress disorder (PTSD), which is often associated with cumulative trauma” (p. 209). Perhaps the challenge of adjusting to a new culture in their host countries and learning a new language contribute to this cumulative trauma for immigrant students. Other challenges that affect refugees in the West include understanding and utilizing the lifestyle in their host countries. Koch (2007) stated, “Somali refugees comprised the highest number of refugees from Africa entering the United States between 1990 and 2003” (p. 2). Due to the newness of this group in the United States, little research has been conducted regarding how to assist Somalis in their transition to their new lives (Kapteijns & Arman, 2004). A clinic-based study comparing Somali versus non-Somali patients using an outpatient clinic in Minnesota noted that although older Somali men and most Somali women

patients tended to present with PTSD and depression, almost half of the male Somali patients were younger than 30 years and were approximately six times more likely than non-Somali male patients in the same age cohort to have psychosis (80% v. 13.7%); (Kroll et al., 2011). Clearly this group faces significant mental health challenges.

Many issues may limit and negatively impact the help-seeking strategies of Somali students, including cultural beliefs in their households. According to Koch (2007), educational researchers have been trying to understand factors that promote or detract from the educational well-being of immigrant students such as Somalis in Minnesota. In order to understand the perception of Somali college students in accessing mental health resources, a qualitative phenomenological study that conducts an in-depth investigation of the mental health challenges Somali students have to overcome to succeed in their college experience will provide useful insights into the experiences of this group.

### **Purpose**

This study examined the perspective of Somali higher education students related to seeking mental health services on their campuses in the Twin Cities area in Minnesota. The study focused on undergraduate and graduate students attending these institutions to understand their views on mental health issues in-depth. The study explored how Somali higher education students are aware of the resources available in their institutions. This study also explored how cultural beliefs held by Somali students impact their access to mental health services available in their higher education institutions. Other issues that the study explored include the types of services that benefit Somali students and barriers that prevent their access to mental health services. Scholarly research on the experiences of this population is limited to my knowledge and this study attempted to contribute to filling the gap in addressing the mental health challenges Somali college students face.

The purpose of this study was to investigate the perspective of Somali college students in seeking help and accessing mental health resources. Underutilization of mental health services in the Somali community could be explained by their lack of psychoeducation such as misconceptions about the role mental health professionals play (Alemi et al., 2021). An in-depth study that addresses the challenges of Somali college students in the Midwest can provide additional insights into the experiences of this population. This research can play a crucial role in supporting the success of Somali students in their college experience.

### **Significance of The Topic**

My research topic is connected to a problem I face in my professional field as a mental health practitioner in Minnesota. Some of my clients I support, and coach are from the Somali community, and I have seen how they stigmatize mental health issues. It is taboo to discuss mental health challenges within the Somali community (Bentley & Gibbs, 2010) and that mentality can harm Somali college students in seeking mental health services. Therefore, finding out the views of Somali college students and understanding their perspectives is key in addressing this important issue. Mental health problems can negatively impact many areas of students' lives such as their quality of life, academic achievement, physical health, and college experience (Kitzrow, 2003).

To my knowledge, no significant research articles discuss the mental health issues of Somali college students. However, David Schuchman, a licensed social worker, and Colleen McDonald, a graduate student at Macalester College in Minnesota researched the mental health problems facing the Somali community in Minnesota. Schuchman and McDonald (2004) stated that "stigma in mental health and the social isolation by the Somali community creates a profound worsening of mental illness." (p. 2). Stigmatizing mental health issues in the Somali community

creates negative consequences in seeking mental health resources (Schuchman & McDonald, 2004).

Mental health problems can have a profound impact on all aspects of campus life: at the individual level and even the institutional level. For example, mental health issues can affect students' energy level and concentration which limits their ability to succeed academically. Kitzrow (2003) reported, "mental health problems may harm academic performance, retention, and graduation rate of students" (p. 169). This is a clear example of the importance of conducting a study that addresses college students' mental health needs. Flatt (2013) reported "the number of students on university and college campuses that are struggling with depression, anxiety, suicidal thoughts, and psychosis across North America is rising" (p. 1). Research has shown how mental health challenges have risen for young adults during the COVID-19 pandemic (Gravelly, 2021). Student mental health was ranked the number one issue by 750 chief student affairs officers at both private and public two-year and four-year institutions (Anderson, 2019). This shows the severity of the mental health challenges facing college students in the United States.

Researching this topic was important to me due to experiencing the lack of awareness prevalent within the Somali community in the Twin Cities area. There were 4,000 Somali students attending at Minneapolis public schools (Ikramuddin, 2021). Some of these students may pursue higher education when they graduate from high school and their success in college depends on the resources available to them. I aimed to find out how Somali college students benefit from mental health resources available to them in their higher education institutions. My research serves to increase the awareness of the mental health challenges Somali students face and how higher education institutions can better support them to access the resources they need. Somali students come from households that view mental health issue as stigma and do not discuss it in social



settings. Goffman (1986) pointed out “stigmatized individuals may find themselves unsure of how others will identify them and receive them” (p.54). Understanding the cultural background of Somali students is necessary to provide them with the services they need. While Somali students in K-12 system in Minnesota face major education concern according to Koch (2007), some Somali higher education students might not fully understand the mental toll associated with these challenges. Additionally, cultural issues in their households such as stigmatizing mental health could become a barrier in seeking the services available to them at their higher education institutions.

Growing research shows stigmatizing mental health as a strong pattern in communities of color compared to the dominant culture of the United States. For example, Case et al. (2018) reported: “while seeking mental health support has become more accepted in the United States, the stigma around mental health issues may be more severe in some cultures where seeking mental health services is viewed as a sign of weakness” (p. 21). Student mental health is not only needed to support the psychological wellbeing of students but is an important part of academic success and retention. As a mental health practitioner and Somali, I hope that my study will provide an in-depth understanding of the views of Somali students in accessing mental health resources. This study can contribute to eliminating stigma and fostering resiliency among Somali college students throughout higher education institutions in the Upper Midwest.

The immigrant population in Minnesota from East Africa, and Somalia specifically, has been increasing in recent years to the point that the state now has the largest Somali population in the U.S. according to a U.S. Census Bureau (Stewart, 2011). The 2020 census data show the estimate of the Somali population in Minnesota is 48,800 with more than half unable to speak English well (Stewart, 2011). This demands the attention of the services Somali students and other

minority students face when attending higher education institutions. These challenges can have a heavy toll on the college experience for Somali students attending higher education institutions such as low graduation and completion rates (Kognito, 2017). Therefore, conducting in-depth research about the perspective of Somali college students in accessing and exploring mental health resources available in their campuses plays a crucial role in the success of their college experience.

### **Research Questions**

To address the purpose of this study, I developed the following research questions:

1. How do Somali college students in the Midwest perceive seeking mental health services?
2. How do Somali students describe their understanding of mental health and their experiences when seeking mental health services?

Discovering the answers to these questions can play a crucial role in addressing the mental health needs of Somali students. College administrators can benefit from this research by implementing policies that can improve their counseling services. Similarly, both students and educators will benefit from this research by finding out various resources available to them to address their needs.

### **Definition of Terms**

The following terms and definitions have been adopted for this study:

1. **Anxiety:** a mental health disorder characterized by feelings of worry or fear that are strong enough to interfere with one's daily activities (American Psychiatric Association, 2023).

2. **Depression:** a mental health disorder characterized by persistently depressed mood or loss of interest in activities, causing significant impairment in daily life (American Psychiatric Association, 2023).
3. **Immigrant:** a person who comes to live permanently in a foreign country (Definitions from Oxford Languages, 2023).
4. **Mental Health:** a person's condition concerning their psychological and emotional well-being (American Psychiatric Association, 2023).
5. **Post-Traumatic Stress Disorder:** a condition of persistent mental and emotional stress occurring as a result of injury or severe psychological shock, typically involving disturbance of sleep and constant vivid recall of the experience, with dulled responses to others and the outside world. (American Psychiatric Association, 2023).
6. **Psychosis:** a mental disorder characterized by a disconnection from reality (American Psychiatric Association, 2023).
7. **Somali Higher Education Students:** undergraduate or graduate students who are ethnically Somali whether they are originally from Somalia or U.S. born ethnic Somalis
8. **Stigma:** the negative social attitude attached to a characteristic of an individual that may be regarded as a mental, physical, or social deficiency (American Psychology Association, 2023).

### Summary

This chapter introduced the mental health challenges facing college students in the U.S. The chapter also provided background history of the Somali immigrant population in the U.S. In addition, the chapter explained the problem statement and the significance of this study. Moreover, the chapter examined the purpose of this study which is the perception of Somali higher education

students in seeking mental health services. The chapter provided research questions and definitions of the terms for this study. I explore the literature review about mental health challenges facing college students in the U.S. in the next chapter.

## CHAPTER TWO: LITERATURE REVIEW

This research examines mental health challenges facing Somali higher education students. The purpose of this literature review is to analyze studies that provide potential insights into the views of Somali college students in the Midwest in accessing mental health resources and what barriers prevent their access to mental health services. I conducted a literature review to provide contextual scholarly support for my study on the perception of seeking mental health resources by Somali higher education students. I have conducted a literature review utilizing the University of St. Thomas library and Google Scholar by using the following search terms: perception, mental health, challenges, help-seeking, higher education institutions, barriers, Somali college students, and students of color. I have narrowed my research articles to peer-reviewed scholarly articles only and the timeframe I selected was within the last 20 years. This provided me with only 25 peer-reviewed articles that I could readily access.

The literature review includes peer-reviewed articles from academic journals, reports, and journal media articles. The literature review begins with background information about the mental health issues facing higher education institutions in the United States. In addition, the literature provides information about help-seeking by communities of color for mental health, what we know about the Somali population and mental health, the gap in knowledge about the perception of mental health among Somali higher education students, and how it relates to the problem my study addresses. I also provide a summary of the strengths, weaknesses, and gaps in the literature review. I also describe some theories used to analyze the findings, including generational trauma theory (Gillespie, 2020) and acculturation theory (Chai et al., 2019).

## **Mental Health Challenges for College Students**

There has been a marked increase in both the number of students with serious psychological problems on campus and the number of students seeking counseling services (Aslanian & Roth, 2021). The prevalence of self-reported anxiety and depression among students nationwide who sought help at their college counseling centers has risen steadily over the last decade, according to an annual report from the Center for Collegiate Mental Health (Anderson, 2021). These worrying data show the growing mental health problems that college students in the United States have to overcome to succeed in their college experience. Literature has shown an increase in the severity of psychological problems that college students to their college/university counseling center, and these findings only reflect individuals seeking treatment (Nobiling & Maykrantz, 2017).

College students and campuses across the country face growing mental health challenges that have only been exacerbated by the COVID-19 pandemic (Gravely, 2021). A March 2021 report from the Center for Disease Control and Prevention found that 57% of adults ages 18-29 had recently experienced symptoms of anxiety and depression (Gravely, 2021). This is a gloomy picture that shows the need to address the growing mental health issues facing college students. Studies have also found that college students may be unaware that they are suffering from psychological distress and/or how to seek help for this distress (Nobiling & Maykrantz, 2017). This is one of the main reasons that mental health services are underutilized and the number of students seeking help is proportionally a small number compared to those who do not seek help.

During the 2020-2021 school year, more than 60% of college students met the criteria for at least one mental health problem, according to the Healthy Minds Study, which collects data from 373 campuses nationwide (Abrams, 2022). This report shows how student mental health is

in crisis and getting worse. In 2020, a fifth of community college presidents surveyed by the American Council on Education said their campuses did not provide mental health services (Aslanian & Roth, 2021). The rate of mental health problems, including anxiety and depression, has steadily increased over the past eight years, with rates even higher among racial and ethnic minority students (Colarossi, 2022). This is an indication of the mental health crises that students have to overcome to succeed in their college experience.

### **Mental Health Perspectives for Communities of Color**

Culture plays a significant role in mental health concepts including attitudes about mental illness, how symptoms are described, appropriate illness response, availability of support and willingness to seek treatment (Matthews et al., 2006). The cultural beliefs of communities of color play a role in the ways individuals within these communities seek help when struggling with mental health symptoms. For example, many pieces of research suggest that ethnic minorities in the United States may have misinformation about mental health illness (DeFreitas et al., 2018; Matthews et al., 2006; Case & Roberts, 2018). This cultural belief can be an obstacle in their ability to seek treatment and help to overcome mental health illness.

Matthews et al. (2006) found the presence and consequences of stigma associated with mental illness among African American communities. The findings of this study suggest that cultural beliefs in the African American community negatively impact seeking professional mental health service. Matthew et al. (2006) argued that culturally shaped self-images in the African American community limit the ability of members of this community to access professional mental health treatment.

Another qualitative study found similar beliefs among African American community about embarrassment related to mental health needs and this embarrassment kept participants from

seeking treatment (DeFreitas et al., 2018). Mental health stigma is particularly important to understand among ethnic minorities because members of these communities may display higher levels of stigma toward those with mental illness than among European Americans (DeFreitas et al., 2018). DeFreitas and colleagues conducted study about the perceived mental health stigma in Latino and African American college students using a survey. Participants were students from a four-year college that included 47 African American students and 75 Latino Students with 78.7% identified as female (DeFreitas et al., 2018). These studies indicated the misconceptions among communities of color toward accessing mental health services and treatment.

