Communicating Mental Health Coping Resources Among College Students of Color: A Resilience Approach to COVID-19 Response

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ABSTRACT

The COVID-19 pandemic has disproportionately affected African American college students and put them at high risk of mental health concerns. Guided by the community resilience model, this study examined how Historically Black Colleges and Universities (HBCUs) communicated mental health resources during the COVID-19 pandemic. An analysis of HBCUs' website-based communication showed that mental health received minimal importance in response to the ongoing pandemic. Although larger and advanced degree-granting institutions provided a relatively greater amount of mental health resources than smaller institutions, those resources might not be sufficient to buffer against the COVID-19 induced stressors. Providing such inadequate mental resources indicate that many HBCU institutions were unable to provide a necessary supportive environment for the campus communities. HBCUs may establish formal and informal networks with local and regional mental health support organizations and share resources. Specifically, smaller institutions would benefit from such networked support. Additionally, HBCUs need to prioritize mental health in their response to COVID-19 to promote resilience among the student community.

KEYWORDS: Historically Black Colleges and Universities (HBCUs), COVID-19, mental health, coping resources, community resilience

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Introduction

College students' mental health is one of the most prevalent health concerns for Institutions of Higher Education (IHEs; Lipson et al., 2019). The current Coronavirus Disease-2019 (COVID-19) pandemic has exacerbated this known health risk factor (Active Minds, 2020; Akhther & Sopory, 2022). Along with a serious threat to individual health, social stability, and economic prosperity, the COVID-19-related trauma has created serious psychological distress among college students. Particularly, the students of Historically Black Colleges and Universities (HBCUs) have greatly suffered due to the intersection of the pandemic with other crises, including unemployment and systematic racism against the African American community (Amour, 2020; Louis-Jean et al., 2020; Novacek et al., 2020). The situation has created an urgency for the HBCUs to promote mental health resources to help students cope with significant stress and uncertainty.

Literature theorizing community resilience argues that providing coping resources for the affected individuals is critical during crises (Houston et al., 2015; Norris et al., 2008; Seeger et al., 2021; Ye et al., 2020). The Resilience Activation Framework (RAF), for example, shows how access to resources, both formal and informal, activates resilience attributes, defined as the characteristics of a system that allows it to effectively use its resources, and reduces psychological stress among the affected communities (Abramson et al., 2015). Communication scholars have described resilience in terms of communicative processes, resources, and capacities (Buzzanell, 2010; Houston et al., 2015; Norris et al., 2008), and resilience-oriented communication focuses on providing robust informational and emotional resources that are critical for communities to cope with adversity (Cohen & Wills, 1985; Nettles et al., 2000; Norris et al., 2008). Individuals' access to such resources is the expression of their resilience against stressors (Abramson et al., 2015). Although resilience functions at the intersection of individual and community levels, existing research involving resilience has primarily focused on the individual perspective (Norris et al., 2008; Ye et al., 2020; Yıldırım & Solmaz, 2020). Our study approaches resilience from the community perspective.

During crises, demands outstrip coping resources, and the resilience system has some capacity to absorb disturbances in the system and retain functionality (Abramson et al., 2015; Hobfoll & Shirom, 2000). Given the multitude of effects of the COVID-19 pandemic on college students of color (B. F. Liu et al., 2021a), it is crucial to initiate interaction between crisis-induced stressors and available mental health support resources. As an institutional network, local and familiar websites are potential places to communicate resources to a community, particularly during crises and disasters (B. F. Liu et al., 2021b; Schwartz & Bayles, 2012) as affected individuals are more likely to rely upon their local trusted sources than any distant unfamiliar resources (Norris et al., 2008). Access to robust institutional resources is necessary for the community to activate resilience attributes and buffer against prolonged stressors (Norris et al., 2008). Accordingly, we examined HBCUs' website-based communication to understand how they prioritized mental health resources to promote resilience against the COVID-19-induced stressors.

Literature Review

In the following sections, we discuss the impact of COVID-19 on the mental health of college students of color, provide an overview of the current state of the mental health resources in HBCU institutions, and look at the literature related to crisis-induced stressors, resource mobilization, and resilience.