DeFreitas et al. (2018) reported the mental health stigma of African American and Latino college students was related to different factors. The findings in this study show for both Latino and African American students, having high anxiety about interacting with someone who is mentally ill was related to more personal stigma and more perceived stigma (DeFreitas et al., 2018). According to DeFreitas et al. (2018) African American and Latino college students who believe that they can have a positive relationship with someone with a disorder and that therapists can effectively treat mental illness are less likely to have personal stigma.

The literature reviewed suggests some of the underlying beliefs of communities of color regarding mental health illness and treatment. Some evidence suggests that mental health stigma is significantly involved in creating shame and impacts treatment seeking among Latinos (DeFreitas et al., 2018). This highlights the impact of cultural beliefs among communities of color in addressing their mental health needs. The literature also shows acculturation as negatively impacting the access of mental health resources among communities of color. Acculturation refers to “the dual process of cultural and psychological change that takes place as a result of contact between two or more cultural groups and their members.” (Ma et al., 2020, p. 35). For many



international students from Asia and Africa, studying in the United States means that they are now apart from the social supports which offered them a variety of benefits ranging from academic advice to social support and outlets in their communities (Williams et al., 2018). Overall, the literature shows that communities of color have varying levels of awareness and perceptions of the consequence of mental health illness.

In addition, the stigma of identifying one's need for mental health services can be an obstacle to the treatment required to overcome this serious issue. While seeking mental health support has become more accepted in the United States, the stigma around mental health issues may be more severe in some cultures where seeking mental health services is viewed as a sign of weakness (Case & Roberts, 2018). In addition, ample evidence suggests that race/ethnicity is related to help-seeking behaviors in mental health issues (Brownson et al., 2012). Stigmatizing or having stereotypes about seeking help to cope with mental health symptoms is common among higher education students of color.

### **Somali Population and Mental Health**

Like many other refugee populations, psychological distress, or the emotional reaction to adversity that encompasses mood and anxiety disorders such as depression and PTSD, is highly prevalent among Somalis resettled in the industrialized nations (Alemi et al., 2021). Schuchman and McDonald (2004) conducted a clinical study about Somali mental health and found that significant stigma shrouding mental health issues prevents many Somalis from seeking treatment or assistance. This result shows that the perception toward mental health illness among Somalis is like other communities of color as discussed in the previous section.

Bentley and Gibbs (2010) expressed how the Somali community stigmatizes mental health illness and treats people with mental health problems differently. Bentley and Gibbs (2010) stated,

words like mental and depression may shut communication down and bring to mind Somali institutions where mentally ill patients are kept locked or chained up, often in unsanitary or unsafe conditions, without the hope of treatment or recovery, and with few resources to care for basic survival (p. 266).

This cultural belief among the Somali community is prevalent and negatively impacts the help-seeking of those who need professional support including students. Somali patients may prefer to visit their primary care clinic for mental health care, to avoid the stigma of being seen entering a mental health clinic.

Several studies have found that stigma plays as an obstacle in the Somali community in seeking professional help. Piwowarczyk and colleagues conducted a qualitative study using focus groups with 48 Congolese and Somali men and women in the United States in addition to a community survey with women from these communities (Piwowarczyk et al., 2014). Findings from this study about the Congolese and Somali beliefs about mental health services conducted by Piwowarczyk et al. (2014) reported: “there is a significant stigma in the community related to both having a mental health problem and seeking treatment” (p. 212). The Somali community has similar attitudes with other communities of color in their belief toward mental illness.

The stigma forces members in the community seeking mental health services to be exiled or banished according to Piwowarczyk et al. (2014). These cultural practices common in the Somali community can negatively discourage Somali higher education students from seeking professional help when struggling with mental health symptoms. Piwowarczyk et al. (2014) also stated, “Somali and Congolese communities may not disclose to others about their suffering due to the belief that if you have psychiatric problems, it is because you are a bad person or crazy” (p.

212). Stigmatizing mental health may prevent Somali community members from accessing resources and other cultural beliefs may also impact the help-seeking of the community.

Research about Somali children and adolescents in America by Scuglik and Alarcon found acculturation issues and their impact on K-12 Somali students in Minnesota (Scuglik & Alarcon, 2005). The study found several different acculturation-related stressors and obstacles to psychiatric or mental health care (Scuglik & Alarcon, 2005). Somali students in the Midwest struggle to achieve and maintain self-identity, amid the current mental health crises throughout higher education institutions. Scuglik and Alarcon (2005) argued “the ongoing stressors of the immigration process itself, along with the acculturation issues encountered, tend to be more predictive of higher rates of depression and anxiety among Somali students in Minnesota” (p. 29). The K-12 students discussed in this research will transition to college and may struggle to access the mental health resources they need to succeed in their college experience due to misconceptions toward mental illness.

Cultural misconceptions in the Somali community may play a role in their help-seeking attitude. Schuchman and McDonald (2004) reported that in Somali culture, “concepts of mental health only include perspectives on mental illness: one is crazy, or one is not crazy” (p. 2). In addition, while seeking mental health support has become more accepted in the United States, the stigma around mental health issues may be more severe in some cultures where seeking mental health services is viewed as a sign of weakness according to Williams et al. (2018). These findings provide evidence that highlights how cultural beliefs can become an obstacle in seeking mental health services.

Piwowarczyk et al. (2014) argued that a mismatch exists between Somali culture and Western mental health services, needs, and perspectives. According to Piwowarczyk et al. (2014),

Somalis do not rely on professional mental health experts or psychiatrists to address their needs. Koch (2007) argued that “Somali students in K-12 settings often face alienation within the school setting due to balancing their own culture and the school culture” (p. 6). This is just an example of the cultural challenges Somali students face to fit in with the dominant culture in their school settings and at the same time keeping their identity. Kapteijns and Arman (2007) pointed out that “if the acculturation process is highly conflicted, due to cultural friction with parents or discrimination by the mainstream, it can lead to a host of problems, among them stress, low self-esteem, anger and behavior issues” (p. 24). This cultural crisis by Somali students can have negative implications including not seeking professional counseling which leads to unsuccessful college experiences.

Some other negative cultural beliefs toward accessing mental health services in the Somali community include feelings about medications. Piwowarczyk et al. (2014) reported that “there is a negative attitude toward medication among Somali and Congolese communities” (p. 212). The research found that Somali women often hold a misconception that taking medication does not help but harm them (Piwowarczyk et al., 2014). This study is an indication that Somali population may benefit from information about the importance of medications to cope with mental health symptoms.

Some Somali community members have additional cultural beliefs such as a lack of trusting professional help. Piwowarczyk et al. (2014) argued, “some Somali patients would go to a psychiatrist, but most would think it strange to talk with an outsider; not part of culture to speak openly with a stranger” (p. 212). Piwowarczyk et al. (2014) added that “the idea of talking to a stranger, not from the culture, is difficult to accept and generally frowned upon among the Somali

and Congolese people” (p. 212). This deeply held cultural belief within the Somali community can harm the help-seeking needs of Somali students.

Comparable with other communities of color, Somalis are more likely to rely on community support rather than seek professional help in mental health issues. For example, Schuchman and McDonald (2004) explained that Somalis rely on religious leaders or traditional healers on their mental health issues. Schuchman and McDonald’s study focused on the Somali community in Minnesota and was conducted in 2004; therefore, there is a need to examine the current perceptions of Somali higher education students around the idea of seeking mental health resources.

Somalis more frequently rely on counseling from elders and family members instead of professionals. Piwowarczyk et al. (2014) reported, “for Somalis, it is expected that with the help of family, friends, or community elders, someone can cope with the hardship/stress and its mental health consequences that are simply a part of life” (p. 211). This shows how some Somalis may consider it silly or odd to talk through their problems with a counselor when they already talk about their experiences and feelings with friends and family. Somali students are exposed to these kinds of practices at home and may utilize them instead of seeking professional support when struggling with mental health symptoms. Somali students might struggle academically because they are experiencing mental health challenges that cannot be sufficiently supported members of their community.

Ritual ceremonies or traditional ways of healing within the Somali community may act as a barrier to receiving professional mental health services. Bentley and Gibbs (2010) explained that traditional healing practices in the Somali community include Quranic readings done by religious men and healers perform ritual ceremonies. Piwowarczyk et al. (2014) stated, “Somalis spoke

about turning to religious leaders instead of seeking mental health services” (p. 211). Medical and psychological hardships are viewed to occur as a test of one’s faith under the will of God within the Somali community. Bentley and Gibbs (2010) argued the Quran is traditionally the first treatment tried when someone is mentally ill and spiritual leaders in the community read passages of the Quran and pray with the ill person. Somali college students come from households that utilize traditional and religious techniques to manage mental health symptoms which can have an impact on accessing mental health resources once they begin college.

The literature discusses gender difference in seeking mental health resources in the Somali community. A focus group study conducted by Piwowarczyk et.al (2014) found that barriers to receiving professional mental health services among Somali women 36 years and older is their belief that community including friends and family should involve their treatment. Somali women’s interactions with the health care system were often described as frustrating and disappointing (Shirazi & Caynan, 2016). Women respondents in Shirazi and Caynan’s study reported feeling that mainstream providers had little understanding of the complexities of their lives and the impact of war trauma on their health. This shows that Somali women have a similar understanding of mental health services as men in their community.

### **Gap in Knowledge about the Perception of Mental Health among Somali College Students**

A gap in knowledge remains regarding the perception of mental health among Somali college students and my study will attempt to partially fill that gap. Scuglik and Alarcon (2005) conducted a study about the cultural characteristics of immigrant Somali families who have settled in Minnesota, with a specific focus on the acculturation issues encountered by the children and adolescents in these families (Scuglik & Alarcon, 2005). This study focused on K-12 students and did not include Somali college students in their study. The findings show the high risk of Somali

children and adolescents for developing aberrant behaviors and mental illness including PTSD, depression, and anxiety (Scuglik & Alarcon, 2005). There is a need to conduct a study that explores the perspective of Somali higher education students in mental health and accessing the resources they need.

### **Strengths, Weaknesses, and Gaps in the Literature**

Some of the strengths of the literature reviewed include providing significant background information regarding the growing problem of mental health issues in higher education institutions in the United States (Canto et al., 2017). The studies reviewed also provide summaries about the perception of students of color in seeking mental health services and the barriers that limit their access. The literature reviewed also points out the difference between European-American students and non-European students in seeking mental health resources (Prieto-Welch, 2016). The strengths of literature include a strong connection between the articles read and the topic that I investigated in my study. There are strong similarities that align the topic of my research study and the articles reviewed such as barriers around seeking mental health services and the cultural background of the Somali population. The strength of the literature review includes helpful background information regarding the mental health challenges facing all college students, perception of mental health in communities of color, and Somali population and mental health.

Some of the weaknesses of the literature reviewed may include the lack of current studies that investigate this topic in depth. For example, most of the research articles reviewed were conducted more than five years ago and there are only a few current studies in the literature during the COVID-19 pandemic. Another weakness in the literature reviewed includes few articles that address the perspectives and experiences of Somali college students who struggle with mental health illness. The gaps in the literature include not having enough research articles that address

the mental health concerns of Somali college students. Several articles addressed the mental health needs of the Somali immigrant community in the United States, but none explicitly focused on the experiences of Somali higher education students. This shows the need to investigate the perception of Somali higher education students in seeking mental health services.

### **Theoretical Framework**

A theory can provide a sound framework for organizing and interpreting research results (Bordens & Abbott, 2018). An analytical theory provides a theoretical lens to view the study's findings and to identify emerging patterns and themes (Maxwell, 2005). Some of the analytical theories identified as a possible analytical lens include generational trauma theory (Gillespie, 2020) and acculturation stress theory (Chai et al., 201). I begin with a description of each theory to provide background and context regarding why accessing mental health resources supports student success.

#### **Generational Trauma**

Gillespie (2020) defines generational trauma as starting with a recognition that trauma that is not only experienced by one person but extends from one generation to the next. The concept of generational trauma was first recognized in the work of Rakoff et al. (1966) who recorded high rates of psychological distress among children of Holocaust survivors (Gillespie, 2020). Research shows that any type of extreme, prolonged stress could have adverse psychological effects on children and/or grandchildren (Gillespie, 2020). Given the reality of civil war, refugee experiences, and immigration in the history of the U.S. Somali population, this definition of generational trauma shows how this theory can be an important lens to view the perception of Somali higher education students in seeking mental health services.



Recognition of generational trauma begins with the identification of specific populations who are vulnerable to generational trauma. “Being systemically exploited, enduring repeated and continual abuse, racism, and poverty are all traumatic enough to cause genetic changes” (Gillespie, 2020, p. 6). People in countries that have endured years, even decades, of war may also have generational trauma. Another tenet of generational trauma concerns the symptoms of generational trauma. “Symptoms of generational trauma include hypervigilance, a sense of a shortened future, mistrust, aloofness, high anxiety, depression, panic attacks, nightmares, insomnia, a sensitive fight or flight response, and issues with self-esteem and self-confidence” (Gillespie, 2020, p. 7). Most of the symptoms explained above can be found in the Somali immigrant in the U.S. and can have an impact on the community’s ability to seek help.

Generational trauma can play an important role in addressing the trauma that Somali students and their families went through to navigate the complexity of American health care system. I adopted generational trauma to provide background and context regarding how trauma can have significant effects on individual and family systems. Generational trauma can help understand the perspective of Somali students and their experiences in seeking mental health services.

### **Acculturation Theory**

The notion of acculturation is derived from anthropology and among its early proponents were anthropologists, Redfield, Linton, and Herskovits (Fu, 2015). Another proponent for acculturation was psychologist Berry who created a representative model of acculturation (Fu, 2015). Berry’s representative model of acculturation is shown below in table 1.

**Table 1: Berry's Model of Acculturation**

		<b>Cultural Adaptation</b>	
		<b>Low</b>	<b>High</b>
<b>Maintenance of Heritage Culture</b>	<b>High</b>	<b>Separation</b>	<b>Integration</b>
	<b>Low</b>	<b>Marginalization</b>	<b>Assimilation</b>

Acculturation is defined as the process of cultural change that occurs when individuals from different cultural backgrounds come into prolonged, continuous, first-hand contact with each other (Chai et al, 2019). Acculturation theory requires recognition of particular conditions including characteristics of receiving society, characteristics of the society of origin, characteristics of the immigrant group, and perceived inter-group relations (Arends-Toth & Vijver, 2006). Chai et al., (2019) reported “high acculturation to host cultures is associated with positive health outcomes, and low acculturation is associated with negative health outcomes” (p. 433). Another tenet for acculturation theory is the idea of “acculturation orientations,” which focus on adopting mainstream culture and maintaining the heritage ethnic culture (Arends-Toth & Vijver, 2006). The third tenet for acculturation theory is acculturation outcome which addresses the consequences of the acculturation process (Arends-Toth & Vijver, 2006).

Acculturation theorists have focused on explaining three main concepts of acculturation: unidirectional acculturation, bi-dimensional acculturation, and interactive acculturation (Chai et al., 2019; Ngo, 2014). In the unidirectional tradition, acculturation is synonymous with

assimilation, or absorption of subordinate groups into the dominant culture (Chai et al., 2019; Ngo, 2014). The concept of unidirectional acculturation assumes that immigrants should assimilate into the melting pot and accept the dominant culture. In addition, the unidirectional acculturation theory reinforces inferiority of cultures that is contrary to the dominant culture.

The bi-dimensional acculturation theory describes two independent dimensions underlying the process of acculturation of immigrants, namely maintenance of heritage, culture, and identity and involvement with or identification with aspects of their societies of settlement (Chai et al., 2019; Ngo, 2014). Like the unidirectional acculturation theory, bi-dimensional theory also encourages immigrants to assimilate to the dominant culture by changing their cultural identity. Moreover, bi-dimensional acculturation focused on the adaptation of immigrants and minorities to melt into the dominant culture.

Both the unidirectional and bi-dimensional acculturation theories focus on how immigrants assimilate into the dominant culture. Central to the interactive acculturation theory are three components: 1) acculturation orientations adopted by immigrant groups, 2) acculturation orientations adopted by dominant culture towards specific groups of immigrants, and 3) interpersonal and intergroup relational outcomes that represent combinations of immigrants' and the dominant culture's acculturation orientations (Chai et al., 2019; Ngo, 2014).

Acculturation theory addresses the cultural change that immigrant communities face when they resettle in another country (Chai et Al., 2019). Acculturation theory can help analyze the impact of acculturation on Somali higher students attending predominantly White colleges in the Midwest. In chapter Five, I use acculturation theory to explore how, if at all, adjusting to the dominant culture impacts the seeking of mental health resources for Somali students.

## **Conclusion**

Most of the articles I reviewed address the growing mental health issues facing students in higher education institutions in the United States. However, there were insignificant research articles regarding the perception of Somali college students in seeking mental health services. Most of the literature reviewed addresses the mental health challenges facing the Somali community in the United States in general and is not specific to higher education students. The findings of the literature reviewed had three themes: The impact of stigma in seeking mental health services, cultural and systemic barriers to students of color in seeking mental health services, and the third theme which addresses how communities of color depend on support from their families and communities rather than seeking help from mental health practitioners or professionals. The literature review provided a description of existing literature and theory addressing my research questions. I found a gap in the literature review regarding the lack of specific information about the perception of Somali college students in seeking mental health services. I adopted two theoretical areas as a possible analytical lens: acculturation theory and generational trauma theory. These theories address different aspects of research associated with the perception of Somali college students in seeking mental health services. In the next chapter, I describe the methods I used to answer my research questions.

### CHAPTER THREE: METHODOLOGY

This study sought to examine how Somali higher education students view seeking mental health services. Research is limited on the mental health issues concerning Somali college students. I selected a qualitative approach because it allowed me to understand the perspective of students in accessing mental health services (Creswell & Poth, 2018). This qualitative approach also provided me the ability to understand factors that influence Somali higher education students positively or negatively in dealing with mental health concerns or issues.

To answer my research question, I conducted a qualitative phenomenological study that focuses on the perception of Somali higher education students in looking for mental health services. Phenomenological research is defined as research that seeks to uncover a common meaning for several individuals of their lived experiences of a concept or a phenomenon (Creswell & Poth, 2018). Phenomenologists focus on describing what all participants have in common as they experience a phenomenon (e.g., seeking mental health support as a Somali higher education student) (Creswell & Poth, 2018).

Researchers make four philosophical assumptions when conducting a qualitative study and state their theoretical framework for their study. Creswell and Poth (2018) stated,

Ontological assumption relates to the nature of reality and its characteristics, epistemological assumption concerns about how knowledge is known through the subjective experiences of people, axiological assumption concerns the role of values and biases in the study, and methodological assumption addresses the process of the research and the language of the research. (p. 55)

I addressed my epistemological assumptions in this study by getting to know my participants closely and collecting their views on mental health problems. I assembled my study participants' lived experience to find out their knowledge of mental health issues. In addition, I addressed my ontological assumptions in this study by defining mental health and taking granted that mental health is real. I also addressed my axiological assumptions in this study by reporting my values as a mental health practitioner and Somali community member and the biases I bring to the study. Finally, I addressed my methodological assumption of the study by using phenomenological research to collect and analyze data.

The theoretical framework for my study was generational trauma and acculturation theory to investigate the perception and experience of Somali higher education students in seeking mental health services.

### **Phenomenological Research**

To explore the research problem deeply and have an in-depth understanding of the experiences of my participants, I selected phenomenological research as my research approach. Moustakas (1994) stated that the main purpose of phenomenology is to reduce individual experiences with a phenomenon to a description of the universal essence. Creswell and Poth (2018) reported that some of the main features of phenomenological research include an emphasis on a phenomenon to be explored and the exploration of this phenomenon with a group of individuals who have all experienced the phenomenon. My study explored a real-life issue which is the view of Somali higher education students in seeking mental health services during their higher education years.

Phenomenology allowed me to utilize triangulation in my data collection method and ensured that others, in similar circumstances, could replicate my study. In addition,

phenomenology allowed me to conduct my research remotely and does not require researchers to be present at a specific location or facility. Creswell and Poth (2018) reported phenomenological study utilizes a data collection that typically involves interviewing individuals who have experienced the phenomenon. I have utilized a phenomenological approach to conduct my research due to the advantages mentioned above. Other factors played a role in selecting the phenomenological approach for my research such as the different data collection methods and their relevance to research participants.

### **Description of Permission to Access and Recruit the Population**

The Institutional Review Board (IRB) at the University of St. Thomas reviews research with human participants to ensure the dignity, privacy, and well-being of individuals are protected according to their statement on their website. The IRB of the University of St. Thomas emphasizes the consent process to support informed participation in research. Therefore, I made sure that my research participants signed the consent form before conducting my study.

I submitted the research application and other required documents to the institutional Review Board of the University of St. Thomas for permission to conduct my study. The Internal Review Board of the University of St. Thomas determined my research met the standards for conducting human subjects research and approved it. I recruited and selected my research participants from the Somali Student Associations of predominantly White institutions in the Midwest. Moreover, I also utilized snowballing by recruiting Somali students through the network of students attending four-year colleges in Minnesota.

### **Participant Recruitment and Selection**

The participants in my study are undergraduate and graduate Somali college students attending higher education institutions in the Midwest. This population included both immigrant

students from Somalia and U.S.-born students of Somali ethnicity. This study tried to highlight the needs of Somali students in accessing resources available at their campus to address the overwhelming challenges they encounter at predominantly White higher education institutions.

I used snowball sampling (Creswell & Poth, p.225., 2018) in identifying and recruiting study participants. Creswell and Poth (2018) explain, “snowball identifies cases of interest from people who know people who know what cases are information-rich” (p. 225). I have met the presidents of the Somali student associations at 3 predominantly White institutions located in the Midwest and asked them to connect with me members of their associations for my research study. I was connected to the president of the Somali student association at one of these institutions by a faculty member during a quantitative research project for one of my courses. The president of the Somali student association at this institution helped me distribute a survey to the members of the association for the research mentioned above. That previous communication was key in contacting with the president of Somali student association of this institution in recruiting participants for my study. The presidents of the Somali student associations for the other two institutions were connected to me by previous members who were part of my personal network.

The Somali student associations at these institutions have an estimated 20-30 members according to their social media sites. The students in these associations have monthly meetings at their campus and I have personally attended their meetings to introduce myself and my research topic. The IRB of the University of Saint Thomas encourages all research processes that can be done remotely such as surveys, interviews, and recruitment methods to be done either online or through the phone.

First, 25 individuals indicated they were interested in participating in my study. However, only 10 out of these 20 individuals ultimately participated in my study. My study participants



included seven women and three men who attend higher education institutions in Minnesota. The participants include both undergraduate and graduate students who are immigrant Somali students and U.S. born Somali students. I employed purposeful sampling to recruit this diverse group of participants. According to Creswell and Poth (2018), with purposeful sampling, the researcher selects the sample that best informs the study's phenomenon. I tried to recruit a broad range of participants that had the characteristics of the study population in terms of their gender, age group, and their classification.

I received the commitment of 10 participants for this study and these participants met the criteria to participate in my study. I suspected to reach data saturation after eight interviews, however, I conducted two more interviews to make sure that I have enough data for my study. Table 2 shows the makeup of the 10 participants in detail. These participants make up a representative sample based on their academic status as Somali higher education students. I assigned pseudonyms for my study participants to keep their information confidential.

**Table 2: Participant Information**

<b>Pseudonym</b>	<b>Institution Type</b>	<b>Age</b>	<b>Classification</b>	<b>Gender</b>
Ali	Mid-size public university	50	Graduate Student	Man
Sahra	Large public university	22	Junior	Woman
Hamdi	Large public university	25	Graduate Student	Woman
Aisha	Large public university	23	Senior	Woman
Rukia	Large public university	20	Sophomore	Woman
Sumaya	Two-year college	19	Sophomore	Woman
Hussein	Small private college	35	Graduate Student	Man
Omer	Mid-size private university	32	Graduate Student	Man
Fatuma	Two-year college	20	Sophomore	Woman
Bushra	Two-year college	19	Sophomore	Woman

## **Data Collection**

I collected my study data from one source which is interviewing my research participants. Creswell and Poth (2018) reported that “interviewing and observing deserve special attention because they are frequently used in all five of the approaches to research” (p. 230). The particular research approach often directs a qualitative researcher’s attention toward preferred approaches to data collection (Yin,2018). Therefore, interview data collection is an appropriate method for my phenomenological research.

## **Interviews**

An interview is a social interaction based on a conversation (Creswell & Poth,2018). I conducted one-on-one interviews with seven of my research participants virtually or via Zoom. I have also conducted face-to-face interviews with three of my research participants by being in the same location or room that my research participants prefer. I used otter app on my phone to record an audio of the face-to-face interviews and transcript it. My goal was to interview between 10 to 15 Somali students who attend higher education institutions in the Twin Cities area. However, only 10 participants committed to participate in my study out of 25 participants recruited. I asked each participant nine questions that I prepared in advance and followed a script for each interview (see appendix B). I planned to complete each interview between 30 to 60 minutes and conducted follow-up interviews as needed. Participants completed the interview shorter than anticipated ranging from seven minutes being the shortest to 23 minutes being the longest. I also made sure to have each participant sign a consent form before conducting my interviewing process.

## **Data Analysis**

I have organized my interview data by utilizing NVivo software to categorize and organize codes, and themes as they emerged. Creswell and Poth (2018) reported that data analysis in

qualitative research consists of preparing and organizing the data for analysis; then reducing the data into themes through a process of coding and condensing the codes; and finally representing the data in figures, tables, or a discussion. I have organized the data collected in my research into main themes that summarize the key findings of my study. Thematic analysis is a widely used approach for analyzing and interpreting qualitative data in a variety of research contexts, including phenomenology (Miles et al., 2014).

I analyzed the various forms of my interview data by segmenting and taking them apart. For example, I identified and explored the themes that emerge from the data in order to understand the lived experiences and perceptions of the participants. I transcribed each interview verbatim including non-verbal communication and other contextual cues and read them carefully to jot down ideas or themes. I made a list of all topics and assembled the data material belonging to each category in one place and performed my analysis. Creswell and Poth (2018) discussed a six-step process that researchers in qualitative studies can use to analyze the data they collect. The six-step process is: organizing the data, reading all the data, coding all the data, using the coding process to generate a description, discussing how the description and themes will be represented, and presenting interpretation.