COVID-19 Disruptions and Mental Health Crisis in Black Institutions

Research has shown that Black college students experience a high rate of acute stress, including post-traumatic stress disorders, depression, and generalized anxiety (Mesidor & Sly, 2013; Novacek et al., 2020). Students of color are vulnerable to committing suicide, poor academic performance, and poor health experience (Smith & Ragouzeos, 2019; Walker, 2015). The COVID-19 pandemic has worsened this situation. Experts have stated that the COVID-19 pandemic carries triple risks for college students of color, and they not only confront the risk of contracting the virus

but are also highly vulnerable to its psychological damage due to the intersections of other risk factors, including inequality and systematic racism against the community (Laidler, 2020). Centers for Disease Control and Prevention (CDC) has reported that Black Americans are disproportionately affected by the coronavirus, including higher hospitalization and mortality rates (CDC, 2020; Louis-Jean et al., 2020).

In addition to the disproportionate impact of the virus, unemployment, racial discrimination, trauma, and police brutality specifically, the widely published George Floyd's murder and subsequent protest, put Black college students at higher risk for mental stress, anxiety, and depression (Louis-Jean et al., 2020; Novacek et al., 2020; Yang & Hanasono, 2021). A recent survey conducted by the United Negro College Fund among HBCUs showed that more than one-third of the HBCU students experienced mental distress due to the COVID-19 pandemic (Amour, 2020). Another similar research conducted across HBCUs located in Florida found that Black students experienced the poorest mental health as they reported moderate to severe levels of anxiety and depression (Wheaton et al., 2020). Mental health conditions not only affect physical health but also influence academic experiences. For example, students who report declines in their mental health are three times more likely to consider transferring from the existing study institution than those who have not experienced mental health issues (Amour, 2020). Disruption in finance, educational plans, living situations, career goals, and academic performance creates further stressors that impact well-being (Molock & Parchem, 2021). Together, existing literature has shown that Black college students are most vulnerable to the severe mental health consequence of COVID-19. The situation has created an urgency for HBCUs to provide necessary mental health support for their community. In the following section, we discuss the current state of mental health services and resources in HBCUs.

Mental Health Support Service in HBCUs

Mental health support services and resources are in large demand among the HBCU communities (Smith & Ragouzeos, 2019). The severity and extended duration of the ongoing COVID-19

pandemic have increased the demand for such essential health services and resources (Norris et al., 2008) even when many of the existing mental health services offered by the institutions are underused (Moore et al., 2018; Wilson, 2020). Lack of awareness, advertisement and promotion, understaffing, confidentiality, and the social stigma associated with help-seeking are the primary reasons for mental health resources not being used by students (Akhther & Sopory, 2022; Wilson, 2020).

Additionally, many of the HBCUs have inadequate staff to provide counseling, manage programs, lead teams, or provide specialized therapy to students with mental health needs (HBCU & NCCPS, 2016; Wilson, 2020). Many of these institutions are currently operating with low resources (Louis-Jean et al., 2020). Experts have highlighted the unique needs for HBCUs' campuses that are essential to support student's mental health, including alternative sources of funding; staffing and budgeting for mental health services; dialogue surrounding mental health disorders; training for counseling center officials; and advertising and promoting counseling resources (HBCUs & NCCPS, 2016). Given the increased rate of mental health conditions associated with COVID-19, HBCUs' leaders have been urged to address the unique needs of students' mental health and prioritize support services, develop strategies, and target interventions to promote mental health resilience (B. F. Liu et al., 2021a; C. H. Liu et al., 2020; Novacek et al., 2020).

Crisis Induced Stressors, Resource Mobilization, and Resilience

Crises are negative events that often create serious threats to the status quo of an existing system and impact the affected population (Norris, 2008; Reynolds & Seeger, 2006; Sellnow & Seeger, 2021). Resilience can help communities and individuals adapt in the face of such adverse situations (Hobfoll & Shirom, 2000; Windle, 2011). Resilience is a widely used concept in various disciplines including sociology, political science, and communication (Buzzanell, 2010; Houston et al., 2015; Norris et al., 2008), and the concept has been defined from various disciplinary perspectives. Ganor and Ben-Lavy (2003) defined community resilience

as the ability of individuals and communities to deal with a state of continuous, long-term stress-created adverse circumstances that threaten individuals' or communities' well-being or functioning (Norris et al., 2008). The stressors specific to COVID-19 may include bereavement due to the loss of friends or family members, unemployment, and the risk of catching the virus. Various conditions including pre-existing vulnerability and duration are likely to affect individuals' stress appraisal process and their response accordingly (Buzzanell, 2010; Windle, 2011). Norris and colleagues (2008) define resilience as "a process linking a set of adaptive capacities to a positive trajectory of functioning and adaptation after a disturbance" (p. 130). They describe adaptive capacities as resources with dynamic attributes that are necessary to cope with stress. Crisis symbolizes a hypothetical balancing act between stressor and resources. Demand during extreme events that are characterized as a crisis is likely to outweigh the resources (Islam et al., 2022; B. F. Liu et al., 2021a). Dynamic properties of resilience resources include robustness, redundancy, and rapidity (Norris et al., 2008). Furthermore, communities that depend on a narrow range of resources are less likely to be able to cope with the change caused by the disruptions in the system (Norris et al., 2008; Sellnow & Seeger, 2021).