I refined and defined the themes based on the data, and made connections between the themes and the research questions. In the following chapter, I discuss the main themes that emerged and how they related to the research questions. Overall, this research study used thematic analysis as a method for understanding the perception of seeking mental health services by Somali college students. The results of the analysis provided a rich and detailed understanding of the experiences and perceptions of the participants.

## **Member Checking**

Finally, I conducted a member check (Patton, 2015) and shared a summary of the themes with my research participants through email. I requested my research participants to share with me any inconsistency they found in the themes and whether the themes apply to them. I let them know that I would make corrections if they see anything that needs correction in the themes. Seven out of the ten participants in my study who completed both the interview and the survey responded to my email and voiced their agreements with the findings, and three did not respond.

## **Interpretation, Credibility, and Reliability**

To interpret my phenomenological study findings, I pulled the data apart to establish patterns and look at relationships between the themes and categories found. To address the validity of my study, I have provided an extensive and detailed description of the phenomenon under investigation. Creswell and Poth (2018) pointed out that “validation in qualitative research is an attempt to assess the accuracy of the findings, as best described by the researcher, the participants, and the reviewers” (p. 338). I have triangulated both the interview and survey data and provided validity to the findings by documenting the themes in the data.

Reliability in my study has been obtained by coding the data collected and assessing it. Yin (2018) suggested that reliability can be enhanced if the researcher obtains detailed field notes by employing good quality recording devices and by transcribing the digital files. I utilized the NVivo software program to read the transcripts and developed a list of codes for my study. This helped me interpret the findings of my study and draw conclusions that can be generalized and explored by other researchers.

I summarized the overall findings and compared my findings to the literature regarding my research topic. I utilized generational trauma theory and acculturation theory lenses in examining

the views of Somali students about accessing mental health resources. I used direct interpretation to represent and visualize the data and develop naturalistic generalizations of what can be learned in my research. Creswell and Poth (2018) suggested that in the direct interpretation, the researcher looks at a single instance and draws meaning from it without looking for multiple instances. In addition, Creswell and Poth (2018) pointed out that the researcher develops naturalistic generalizations from analyzing the data, generalizations that people can learn from the phenomenon for themselves, apply learnings to a population of phenomenon, or transfer them to another similar context. A key component of qualitative research is smaller sample sizes that are homogenous in nature (Creswell & Poth, 2018). This ensures that the research study is aimed at exploring themes or ideas from a specific subset of a population. Creswell and Poth (2018) suggested, “between 10-20 participants, per segment, is a solid number” (p. 227).

### **Data Storage and Security**

I followed the IRB’s policy for data storage and retention. I kept all identifiable data, including audio recordings, consent forms, and transcripts, on my University of Saint Thomas OneDrive account. I deleted audio recordings after they were transcribed and analyzed. I stored survey data on Qualtrics and plan to delete the data one year after the study’s completion. In addition, I will delete the consent forms three years after the study’s completion. I used pseudonyms when referencing a specific participant’s response in my study. I stored the aliases on a separate word document along with participants’ real names and contact information. I will indefinitely store the overall summary of survey data, and unidentifiable transcripts. I corresponded with my research participants using my university email.

### **Reflexive Statement**

My experiences and social identities play an important role in being a researcher. My experiences as a refugee in Kenya and going through the U.S. resettlement program and adapting to the diverse society in the U.S. have a profound impact on the way I view the world today. As a researcher, I would like to educate others about the Somali immigrant community in Minnesota which is the largest East African community here.

I have worked with non-profit organizations that supported the needs of the Somali immigrant community in both San Diego and in Minneapolis. I was one of the founding members of the only charter school run by the Somali community in San Diego. On the other hand, I am a mental health practitioner currently and my main responsibilities include educating and supporting patients with mental health issues. Many of our patients are East African community members, and this allows me to interact with participants as an “insider.”

I have done phenomenological research that utilizes generation trauma and acculturation theories as analytical lenses. I tried to be objective and to minimize my biases during the interviews and my interpretation of the data. I am a Somali mental health practitioner, and my participants were Somali higher education students. This is where some biases may arise due to my interaction with Somali patients struggling with mental health symptoms. I addressed my biases by separating my professional self from the study to make sure they were not influencing me throughout the study.

My goal for the study was to capture the perspective and experience of my participants. I planned to be culturally responsive and capture the views and voices of my participants. Presenting

the experience and perspective of Somali students can have a positive impact in supporting the needs of this student population in higher education institutions.

As a mental health practitioner, I brought my interpretation to the data collected from participants. I ensured that the data was authentic and representative of my participants. I worked to avoid bias when interpreting the data collected from participants who may have been similar to the patients I see in my work setting. Mindfulness is the ability to be fully present and aware of my surroundings. I was very mindful of the setting when interacting with participants. I have listened to my participants with empathy and have been mindful of their situation. I focused on sensing and feeling my participants' views without being judgmental.

### **Conclusion**

A number of studies address the mental health challenges facing the Somali immigrant community in the U.S. However, little data explores the mental health issues for Somali college students. This phenomenological study contributes to the existing research to fill the gap by exploring the perception of Somali higher education students in seeking mental health services. I used the participants' stories to explore how they made meaning of their experiences and how their experiences affected their ability to access mental health resources. The next chapter presents the findings that emerged from the analysis of the data collected from the 10 participants who attend higher education institutions in Minnesota.

## CHAPTER FOUR: FINDINGS

The purpose of this phenomenological research was to explore the lived experience of Somali college students in seeking mental health services. I collected qualitative data from 10 semi-structured interviews. Using NVivo data analysis software, I coded the collected data by identifying and labeling segments of text that related to specific themes or concepts (Creswell & Poth, 2018; Moustakas, 1994). I then analyzed the coded data in order to identify the main themes that emerged from the data. Five major themes emerged from the data analysis (see table 2) regarding the participants' experiences: 1) challenges related to adjusting to American education, 2) awareness of mental health, 3) challenges to seeking mental health services, 4) coping mechanisms, and 5) improving help-seeking attitudes. In this chapter, I provide participants' lived experiences and understandings of seeking mental health services by summarizing the five major themes and 12 sub-themes that emerged from the data analysis.

**Table 3: Emerging Themes**

<b>Theme One:</b> Challenges Related to Adjusting to American Education	<b>Theme Two:</b> Awareness of Mental Health	<b>Theme Three:</b> Challenges to Seeking Mental Health Services	<b>Theme Four:</b> Coping Mechanisms	<b>Theme Five:</b> Improving Help-Seeking Attitude
	<b>Subthemes:</b> 2.1 Symptoms of Mental Health Issues  2.2 Knowledge of Mental Health Resources  2.3 Perceptions of Seeking Mental Health Support	<b>Subthemes:</b> 3.1 Limited Awareness of Mental Health  3.2 Stigma, Myths, and Misconceptions  3.3 Cultural and Self-Preferences	<b>Subthemes:</b> 4.1 Spirituality and Holistic Coping  4.2 Support Groups or Systems  4.3 Seeking Professional Help  4.4 Being Active	<b>Subthemes:</b> 5.1 Increasing Awareness  5.2 Enabling or Creating Support Systems



### **Challenges Related to Adjusting to American Education**

The first major theme that emerged from the data is the challenges participants faced in adjusting to American education system. The data collected from participants such as the interviews and survey show the challenges faced by Somali students in adjusting to education in American institutions. Participants expressed several factors that had an impact on their adjustment to American education. The factors mentioned below do not apply to all participants; however, multiple participants named each of the factors.

Some of the challenges participants shared in this research include experiencing cultural shock in the American education system. A number of woman participants pointed out their lack of fitting in to the culture was an obstacle to adjusting education in American institutions. Sahra described her difficult experience adjusting into the American culture in general. She said, “I had to manage with growing up and then also dealing with like a culture shock. Schools back home and here are different. There are so many different things that American schools do that African schools don’t.” Sahra added, “I came from my classroom where it is like all Black people or people who look like me to a class somewhere I am the only Black person”. This shows the cultural challenges this participant faced in the American education system such as being the only Black students in the classroom.

Another participant reported that the challenges related to adjusting to American education was mostly cultural. Rukia stated, “our cultures were different so it was kind of harder to adjust, like to understand American culture and Somali culture in school with people who only know about American culture and don’t know anything about ethnic families.” This comment emphasizes the challenges Somali students faced to fit in to the host culture. In addition, another

participant shared her struggles with adjusting to the American culture in educational institutions. Sumaya said,

When you come from an immigrant family in an immigrant household from a young age, you notice that you are different from all of your classmates from kindergarten, preschool and all through your middle school, high school, all of those experiences you feel alone in a sense, especially if your experiences like me and grew up in a predominantly white neighborhood and went to predominantly white schools.

The loneliness this participant expressed above is an indication of the challenges Somali students had to overcome attending educational institutions in the U.S.

Some of the other challenges reported by participants include being in the racial minority at predominantly White institutions. Several participants reported their challenges in adjusting to American institutions were due to not fitting to the dominant culture. Hussein stated, “American educational institutions has a lot of opportunities. There is minority resources that are not available or applicable to us”. This participant expressed lack of enough resources being some of the challenges he faced in adjusting to American education. The statement of this participant showed some of the challenges Somali students encountered, though, there were some opportunities. Moreover, Sahra reported that “it took me a while to adjust American institutions due to being a minority in my school.” This statement expresses how being a minority was a challenge to adjust in American education.

One participant expressed difficulties in applying for programs and indicated that these challenges played a role in their adjustment to American education institutions. For example, Ali stated,

When I arrived, I arrived in the state of Oregon, and that my family at that time, they were living in a very small town, and they don't have colleges or anything like that. So I didn't know for some people if I want to apply a program, how to apply those programs.

Ali added, “lack of information was a factor that I did not apply programs I was interested in my local college, and I did not know people to ask.” This participant expressed that not knowing what programs to apply for was a challenge and played a negative role in adjusting education in America.

Another participant reported difficulty in getting help with assignments, which contributed to their adjustment to American education. For instance, Bushra explained the struggle she had to overcome in school due to lack of resources at home. She said,

Because one, like one thing was like the teacher said, I'll go home and ask for homework, but I couldn't actually ask them for help because they didn't understand that especially like math and reading, as well. So I was more on my own. In that sense. I have to ask my siblings if they had time.

This comment from the participant illustrates lack of resources such as homework support as being some of the challenges in adjusting to American education.

Another challenge some participants expressed related to language barrier problems they faced when they started education in America. For example, Sahra stated,

It was very stressful. I think I was a little bit embarrassed for half like the year I didn't really talk to a lot of people. Just because physically I looked different and, and I couldn't really talk to kids. Because I was having language barrier problems. I can, I was, I was

already having a hard time grasping the second language. So that I had to come here and pick up a whole different language.

Sahra also reported struggling with cultural shock during her first years in school which was very challenging. She said,

For instance, the way I dress is very different than the other kids yeah. I remember when I first came to school, I was wearing like a long skirt, long shirt, super bright color, a lot you know, very different than all the other kids that were wearing, like shorts and, you know, short sleeve shirts, so I was getting a lot more stares just because of the way I looked.

This is another example that shows cultural challenges Somali students must overcome in adjusting to American education. The feeling of not fitting in with the dominant culture was having a negative impact as this participant mentioned in the comment.

These findings emphasize the challenges faced by immigrant students while adjusting to education in American institutions. Three participants reported that they had not experienced challenges when adjusting to American education institutions. These three participants were US-born students from immigrant families and reported an easier process to adjust in American education institutions compared to other participants in this study. For example, Aisha stated that her struggle with American education institutions was mostly related to the cultural aspect of the dominant culture. She said, “so for me, it wasn’t really hard because the education system here I had a good education system going on for me back in Kenya.” Another participant claimed that it was easier for him to adjust the American education since he came to the United States at a younger age. Omer stated,

I will say one of the biggest adjustments is kind of learning, like what the culture is like. So as you grow up at home and grow up within school, it is like, two totally different cultures that you have to like, try to find a way to like, merge together and make it your own.

The findings indicate the challenges that participants must overcome in adjusting to American educational institutions. In the next section, I discuss awareness of mental health which is the second theme that emerged from the data.

### **Awareness of Mental Health**

The second major theme that emerged from the data collected related to participants' awareness of mental health. This theme explores the knowledge that the participants had with regards to mental health including identifying they have mental health issues and awareness of the available resources for help.

One participant explained that his cultural identity has had a negative impact on his awareness of mental health. Ali stated, "my cultural background is really tough. The Somali background you know, mostly everything is taboo for them. So when someone is suffering from mental health issue, they don't discuss about them, you know, they keep everything secret." He added that "community awareness is very important, because people are educated and they know about the mental health issue." This shows this participant's awareness of mental health and how the community views mental health as a taboo.

Another participant described her awareness about mental health and the importance of seeking resources. Sahra reported, "growing up I didn't have positive image about mental health illness." She added, "I don't have personally, but I do advocate for mental health. I do believe like

going to therapists and all that if one needs it.” This is another indication of the participant’s awareness of mental health and previous misconceptions about mental health. All the participants demonstrated their knowledge about mental health and the resources available to them. Three sub-themes emerged, which include a) symptoms of mental health issues, b) knowledge of mental health resources, and c) perception about seeking mental health support.

### **Symptoms of Mental Health**

Seven out of the 10 participants in the study expressed their understanding of anxiety as a symptom of a mental health problem. These participants reported experiencing some kind of anxiety or seeing a close friend struggling with anxiety. One participant stated that she did not have knowledge about different mental health illnesses. Sahra stated, “most of the time growing up I never heard of different types of mental health problems, like people going through depression, anxiety and all that.” This is an example of a participant that understands various kinds of mental health symptoms. Another participant pointed out his knowledge about mental health symptoms and how to handle them. Ali said, “if I really have some kind of mental health problems, if I feel I have some kind of anxiety or depression, then I have to go to the medical doctor, and then the doctor will refer to me to a professional”. This participant demonstrated his understanding of mental health symptoms and how to seek professional help.

Five participants out of the 10 participants in the study also reported feeling depressed or experiencing depression. One participant reported that she first discovered knowledge of depression in middle school. Sumaya stated, “my experience with seeking mental health support started in seventh grade when one of my friends was severely depressed, and we struggled to get her mental health resources along with her struggling to receive those mental health resources.”

Another participant expressed the different perspectives of mental health symptoms in her culture and the dominant culture. Bushra stated,

I think a lot of the times when I'm thinking about mental health, I have to really separate what Somali culture thinks and like what that like the actual American mental health is. Some people just have depression or anxiety, and things like that. And they like it's not as big as Somali culture you really have to be able to separate it.

The participants explained their knowledge of mental health symptoms and how Somali culture perceives mental health symptoms.

In addition, some participants pointed out feeling sad and stressed as symptoms of mental health issues. One participant reported that he has experienced some relatively stressful situations during his divorce process with his wife. Ali said,

I never went to mental health institutions even though I have that time some kind of mental health problems. And that is when I broke up with my wife, ex-wife, so it was really challenging a lot but I never tried to go and seek any mental health because at that time, I was able to control myself.

This is another example that shows the participants' understanding of mental health symptoms. Ali added he was in graduate school during his family break-up and did not know any support available at the time.

Finally, one out of the 10 participants expressed being traumatized and reported trauma as a symptom or sign of mental health problem. One participant stated that she has suffered trauma due to being diagnosed with brain tumor and suffering a stroke. Hamdi shared,

I was diagnosed with brain tumor and six weeks later, I suffered stroke and all of that happened way too soon. So I suffered a trauma and I was told that I need to seek help and I needed to cope. I didn't seek help and I kept to myself.

This is an indication of someone suffering trauma and did not seek professional help. Participant expressed being traumatized and did not share her condition with others. Overall, most participants demonstrated some kind of knowledge and awareness about mental health symptoms. However, some participants demonstrated stronger knowledge about the symptoms of mental health when compared to their peers due to their lived experience.

### **Knowledge of Mental Health Resources**

This sub-theme focuses on knowledge of mental health resources that could help when having mental health problems. Three out of the 10 participants in the study reported their knowledge of counselors and therapists available on their college campuses. For example, Sahra said,

I know in my campuses; they have therapists available. Most of the time the counselors are offering students for free sessions. I know there is always a lot of posters around the campus and stuff. They are pretty active on that.

Another participant had a slightly less specific idea about the resources available at her campus. Bushra stated, "I am pretty sure that there is a center you can go and you could talk to a professional if you need that help."

Another participant said she did not take advantage of the mental health resources available at her institution because she did not know about them at the time. Hamdi said,



So the thing is, and I wish that I had, I wish that I had known about this before. If you are a full-time student at the institution, seeking a therapist is 100% free. And I tell every single friend of mine, anyone that will listen, that it's free.

In this section, participants reported conflicting perspectives about their knowledge of the mental health resources available at their institutions.

Four out of the 10 participants expressed lack of knowledge of the available mental health resources in their campuses. Ali did not know specifically where to access mental health services on campus but did know where he could find support and direction. Ali stated,

I don't know mental health resources at the institution, but I will go to student services. If for example I have some kind of issue or problem, then I know where to go, I have to go to student health service area and they might try to put me into the proper channel.

Another participant perceived a lack of communication about the mental health resources at their university. Aisha stated,

So I know that there's a void in mental health resource, and I actually have a friend of mine that went through it, and that utilize that, the only reason why I ever got to know about it is because of the friend that had that found support through them. But when I was coming into the institution, there was no mention of the mental health services that they were there even if there was maybe it was in little printed form because it was no one ever talked about it.

Within this theme, participants expressed lack of communication from their institution as the cause of not knowing the resources available to them. This points out the important role that institutions play in sharing resources with their students.

One participant reported screening clinics available in her university to support the mental health needs of students. Rukia shared,

We actually, during my freshman year, we had this class. Anyone to learn about all of the resources available for physical health or mental health. I don't know there is screening clinics at my university for mental health, as well as counselors that helped me talk about it.

This participant reported having knowledge about the mental health resources available at her higher education institution. Likewise, Omer expressed his knowledge of mental health resources that was available on his campus during his undergraduate studies. He said,

I do know that they had the board in health clinical and they had like a free, I think it was like Thursdays and Tuesdays where they would like have, free sessions for you to like, go and attend and get help.

This is another example that shows how this participant was aware of the resources available in his institution including free sessions for anyone who needs mental health support.

Two out of the ten participants reported student health service centers on their campuses that support students struggling with mental health symptoms. One participant pointed out that there are mental health resources available on her campus; however, information about the resources is not communicated well. Sumaya stated,

I know that there are resources but beyond these resources, we don't really get much information about what the resources are, who the resources are, well, we have available to us. It's always just you should seek mental health, mental health services, but never you can do it through this and we can guide you through it. There's no step by step.

The comment of the participant illustrates the higher education institution's lack of communication as the reason that some students did not have knowledge about the resources available on their campuses. Another participant explained that there are many resources available on his campus. Hussein stated, "Where I study as graduate school over there. There is huge resources that you can get through email. There is a lot of people that you might contact with them."

The participants expressed some knowledge about the mental health resources available to them, however, higher education institutions these participants attend do not communicate the information with students as needed. In the next sub-theme, I discuss the Somali higher education students' perception about seeking mental health support.

### **Perception of Seeking Mental Health Support**

This sub-theme relates to how participants perceived seeking mental health support available to them. Four out of the ten participants voiced a positive view of seeking mental health support. For example, Sahra said,

I highly recommend it. And I think it's something that we as a community need to move forward and be accepting about. I'm hoping a lot more people in our communities seek mental health services, due to the fact that like, I know, there's a lot there's a lot of people that would benefit from it.

This is one example that shows how some participants may have positive perception toward seeking mental health support. Another participant reported that it is important to seek mental health support when there is a need. Hamdi stated, "Amazing. Now I advocate, seeking and seeking in a therapist, and seeking resources." Moreover, Omer added, "I feel like it's a very normal thing

to do. And hopefully it's something that like that. Everybody should seek more often. So whenever they get a chance for us.” Likewise, Bushra said,

I think it's a good I think mental health service is a good thing. There's people that can be really struggling and not and not be as comfortable talking to the family. And I think that they should get those services. So that they don't harm themselves.

Most of the participants expressed having positive perception seeking mental health support.

Other participants expressed their positive perceptions about seeking mental health support. Aisha reported,

I am 100% for it and I think that it's important for everyone to take care of both their physical and mental health, okay. And as Somalis we tend to just brush everything under the table and certain emotions are not supposed to be shown and showcase. So and the reason why even I started working at the job that I work at is just so that I could see how detrimental it is for everyone.

This is an example of the different perspective between participants and the Somali community regarding seeking mental health support. Another participant voiced her positive perception about seeking mental health services. Rukia said “I think positively about that. My mom also thinks positively about that because she's more educated on mental health services.”

In addition, Sumaya expressed mixed attitude toward seeking mental health services. She said, “It's something that I would love to do, but I don't feel comfortable enough doing it because I feel like the resources I have don't are not tailored to people like me.” Fatuma stated,

I think seeking mental health services is very important. And I think a lot of people don't understand that. When you are seeking these services, you are not weak, and that you need them in order to prosper, to do better in your school or even at your home life.

The evidence shown here shows mixed attitude of the participants in seeking mental health services. Some participants expressed positive perception in seeking mental health support while others expressed some reservation.

Finally, one participant also expressed a call line that is available in her campus at Metro State University for students going through mental health symptoms. Bushra stated, "I know that they have a call line, they could call and talk to somebody. I find the calling is really a great idea. It is so you don't have to I think there is an intimidation of like talking to somebody face to face." She added that calling the line is confidential and your identity is confidential which makes the process easier and convenient. This suggests a potential stigma around seeking support among some participants.

The second major theme that emerged from the data was awareness of mental health. This theme explores the knowledge participants have with regards to mental health. There were three sub-themes under this major theme. The first sub-theme was symptoms for mental health issues which showed the experiences of participants identifying some of the symptoms including anxiety, depression, sadness, trauma, and stress. The second sub-theme was knowledge of mental health resources available at the participants' campuses. Some of the participants shared knowledge of counselors, screening clinics and therapist available to them. The third sub-theme was perceptions about seeking mental health support. Some participants expressed positive about seeking mental health support and encouraged others to do the same. In the next section, I discuss the third major theme that emerged from the data which is the challenges to seeking mental health services.

## **Challenges to Seeking Mental Health Services**

This third major theme explores the challenges or limitations that hindered Somali college students from seeking help for mental health issues. Most of the participants who participated in this study expressed the challenges they face in the community in general and the Somali community specifically. Three sub-themes emerged from this major theme such as a) limited awareness of mental health, b) Stigma, myths, and misconceptions, and c) cultural and self-preferences. I discuss each of these sub-themes separately in the following paragraphs in detail.

### **Limited Awareness of Mental Health**

In this sub-theme, two out of the 10 participants in the study reported limited awareness of mental health. For example, one participant in this study pointed out not having experience seeking mental health support. Ali said, “I really don’t know. And when I was in college I never I never went to mental health institutions even though I had some kind of issues, or problems.” In addition, another participant expressed her limited awareness of mental health resources. Sumaya stated, “we don't really get much information about what the resources are, who the resources are. It is something I had yet to explore.” Both of the participants above reported limited awareness of mental health resources in their institutions.

Similarly, one participant expressed limited awareness of available resources in order to seek mental health services. Aisha reported lack of enough information contributed to her limited awareness of mental health services. She said, “one of my friends accessed mental health resources through another friend and was not aware of the availability of the services at the college. All of these findings show the limited awareness of mental health resources for some of the study participants. However, the challenges participants faced when seeking mental health services are different from one participant to another.

## **Stigma, Myths, and Misconceptions**

Starting with this major sub-theme that emerged from the data collection, seven out of the 10 participants expressed that it is a taboo to seek mental health services within the Somali community. For example, Sumaya reported that there is negative perception of mental health in the Somali community. Sumaya said,

My cultural identity, I know that there is a big taboo surrounding mental health services in the Somali community. That's something that I have never really let it stop me when taking care about my mental health, but it definitely does make it a little bit more uncomfortable to talk about in the big groups and on a bigger platform.

This shows the misconceptions that are prevalent in the Somali community, and it limits the community's ability to seek mental health service. Ali added,

Sometimes in the Somali community is a taboo thing for example when you are talking about mental health. they might think you are crazy. So even though some people even if they have some kind of issues, they want to make it you know, quiet or low profile.

This is another example that shows how the Somali community stigmatizes mental health and this view limits the ability of higher education students to seek mental health services.

Other participants expressed how the Somali community views mental health illness as a taboo limits their ability to access resources. For example, Sahra stated, "it impacts a lot because being from the Somali culture, as bad as it sounds, mental being I mean, talking about mental health I know that is a taboo, let alone getting help from it." Similarly, another participant voiced that taboo is one of the obstacles to access mental health services in the Somali community. Fatuma said,

My culture identity impacts my perspective on mental health illnesses because it's not very common to have mental health. Like, yes, it might be common, but no one speaks about it. And it's like a taboo, it's very hidden and people want to keep their everything private, so you're not going to see what that looks like you're walking into a mental health clinic or talking to someone like a counselor or a therapist.

The statements from the participants is an indication of the challenges to seeking mental health including cultural beliefs. It shows the negative impact these myths have on students seeking services.

In addition, eight out of the 10 participants in the study reported that social stigma is one of the factors that limits their ability to access mental health resources. Aisha stated,

I still have the stigma in my head where like, sometimes I want to even if I feel like I have to seek this mental health services, I'm like, oh, well, what if like, what if somebody finds out that I receive it and they will think, Oh, I'm crazy. I am educated enough that I know that's not the truth. It's still in the back of my mind. I'm always like, oh, I know that it's not I'm not crazy or nothing about this issue is should be stigmatized, but I just know that I can't really everyone else's perception, I can't change. So that's still in the back of my mind because of my cultural identity.

Some participants expressed how social stigma in the Somali community impacts their ability to seek services. The misconception in the Somali community directly affects the perception of higher education students in seeking professional help.