A resilient system requires access to robust resources that help counteract the stressors caused by any disruptive circumstances (Abramson et al., 2015; Cohen & Wills, 1985; Houston et al., 2015). Resilience-oriented communication focuses on providing information that is critical for communities and individuals to survive and revive in times of significant adversity like COVID-19 (Buzzanell, 2010; Houston et al., 2015; Sellnow & Seeger, 2021). Adaptive capacities are the key protective factors that refer to assets or resources with dynamic attributes, which facilitate capacity for adaption and moving forward in the face of adversity (Houston et al., 2015; Norris et al., 2008; Sellnow & Seeger, 2021; Windle, 2011). Resources can be the external support, including communication, social connection, social support, care, and community services, which serve as a key psychological instrument to enhance competence and efficacy against the stressors (Abramson et al., 2015; Cohen & Wills, 1985; Houston, 2018; Houston et al., 2015;

Nettles et al., 2000; Norris et al., 2008; Yang & Hanasono, 2021). As a psychological resource, social support is one of the key protective factors that allow students to cope with the stress and further reduce the stress (Cohen & Wills, 1985; Yang & Hanasono, 2021). Therefore, resilient students are more capable of dealing with fears of coronavirus stressors and mitigating the adverse outcomes of stressful situations (Ye et al., 2020; Yıldırım & Solmaz, 2020).

Crisis scholars have urged higher education institutions to provide necessary interventions to promote mental health resilience during emergencies (B. F. Liu et al., 2021a; Novacek et al., 2020). The more severe and enduring the stressors, the more resources are required to buffer against the stressors (Norris et al., 2008). Opposite to resilience, vulnerability can occur due to inadequate resources (Norris et al., 2008; Seeger et al., 2021). To promote resilience, it is crucial to initiate interaction between stressors and resources available where communication is central to resource mobilization (Buzzanell, 2010; Houston et al., 2015; Sellnow & Seeger, 2021). Specifically, institutional networks or communication systems like news media or websites are key to exchanging informational and emotional support and promoting community connection. Previous research has indicated that school communities are more likely to utilize websites than other information outlets to seek timely and accurate information during emergencies (Friedman et al., 2008). In the face of prolonged public health crises, website-based communication is even more important for disseminating coping resources and health risk communication (Islam et al., 2022; C. H. Liu et al., 2020; Schwartz & Bayles, 2012; Seidel et al., 2020).

Research shows that COVID-19 has disproportionately affected the communities of color, including college students (CDC, 2020; B. F. Liu et al., 2021a; Louis-Jean et al., 2020), and has taken prolonged negative tolls on their mental health (Louis-Jean et al., 2020; Novacek et al., 2020; Yang & Hanasono, 2021). However, it is not understood how historically Black colleges and universities address the mental health challenges in their ongoing response to the COVID-19 pandemic. In this exploratory study, we sought to understand HBCUs' mental health-related communications and resources from the community resilience perspective (Abramson

et al., 2015; Buzzanell, 2010; Cohen & Wills, 1985; Houston et al., 2015; Nettles et al., 2000; Norris et al., 2008). Accordingly, we asked the following research questions:

> RQ1: How did HBCUs communicate mental health resources through their websites during the COVID-19 pandemic?

> RQ2: Is there any association between HBCUs' campus characteristics and their communication of mental health resources through their websites during the COVID-19 pandemic?

Method

A quantitative content analysis of HBCUs' website-based communication was conducted to understand how these institutions provided mental health resources to enhance resilience among the community during the COVID-19 pandemic.