Other participants also reported social stigma as being one of the obstacles in seeking mental health services. For example, Rukia said “there is huge stigma in Somali families about mental health issues. They don’t take it seriously.” Likewise, Hussein added,

Our culture might not embrace with that because they just like they hide most of them hide because of they are scared about people may confront or, people will laugh at that. therefore, that's why see this thing, this stigma stigmatizes you, right? That's why people will hide them inside and problem will grow and it will reach a point where you cannot help them.

Participants reported how stigmatizing mental health in the Somali community is a challenge to seek services. Some of the participants pointed out hiding mental health illness from others due to the stigma it carries in the Somali community.

Four out of the 10 participants stated that people in the Somali community view those seeking mental health services as crazy. For instance, Bushra stated,

I think a lot of the times when I'm thinking about mental health, I have to really separate what Somali culture thinks and like what that like the actual American mental health is because as I said, it's like you see in Somali culture, you're like perceived as like someone that's sick, someone who wants to hurt themselves, really is broader than that.

This emphasizes the challenges that hinder Somali higher education students’ ability to seek mental health care. In addition, Sahra emphasized how the Somali culture views someone struggling with mental health issues as out of their mind. She said, “they always think of the person is either they don't take them serious or they think they're completely crazy.” All of these three subthemes indicate obstacles to accessing mental health resources for Somali students according

to the participants in the study. I will discuss the third sub-theme of this major theme in the next section.

### **Cultural and Self Preferences**

This sub-theme concerns the ways cultural and self-preferences become challenges to seeking mental health services for Somali higher education students. Two out of the 10 participants in the study stated that their preference when having mental health problems is religion. For example, Ali described how community practices such as relying on religion may be an obstacle to accessing mental health resources. He said, “they will say, ‘oh you need somebody to recite Quran to you, okay, or maybe you know, a devil has possessed you so you need you know, Sheikh or the Imam you know, read the Quran on you.’” Aisha stated, “I don't think she said that just because of the cultural differences between her and her therapist. That it she could not have dealt with it I guess, the same if she just thinks.”

This illustrates how some cultural and self-preferences including religious ritual influence the help-seeking attitude of the Somali community. The quotes from some participants show that some Somali community members prefer to utilize religion to cope mental health issues instead of seeking professional help.

Some participants reported that they utilize reciting Quran and prayer when struggling with mental health symptoms. Ali stated, “you know, because we are Muslims, we will always rely you know, reading the Quran or somebody you know, who have knowledge to read Quran on him.” This is another example that shows some of the obstacles that limit the Somali higher education students in seeking mental health support. Next, Rukia suggested that Somali culture relies more on religion than professional help for mental health issues. She said, “they rely on religion more than professional support even on mental health.” The quotes above reveal the preferences of

some Somali community members in dealing with mental health problems. These preferences include reading the Quran and relying religion instead of seeking professional mental health support.

The third major theme that emerged from the data was challenges to seeking mental health services. There were three sub-themes that emerged from this major theme: 1) limited awareness of mental health, 2) stigma, myths, and misconceptions, and 3) cultural and self-preferences. This major theme explored the challenges Somali higher education students have faced when seeking mental health care. The findings of the first sub-theme showed limited experience by participants in mental health awareness and limited awareness of available resources. The findings of the second sub-theme revealed challenges to seeking mental health support including social stigma, taboos, myths, and misconceptions in the Somali community. The findings of the third sub-theme exhibited cultural and self-preferences in the Somali community such as religion when having mental health problems. In the next section, I discuss the fourth major theme of the study which was coping mechanisms to manage mental health symptoms.

### **Coping Mechanisms**

The fourth major theme that emerged from the data collected from the 10 participants demonstrates coping mechanisms participants used when dealing with mental health issues. Four sub-themes emerged from this major theme according to the data collected from the 10 participants. The four sub-themes include spirituality and holistic coping, support groups or systems, seeking professional help, and being physically active. I will explain all the four sub-themes that emerged from the data in detail in the following paragraphs.

## **Spirituality and Holistic Coping**

Many of the participants identified their use of spiritual and holistic practices in response to mental health challenges. Eight out of the 10 participants in the study expressed that they pray when facing mental health problems. For instance, Ali suggested that praying when facing mental health problems provides him with relief. He said, “I go to the mosque, okay, sit down peacefully, you know, pray and then, you know, try to communicate with other worshipers who come into the mosque.” This exhibits how some participants use religious practice as a coping mechanism to control mental health challenges. Moreover, Aisha reported,

Well, for me personally, my faith is everything to me. So the one thing that helps me is just the fact that I can turn to my God through everything. And of course, that doesn't, it's that shouldn't be the only thing but for me, it helps me with anxiety, sadness, as long as I am up to par with my prayers and so on. I feel at ease. Sometimes, though, that is just a temporary fix, and then the sadness comes back and so on.

The participants reported utilizing spiritual coping mechanisms to manage mental health challenges. Faith was the main technique that participants mentioned, relying upon the most.

Additionally, Hussein pointed out his reliance on prayer as a coping mechanism to reduce mental health challenges. He said, “for sadness and depression, anxiety through the prayer.” The participant described how prayer helps him as a coping technique to manage mental health issues such as sadness and depression. This participant explained that prayer as a form of meditation that calms him down and gives him peace of mind. This is another example of holistic or spirituality coping practiced by some participants. This shows how some participants used religion as a coping technique to reduce their symptoms.

Two out of the 10 participants reported going to the mosque as a coping mechanism with mental health problems. For example, participant Ali reported going to the mosque when struggling with mental health symptoms such as anxiety, stress, and depression. He said, “as Muslim male or Muslim individual. The only thing that helps me when I have some kind of anxiety or stress or depression, I go to the mosque, okay, sit down peacefully.” This participant mentioned going to the mosque and meditating helps him manage his symptoms. Next, Bushra reported relying religion as a coping mechanism to reduce mental health issues. She said,

Just my culture has a big sense of community just being with my community, being with my family. Um, praying and going to the mosques and just doing things as a group can make you feel more make you feel less anxious.

This participant expressed being with the community and praying in the mosque as a coping skill to reduce her mental health challenges.

Other participants expressed the role religion plays in their coping with mental health challenges. For example, Omer stated,

I would say like well within our culture is like very light based within our religion and I will say like, that's one thing that's like really helped me a lot it's, it's ever dealing with like anxiety or sadness or any like anything that really affects you like I was just turning to God a lot is like one of the best ways to deal with that. And it does help a lot.

This participant expressed how he turns to God whenever he is dealing with anxiety or sadness. Similarly, Fatuma reiterated how religion is a crucial part in addressing mental health issues. She said, “Actually, one big thing is my religious beliefs. So turning to God is anything and knowing that everyone else might have been experiencing the same issues. So I've talked to anyone who's

open to talking about it.” This is another indication that illustrated how some participants in the study rely on religion as a coping mechanism when dealing with mental health challenges.

One participant stated that she utilizes meditation to cope with mental health issues. Rukia reported that religion has a role as a coping mechanism in dealing with mental health problems. She said,

Although I don't think religion can specifically heal me from mental illness. It could help you with mental illness, like getting closer to God and praying stuff like that if it helps with your mental health. I think that is good point to start.

The statement above is a clear example of how some participants in the study use meditation or religion to reduce mental health challenges.

Finally, three out of the 10 participants expressed reading the Quran as a coping mechanism to deal with mental health challenges. For instance, Hamdi voiced reading the Quran to cope with mental health symptoms. She stated, “Islamically, reading the Quran and just knowing the fact that Allah has told after hardship comes ease, like that. That really helps me.” Second, Ali reported relying on reading the Quran as a coping mechanism to manage his symptoms. He said,

Take, you know, what you call the book the Quran, read the Quran. And just, at least you know, spend there to, to varying times, and just calm down and really relax in the mosque is really what helps me to really get a relief for my, my stress and sadness.

This participant stated reading the Quran calms him down and relieve his stress and sadness. This is another example of how some participants use religion as a coping mechanism to reduce their mental health challenges. In the next section, I will discuss support group or systems which is the second sub-theme that emerged from this major theme.

## **Support Group or Systems**

The second sub-theme that emerged from the data related to coping mechanisms participants use when experiencing mental health challenges relates to seeking support from others. To begin, eight out of the 10 participants in the study reported utilizing support groups to overcome mental health issues. The support groups or systems participants mentioned include family members, friends, worshippers, and faculty members in their schools. I discuss each support group or system separately in the following sections.

Seven participants expressed that they prefer talking to family members or friends about problems they face. For example, Sahra discussed relying on talking to friends and family to overcome mental health challenges. She said, “usually I turn to my friends first. And then if it's something bigger than that, then I'd have to turn to my family.” In addition, Aisha added,

I turn to my friends most of the time. Because if, especially if it has to do with mental health support, because I just think parents don't really they just think everything is not as hard as Oh, you can do it.

Both participants mentioned talking to friends or family members as a coping mechanism when experiencing mental health challenges. Likewise, Rukia explained who she turns to when facing mental health problems or issues. She said, “I turn to my best friend and my cousin Mona or I turn to my mom when I need help.” All the statements above show how some participants rely on support groups including friends and family members as a coping mechanism when facing mental health challenges.

Other participants also expressed relying on friends and family members when they need support or help. For example, Sumaya stated, “I turn to my family most of the time along with my

friends. They are not mental health professionals, but they understand the problem.” Similarly, Omer claimed that he turns to his family for support when he needs help or assistance. He said, “I would say it is between like, with my wife and my family those are the main support systems for me.” Finally, Bushra explained her support system when facing problems or issues. She stated, “I mostly turn to my mom or my older sister, or my older cousin, I talk to them the most”. The findings in this section reveal how the participants rely on support groups consisting of friends and family as a coping mechanism when dealing with mental health challenges.

Ali shared talking to other worshippers in the mosque about problems or issues faced provides support for him. He stated,

Try to communicate with other worshipers who come into the mosque and take you know, what you call the book the Quran, read the Quran. And just, at least you know, spend there to, to varying times, and just calm down and really relax in the mosque is really what helps me to really get a relief for my, my stress and sadness.

The statement of the participant above displays how he uses support groups including other worshipers to control mental health challenges. Fatuma explained the support system or group she relies on depends on the kind of problem she faces. She stated, “It depends when facing a school problem. I'll probably talk to my teachers or, like, let's say just an overall life issue. I would turn to; I'd be more comfortable talking to my family members.” This participant expressed using teachers and family members as a support group to get the better of mental health challenges. All of the participants mentioned several support groups or systems they used to manage mental health challenges including friends, family members, other worshippers, and teachers. In the next section, I discuss seeking professional help which is the third sub-theme that emerged from this major theme.



### Seeking Professional Help

The third sub-theme that emerged from the data collected in this study relates to seeking professional help. To begin, four out of the 10 participants shared experiences with seeking professional help to cope with mental health challenges. Ali expressed that he has gone to his medical doctor to seek professional help to cope with his problems. He said,

Mostly I have to really come to my clinic, my doctor, personal, you know, Doctor, if I really have some kind of mental health problems, if I feel that I have some kind of anxiety or depression, then I have to go to the to the to the medical doctor, and then the doctor will refer to me to a professional.

The statement above communicates how this participant seeks professional help as a coping mechanism to deal with mental health challenges.

Another participant stated that she first relies on friends and seeks professional support if the situation becomes worse. Sahra reported,

Usually I turn to my friends first. And then if it's something bigger than that, then I'd have to turn to my family. Okay, but I am working on hopefully, if it does get if my mental health service if my mental health work to get to an extreme to go see a therapist go fully.

Participant Hussein also reported that he will turn to healthcare professional when seeking help. Hussein said,

I will definitely share with my doctor my special Doctor share why finally I will tell my parents but huge important if you have to share with your doctor, the doctor will guide you and it will connect you where the resources are.

The statement from this participant indicates seeking professional help to prevail over mental health challenges.

Lastly, four out of the 10 participants in the study stated that they will go to a therapist when struggling with mental health symptoms. This finding shows how some of the participants understand seeking professional help to cope with mental health illness. However, most of the participants in the study turn to friends and family members as their first option when struggling with problems or issues. In the next section, I discuss the fourth sub-theme that emerged as a coping mechanism to control mental health challenges.

### **Being Active**

The fourth sub-theme that emerged from the data collected shows how some of the participants utilize physical activity as a coping mechanism. Two participants in the study pointed out engaging exercise as a coping mechanism to mental health illness. Hussein reported that engaging in physical activity and socializing can help him overcome problems or issues he faces. He said, “go into exercise to feel your body calm, to take a walk, to not stay home alone by yourself to socialize. Those will help me as culturally to reduce my sadness or stress.” This participant stated that being active through exercise helps him relieve stress and control mental health challenges.

Second, one out of the 10 participants reported utilizing a walk as a coping mechanism when struggling with mental health issues. Hussein expressed that utilizing some kind of physical activity such as taking a walk is an important coping mechanism on which he relies to overcome his problems. He said, “to take a walk will help me to reduce my sadness and stress.” This sub-theme highlights the role physical activity plays as a coping mechanism to control mental health

challenges. In the next section, I discuss the fifth major theme that emerged from the data which is improving help-seeking attitude.

### **Improving Help-Seeking Attitude**

The fifth major theme that emerged from the data collected explores the various ways in which Somali college students can be encouraged/motivated to seek help when facing mental health problems. This provides insights for higher education institutions regarding ways to make Somali students feel comfortable in seeking help to deal with mental health problems. There are two sub-themes under this major theme that emerged from the data collected in this study: increasing awareness and enabling or creating support systems.

#### **Increasing Awareness**

This sub-theme outlines ways that awareness of mental health can be improved to support the need of Somali college students. First, one out of the 10 participants who participated in this research stated that bridging the language barrier can increase awareness among students. Hussein encouraged institutions to translate mental health resources into Somali language to increase awareness in the community. He said, "I will suggest that institutions to come and display as a Somali language to reach out the people to tell where resources are, and I believe there is a lot of resource on mental health in USA and specifically in Minnesota." I think translating resources into Somali language may improve help-seeking attitude in the Somali community as suggested by the participant above.

In addition, six out of the 10 participants reported that educating the Somali community on mental health issues can also increase awareness. Ali stated,

I think is the very thing is to, as a Somali they need education to educate the community to build awareness. because people are educated and then they know about the mental health issue. And mental health problems. And you know, it's not like a taboo thing for them, then you open up for them.

Moreover, Sahra said, “Somali community has definitely stepped up and started talking about mental health in general. And also educating all of us on it, which I think that makes us more comfortable.” The participant’s comment draws attention to the role educating plays in improving self-seeking attitude.

Next, one participant in the study pointed out having open-ended discussions to accommodate different perspectives regarding mental health support can also increase awareness. Omer expressed how having open-ended discussions about mental health can increase awareness and improve help-seeking in the community. He stated,

I will say like, just having like open ended discussions about it. And you know, well, because the more you speak about it, the more you listen to other people's perspectives, the more wherever you are, and the more like you get a better understanding of it. Because if you only listen to your own knowledge about it, then you're very limited.

The statement of the participant above highlights accommodating different perspectives regarding mental health might improve help-seeking. Talking to others about mental health challenges might make them comfortable in seeking help.

Finally, one participant reported that talking about mental health in the media such as TV shows increases awareness. Rukia suggested that utilizing the media can increase awareness and improve help-seeking attitude in the community. She stated,

There are shows, like, very popular shows that go in depth about that. That talk about it. There's a lot of mainstream media that talk about it. I think people in America are used to music and like shows and movies talking about it more.

This is another example that shows utilizing the media might improve help-seeking attitude.

Overall, the four concepts summarized in this sub-theme address how to improve help-seeking attitude in the community according to the participants who raised these important points. In the next section, I will discuss enabling or creating support systems which is the second sub-theme in this major theme.

### **Enabling or Creating Support Systems**

The next sub-theme addresses enabling or creating support systems on campuses to make Somali higher education students feel more comfortable discussing mental health problems. Three out of the 10 participants stated that judgement-free support systems help students to seek help for mental health challenges they face. For example, Sumaya pointed out creating support systems can help students feel more comfortable discussing their mental health problems and improve help-seeking. She stated, "Just knowing that who I'm talking to. That's a judgment free zone. That's really important to me and makes me feel more comfortable." In short, the finding illustrates how creating support systems can improve help-seeking attitude among Somali college students.

Improving help-seeking attitude was the fifth major theme that emerged from the data. The theme explored the various ways in which Somali higher education students could be motivated to seek help when facing mental health challenges. The theme has two sub-themes: increasing awareness and enabling or creating support system.

## Conclusion

Five major themes and 12 sub-themes emerged through the data analysis in this study. The first major theme that emerged from the data collected relates to the challenges Somali higher education students face when adjusting American education systems. This theme outlined some of the challenges faced by Somali students while adjusting to education in American institutions. The second major theme, awareness of mental health and explored the knowledge participants have with regard to mental health. This theme had three sub-themes: 1) symptoms of mental health issues, which showed the knowledge of participants in identifying their mental health problems, 2) knowledge of mental health resources which exhibited the knowledge of participants for the resources available to them, and 3) perceptions of seeking mental health support which explored how participants perceive seeking mental health support.

The third major theme, challenges to seeking mental health service explored the challenges participants faced when seeking mental health care and had three sub-themes: 1) limited awareness of mental health such as less experience seeking mental health support and limited awareness of available resources, 2) stigma, myths, and misconceptions which investigated the social stigma and taboos prevalent in the Somali community, and 3) cultural and self-preferences which reviewed the participants' preferences when dealing with mental health problems. The fourth major theme, coping mechanisms probed the techniques that participants utilized to deal with mental health issues and had four sub-themes: 1) spirituality and holistic coping such as going to the mosque, meditation, praying, and reading the Quran, 2) support groups or systems including talking to family members and friends about the problems faced, talking to other worshipers, and

talking to faculty members, 3) seeking professional help such as going to a therapist, and 4) being active such as exercising or taking a walk.

The last major theme, improving help-seeking attitudes examined the various ways in which Somali higher education students can be encouraged or motivated to seek help when facing mental health issues, and had two sub-themes: 1) increasing awareness such as bridging the language barrier, educating the community, having open ended discussions to accommodate different perspectives, and talking about mental health issued in the media, and 2) enabling or creating support systems to make students feel more comfortable discussing their mental health problems. In the next chapter, I analyze the findings of my study using two theoretical frameworks: acculturation theory and generational trauma theory.

## **CHAPTER FIVE: THEORETICAL ANALYSIS**

The purpose of this phenomenological study was to explore the perception of Somali higher education students in seeking mental health services. The findings of this study have illustrated the participants' lived experience in accessing mental health resources. An in-depth analysis of the data collected yielded five major themes and 12 sub-themes. In this chapter, I analyze and interpret the findings using generational trauma theory (Gillespie, 2020; Kahn & Denov, 2022) and acculturation theory (Chai et al., 2019; Ngo, 2014).

### **Theme One: Challenges Related to Adjusting to American Education**

#### **Summary of Findings**

The findings of this study revealed that all participants expressed some kind of challenges in adjusting to American educational institutions. All participants in the study agreed to have experienced cultural shock that impacted their adjustment to American education system. Some of the challenges found in this study include cultural change or shock, being a minority, difficulties in applying for programs, difficulties in getting help with homework, and language barrier problems. In addition, three U.S. born participants stated that they had no challenges when adjusting to American education, however, they expressed some cultural issues that had negative impact on their ability to adapt to American educational system. Sahra said "it took me a while to adjust. There are so many different things that American schools do that African schools do not."

The findings indicate some of the challenges that Somali students had to overcome to adjust to education in America. Learning a new culture and language is very difficult process for immigrants who go thorough resettlement in another country.



## **Theoretical Analysis of Theme**

This study finds that there are several factors that contributed to the challenges participants have faced to adapt to the American educational institutions. Most participants in the study struggled interacting with the dominant culture and this caused their hardships in adapting to the American educational institutions. Some participants had a difficult time understanding and benefiting from education institutions in the U.S. due to their lack of positive interaction with the dominant culture. Sahra expressed her difficult in adjusting education in American institutions. She said, “it took me a while to adjust. There are so many different things that American schools do that African schools do not.” Another participant reported his struggle with adjusting to education in America. Ali stated, “It was difficult because I moved from another country and I did not know anything about the education in America.” The study findings show some participants’ high acculturation to the dominant culture may had positive impact on their adjustment in American educational institutions. Three participants reported they had not struggled with adjusting to education in American institutions and did not experience cultural shock.

## **Theme Two: Awareness of Mental Health**

### **Summary of Findings**

The study findings show that most participants had some knowledge in regard to mental health. The findings include how participants identify that they have mental health issues and awareness of the available resources for help. Most participants indicated some knowledge of mental health problems such as anxiety, depression, sadness, stress, and trauma. Second, most participants expressed their knowledge of mental health resources available at their college campuses. Finally, most participants expressed positive perception about seeking mental health support.

## **Theoretical Analysis of Theme**

For the purpose of this major theme, generational trauma theory was used as a lens to analyze and interpret the findings of the study. Generational trauma is a trauma that is not just experienced by one person-it extends from one generation to the next (Gillespie, 2020). In addition, people in countries that have endured years, even decades, of war may have generational trauma (Gillespie, 2020). Moreover, the symptoms of generational trauma may include hypervigilance, a sense of a shortened future, mistrust, aloofness, high anxiety, depression, panic attacks, nightmares, insomnia, a sensitive fight or flight response, and issues with self-esteem and self-confidence (Gillespie, 2020). The findings in the study exhibit some of the participants' mistrust of seeking mental health support and that contributed their lack of knowledge of the mental health resources available to them.

This study finds that most participants have knowledge about mental health and identified some of their own mental health symptoms. Participants expressed awareness about mental health and the resources available to them, however, some of them showed mistrust for their available resources. Similarly, some participants demonstrated stress and lack of relationship with college counselors and health centers. For example, one participant stated that the mental health resources available on her campus are not tailored to people like her. The findings in this study illustrate how most participants have knowledge about the mental health resources available to them and their complex attitude toward seeking support. The participants' attitude toward seeking support is influenced by what they learn from the elders in Somali culture, but some of them are clearly working to identify their own perceptions about mental health and how they may differ from previous generations.

## **Theme Three: Challenges to Seeking Mental Health Services**

### **Summary of Findings**

The findings of the third major theme explored the challenges participants faced seeking mental health services. First, the findings stated the limited awareness of mental health support expressed by some of the participants in the study. Next, the findings demonstrated the other factors that limited participants' access to mental health support including stigma, myths, and misconceptions. Finally, the findings of the study also showed cultural and self-preferences of some of the participants as an obstacle to accessing mental health support.

### **Theoretical Analysis of Theme**

I used generational trauma theory as a lens to analyze and interpret the study findings of this theme. One factor that some of the participants had limited awareness of mental health resources is their lack of interacting with the dominant culture. Keeping to themselves was one the reasons these participants were not aware of the resources available in the community. Another factor that had a negative impact on some of the participants could be their mistrust for mental health resources due to their trauma. Participant Rukia stated, "I do not feel comfortable enough seeking professional mental health because I feel the resources are not tailored to people like me." This quote from this participant illustrated the mistrust some participants have for mental health resources.

The study found that Somali college students showed relatively higher levels of acculturation to U.S. culture and maintenance of original culture. For example, some participants reported positive perception in seeking mental health services and reported awareness of the resources available at their college campuses. However, some participants showed mistrust in the

services and resources available at their colleges. This qualitative study examined the challenges Somali college students in seeking mental health services.

Participants raised several cultural factors contributing to the hindrance of their help-seeking. Stigma, myths, and misconceptions about seeking mental health services align with the literature reviewed concerning mental health and the Somali community. The findings in this study are supported by the literature reviewed which show the challenges the immigrant Somali community faces to deal with mental health. For example, research about the Congolese and Somali beliefs about mental health services conducted by Piwowarczyk et al (2014) reported: “there is a significant stigma in the community related to both having a mental health problem and seeking treatment” (p. 212). The findings reveal the challenges that Somali higher education students face when seeking mental health services including limited awareness, stigma, myths, and misconceptions, and cultural and self-preferences.

#### **Theme Four: Coping Mechanisms**

##### **Summary of Findings**

The findings of this study revealed most of the participants utilized various coping mechanisms when dealing with mental health issues. Four major sub-themes encompass this major theme: 1) spirituality and holistic coping, 2) support groups or systems, 3) seeking professional help, and 4) being active. The findings demonstrated that most participants relied on friends and family members as a coping mechanism instead of professional help.

##### **Theoretical Analysis of Theme**

Generational trauma was an important theory used to analyze and interpret the findings in this theme. Some participants reported feeling stressed and depressed, and in some cases, this could be an indication of trauma experienced by the participants. Moreover, the trauma that is manifested

by participants could be an extension from their parents, who may have lived through transgenerational trauma. Therefore, generational trauma theory can contribute to a deeper understanding of vulnerabilities and areas of strength toward coping with mental health symptoms.

Reflecting upon their understandings of mental health issues, participants reported coping strategies to deal with mental health challenges. For example, participants relied on talking to family members about the problems faced or talking to friends. Some participants displayed mistrust when it comes to seeking professional help which may relate to the trauma, they or their family members experienced. Alemi et al. (2021) reported the prevalence of mental health problems of the Somali community can be attributed to pre-migration traumas and post-resettlement stressors that include barriers to successfully integrating both culturally and economically.

My study confirmed the findings of the study by Bentley and Gibbs (2010) that experiencing trauma can affect current functioning, however, some individuals do not know there is professional health care available to address this. The findings of the study agree with literature reviewed in terms of relying religious on rituals or spirituality mechanisms to cope with mental health issues. For example, Schuchman and McDonald (2004) explained that Somalis rely on religious leaders or traditional healers on their mental health issues.

### **Theme Five: Improving Help-Seeking Attitude**

#### **Summary of Findings**

Although the qualitative analysis of the data does not transfer the findings in this section, it can reveal important clues about the participants' lived experience in improving help-seeking attitude. The findings in the final major theme explore the various ways in which Somali college students can be encouraged and motivated to seek help when facing mental health issues. Two

sub-themes emerged in this major theme: 1) increasing awareness, and 2) enabling or creating support systems.

### **Theoretical Analysis of Theme**

For the purpose of this study, I used acculturation theory to analyze and interpret the findings in this major theme. Studies have found that immigrant students experience depression, anxiety, and identity confusion due to challenges such as language barriers and cultural differences after their transition to a new environment (Chai et al., 2019; Ngo, 2014). Acculturation theory is compatible in improving help-seeking attitude for Somali college students and addressing their support system.

Most participants suggested ways that can improve help-seeking attitude including bridging language barrier, educating the community, and having open-ended discussions. One participant indicated that accommodating different perspectives regarding mental health support can increase awareness. Other participants expressed creating judgement-free spaces can improve help-seeking attitude among Somali college students. The complex perception of participants and their perspective of improving help-seeking attitude when compared to the literature about the Somali community may be due to their high acculturation in the dominant culture. Some participants stated that they did not struggle adjusting to the host culture and that had impact on their positive attitude toward help-seeking.

### **Conclusion**

The findings of this study were analyzed and interpreted using acculturation theory and generational trauma theory. The five themes in the findings include: 1) challenges in adjusting to American education, 2) awareness of mental health, 3) challenges to seeking mental health services, 4) coping mechanisms, and 5) improving help-seeking attitude. This discussion in each

section indicates how the theories used to analyze are compatible to address the five themes found in the study. In the next chapter, I summarize the study, explain limitations and implications of my research, and state recommendations.

## **CHAPTER SIX: SUMMARY, LIMITATIONS, IMPLICATIONS, RECOMMENDATIONS, AND CONCLUSION**

The purpose of this study was to examine and understand the perception of Somali college students in seeking mental health services. I used phenomenology to conduct qualitative research through structured interviews. Somali higher education students shared their perception of mental health and awareness of the mental health resources available in their campuses. In this chapter, I present a summary of the study, discussion of the findings, and recommendations for future research, educational leaders, and Somali college students for future research.

### **Study Summary**

Mental health concerns have been a growing problem that college students encountered for the last two decades (Anderson, 2019). These concerns have been exacerbated by the COVID-19 pandemic (Colarossi, 2023). Addressing the emotional wellbeing of college students plays an important role in the success of their college experience. The purpose of the study was to investigate the following questions: 1) how do Somali college students in the Midwest perceive seeking mental health services? and 2) how do Somali students describe their understanding of mental health and their experiences when seeking mental health services?

As a Somali mental health practitioner, I was interested in researching the lived experience of Somali higher education students about mental health issues. Through my experience as a mental health practitioner, I knew how many communities stigmatize mental health problems and underutilize the resources available to deal with these challenges. Therefore, I wanted to find out how Somali college students are aware about mental health and their perception about seeking mental health services. I designed this qualitative research to examine and explore the perception of Somali college students in seeking mental health services.



I used a phenomenological study to understand how Somali college students made sense of their lived experience regarding mental health issues (Creswell & Poth, 2018; Patton, 2015). I started collecting data after receiving approval from the Institutional Review Board (IRB) of the University of St. Thomas. I used purposeful sampling to recruit my research participants who met the criteria specific to my study (Creswell & Poth, 2018). My research participants include three men (n=3) and seven women (n=7) who attend higher education institutions in the Midwest. The 10 participants participated in semi-structured interviews to collect the data. After the interviews were conducted, the recorded data was transcribed verbatim, including non-verbal communication and other contextual cues. The transcripts were reviewed for accuracy and completeness before imported into NVivo for coding and analyzing qualitative data.

I analyzed and coded the data to identify the main themes that emerged from the data (Creswell & Poth, 2018; Miles et al., 2014). These themes were refined and defined based on the data, and connections were made between the themes and the research question (Moustakas, 1994). I did member checking to make sure that themes and findings were aligned to participants' experiences.

Five major themes and 12 major sub-themes emerged from the data analysis, which I used as the basis for the theoretical analysis. The first theme was the challenges in adjusting to American education by Somali college students. The second theme addressed the awareness of mental health among Somali college students who participated in the study. The third theme was about challenges to seeking mental health services by Somali college students. The fourth theme surfaced the coping mechanisms Somali college students utilize to deal with mental health issues. The fifth major theme explored improving help-seeking attitude for Somali college students.

For the first theme, participants outlined some of the challenges faced while adjusting to education in American institutions. Some participants shared that being in the racial minority was one of the obstacles they faced to adjust education in American institutions. Other participants reported cultural shock was a major issue to adjust education in American institutions. One participant expressed difficulties in applying for programs was very challenging to him to adjust education in America. Another participant stated that language barrier problems was a major issue faced to adjust education in American institutions.

For the second theme, participants shared their knowledge about mental health and identifying health issues and resources. Some participants identified symptoms of mental health such as anxiety, depression, sadness, stress, and trauma. Other participants reported knowledge about the mental health resources available in their campuses such as counselors, therapists, screening clinics, student health service centers, and call line. However, some participants pointed out their lack of knowledge about the resources available at their campuses. Some of these participants also stated that the resources available on their campuses do not meet their needs and are tailored for others.

For the third theme, participants expressed the challenges they face when seeking mental health services. First, some participants reported limited awareness of mental health such as less experience seeking mental health support or limited awareness of available resources. Next, some participants reported stigma, myths, and misconceptions as obstacles to seeking mental health services. For example, Ali said “seeking mental health services is a taboo in the Somali community and they might think you are crazy”. Another participant stated that Somali community stigmatizes seeking mental health services. Sahra said, “mental health is a big taboo in the Somali community and someone seeking services is considered weak and looked down”. Another participant

suggested that there are misconceptions about mental health in the Somali community. Fatuma said, “mental health is like a taboo and it is hidden. People want to keep everything private”. Finally, other participants stated that cultural and self-preferences such as religion as an obstacle to seeking mental health services.

For the fourth theme, participants explained coping mechanisms they utilize when dealing with mental health issues. Some participants reported spirituality and holistic coping such as going to the mosque, meditation, praying, and reading the Quran as a coping mechanism. Other participants expressed support groups or systems such as talking to friends and family, talking to other worshippers, and talking to school staff as coping mechanisms. In addition, other participants reported seeking professional help such as going to a therapist as a coping mechanism. In the end, some participants reported being active such as engaging exercise and taking a walk as coping mechanisms.

For the fifth theme, participants explored the various ways to improve help-seeking attitude for Somali college students. Some of the participants suggested increasing awareness such as bridging the language barrier, educating the community, having open-ended discussions, and talking mental health in the media. Other participants shared enabling or creating support systems such as judgement-free spaces can improve help-seeking attitude.

Finally, I used two theoretical frameworks to analyze the findings in this study. Acculturation theory which addresses the interaction between immigrants and the home culture was used as a lens to analyze and interpret the finding (Chai et al., 2019; Ngo, 2014). Acculturation theorists have focused on explaining three main concepts of acculturation: unidirectional acculturation, bi-dimensional acculturation, and interactive acculturation (Chai et al., 2019; Ngo,

2014). The findings of the study revealed some participants' high acculturation to the host culture played an important role in their adjustment to education in American institutions.

The second theory I used to analyze the findings was generational trauma theory (Gillespie, 2020; Kahn & Denov, 2022). Generational trauma is a trauma not just experienced by one person but trauma that extends from one generation to the next (Gillespie, 2020; Kahn & Denov, 2022). Finally, trauma can manifest itself through stress, and anxiety and it impacts personalities, relationships, parenting, communication, and views of the world (Gillespie, 2020; Kahn & Denov, 2022). The findings of the study displayed the challenges participants faced when seeking mental health services and its negative impact on their help-seeking attitude.

### **Discussion of Findings**

The findings in the study demonstrated the participants' awareness of mental health and their positive perception of seeking mental health support. This finding is different from the literature reviewed that address the negative perception of the Somali immigrant community in the U.S. about mental health issues. For example, Bentley and Gibbs (2010) expressed how the Somali community stigmatizes mental health illness and treats people with mental health problems differently.

### **Limitations of the Study**

The participants shared their lived experience in the study for an area in which I was working professionally. The small size of the study is also another limitation. I chose to focus on Somali college students in the Midwest and that narrowed the pool of participants. The small participant pool limited my ability to recruit a large sample size. This study cannot be generalized since the sample size is limited; however, it allowed an in-depth study with the research topic.

### Implications of the Study

I drew several implications from the findings of the study. First of all, the study found that due to their high acculturation to the host culture, participants showed awareness of mental health and complex feelings about seeking mental health support. The findings from this study align with the literature reviewed that show connection between acculturation and identifying mental health resources (Chai et al., 2019; Ngo, 2014).

Second, the findings in this study imply the challenges that participants experienced when seeking mental health services. Participants had to overcome limitations that have hindered them from seeking help such as limited experience seeking mental health support and limited awareness of available resources. In addition, participants faced cultural misconceptions such as taboos and social stigma which limited their ability to access resources. The literature reviewed is consistent with this finding due to the trauma that immigrant communities went through in their lives.

### Recommendations

The findings and implications provide the basis for recommendations for future researchers, recommendations for therapists, educational leaders, and Somali college students. I intend the recommendations to guide the next steps for these constituencies to improve the emotional wellbeing of Somali college students. I provide the recommendations in detail in the following sections.

#### Recommendations for Future Researchers

This research contributed to the limited knowledge about the perception of Somali college students in seeking mental health services to fill the gap. Researchers should expand on this research to better understand how to address the emotional wellbeing of Somali college students

to improve their college experience. Researchers should study Somali college students and the challenges they face to succeed in their college experience.

This study involved 10 Somali college students who attend four-year colleges in Minnesota. Future researcher should consider Somali college students who attend both public and private institutions in the U.S. In addition, future researchers should consider using a quantitative research or mixed method to collect a rich data regarding the challenges Somali college students face to overcome mental health issues. Future researcher should focus on communication about mental health support among the Somali population in culturally appropriate ways.

### **Recommendations for Therapists**

Providing culturally responsive mental health services to Somali community requires that therapists recognize clients' cultural and religious perspectives on mental illness and their unique civil war trauma and migration experiences. It is also imperative to acknowledge how they are impacted by their multiple marginalized identities and the systems of oppression. In addition, their internal and subjective experiences of racism and the level of acculturation and assimilation process must be considered. Therapists should practice culturally competent care by acknowledging and learning more about clients' unique backgrounds, and from there, offering services tailored towards each client's needs. Finally, therapists need to address how multiple sociostructural dimensions may impact Somali community's mental health.

### **Recommendations for Educational Leaders**

College students need emotional support as well as academic support to succeed in their college experience. Educational leaders should increase awareness of mental health and should be culturally responsive to the needs of Somali college students. Educational leaders should allocate

resources for mental health and utilize diverse staff who represent their students. In addition, educational leaders should create a safe space for students seeking support.

### **Recommendations for Somali College Students**

Somali college students should increase their awareness of the resources available in their campuses and utilize them. Next, Somali college students should avoid relying cultural misconceptions about mental health problems and seek professional help when needed. Finally, Somali college students should be proactive and encourage their peers to seek support when struggling with mental health problems.

### **Conclusion**

In my study, ten participants explained their lived experiences and understandings of mental health issues. Participants shared their hardships adjusting to American educational institutions as immigrants or children of immigrants. Participants shared factors that contributed to their challenges to adjust educational institutions in the U.S. including being in the racial minority, cultural shock, language barrier problems, and difficulties in applying for programs.

Most participants showed awareness of mental health issues. Some participants identified symptoms of mental health such as anxiety, depression, sadness, stress, and trauma. Other participants expressed their knowledge of the mental health resources available on their campuses. While other participants stated their positive attitude toward seeking mental health support. In addition, participants expressed challenges to seeking mental health services that limit their ability to seek help. These challenges include less experience seeking mental health support, cultural misconceptions, and cultural preferences.

The focus of my study was to understand how Somali college students perceive seeking mental health services. The data collected and the theoretical analysis suggest the following:

1. High acculturation into the host culture is an important factor that may create a positive attitude toward seeking mental health support.
2. Cultural misconceptions may hinder or limit the ability to seek help for mental health issues.
3. Somali college students can play an active role in improving help-seeking attitude and motivate their peers to seek help when facing mental health issues.

Future research should explore whether or not each of these possibilities individually can draw the inferences mentioned above.

Finally, this study contributes to the small research that address the mental health needs of Somali students in the Midwest. There is a growing number of Somali students that will attend four-year and community colleges within the next few years, and they will have their own needs in their campuses. Therefore, educational leaders and staff will need to address the emotional health needs of these needs. This will demand a culturally responsive strategy to provide appropriate support around the emotional needs of Somali college students in the Midwest.



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**Appendix A: Map of the Continent of Africa**

### **Appendix B: Interview Questions**

1. How long have you lived here? What brought you here?
2. As an immigrant or a member of an immigrant family, what was it like to adjust education in American institutions?
3. What experiences do you have with seeking mental health support?
4. How do you feel about seeking mental health services?
5. Whom do you usually turn to for help when facing a problem?
6. What is your knowledge about the mental health resources available in your higher education institution?
7. How does your cultural identity impact your perspective of mental health illness?
8. What, if anything, helps you feel more comfortable talking about mental health issues?
9. What are things in your culture that help with your sadness, anxiety, bad experiences, or other troubles?