Sampling and Data Collection

This study included all HBCUs accredited by the U.S. Department of Higher Education. In January 2021, a list of 100 accredited HBCUs was obtained from the College Navigator function of the National Center for Education Statistics 2021 (National Center for Education Statistics, n.d.; U.S. Department of Education, n.d.). We examined the COVID-19-related updates, counseling center/mental health services, and news and event web pages of each college and university. We identified these web pages by going through the home pages of each college and university. The data collection process includes: first, colleges and universities' home pages were accessed using links from the College Navigator website. Second, web pages of the COVID-19 update, counseling center/mental health services, and news and events were searched using keywords: "COVID-19 update/dashboard," "counseling center/services," "mental health services," "news," and "events." Third, each of the web pages was visited, including hyperlinks (e.g., COVID-19 FAQ, president message/campus update). All pertinent links were coded and copied in an MS Excel sheet that included a predefined codebook.

We examined the HBCUs' communication published during January–December 2020. This timeframe was selected considering the magnitude of the COVID-19 pandemic, including the high mortality and hospitalization rate in the United States and globally at large. The selected period also allowed us to capture the high uncertainty of the pandemic in the early days that forced U.S. higher education institutions to quickly shift traditional instructional processes into remote or e-learning (Active Minds, 2020; B. F. Liu et al., 2021a, 2021b). The data collection process took place in February 2021.

Coding Scheme and Measures

Individual web pages and subpages/hyperlinks were coded as the unit of analysis. We developed a codebook using a combination of deductive and inductive approaches (Neuendorf, 2019). Initially, a codebook was developed using recent literature on website-based health risk communication (C. H. Liu et al., 2020; Schwartz & Bayles, 2012; Seidel et al., 2020). To test the instrument, we coded 10 colleges and universities from the listed HBCUs. Then, we revised the codebook with additional variables for a comprehensive assessment.

COVID-19 Messaging

COVID-19 messaging was measured by determining whether the institution communicated any COVID-19-specific message on its websites. The presence of any COVID-19-related information was coded in this category, which could have been presented as a full web page, a link, or an article on the websites. We coded it dichotomously (yes = 1, no = 0).

Mental Health Resources

We measured mental health resources using eight criteria. First, we coded the presence of counseling center/mental health services using both the COVID-19 page and the main home page of each college and university. The second category coded for the presence of counseling or mental health services/resources if the

COVID-19 web page or messages directed/linked to the resources. For this, the COVID-19 web page with associated subpage and hyperlinks (e.g., COVID-19 FAQ) were visited and analyzed followed by keyword searches, such as "counseling services," "mental health services," "stress," and "coping." These keywords were used to identify the presence of information within web pages and articles/messages. The third category referred to the presence of psychoeducation about mental health relating to COVID-19. If the institutional counseling center and COVID-19 websites linked/directed to any coping resources related to COVID-19 stressors, anxiety, and depression, it was included in this category. The fourth category was coded for the presence of information about remote counseling and telemental health services during the pandemic. If the counseling center and COVID-19 websites included explicit communication about services available during the pandemic and directed students to access remote services, it was included in this category.

The fifth category referred to the presence of emergency resources. If the institutional counseling center provided emergency contact information and directed it to the helpline, or crisis hotlines, it was included in the category. The sixth category identified the presence of community-based mental health resources. If the institutional counseling website was directed to mental health-related local, national, or online resources (e.g., ULifeline, NIMH, NAMI, SAMHSA), it was coded for this category. In the seventh category, news, events, and counseling websites were analyzed to determine whether the institution took any new initiative (e.g., partner with *JED foundation or MEtA Teletherapy*) and conducted interventions (e.g., virtual therapy session, webinar, zoom training/workshops) to support students' mental health during the COVID-19 pandemic. In the eighth category, the presence of campus leaders (e.g., President, Provost, Dean, Directors) communication about counseling/mental health resources was determined by analyzing COVID-19 message/update to the campus community. Both COVID-19 and news web pages were visited and analyzed followed by keyword search: "counseling services," "mental health services," "stress," "anxiety," "depression," "coping," and "support." If any messages or news articles communicated

resources or provided compassionate messages relevant to key-words, it was included in this category. All COVID-19 campus update messages and news articles that were disseminated during January–December 2020 were analyzed for this category. All items were coded dichotomously (yes = 1, no = 0).

Campus Characteristics

As previous studies suggested (Liu et al., 2020; Seidel et al., 2020), we coded eight campus characteristics of the HBCUs, such as type of institution (university, college, community college); campus size (small, mid, large, remote and others); campus location (city, suburb, rural, town); student enrollment size (small, medium, moderately large, and large); school type (2-year, 4-year); sources of funding (public, private); highest academic degree granted institutions (bachelors, masters, doctoral, and associate degree/certificate); and campus housing. Types of schools were coded by using the U.S. Higher Education glossary of university, college, and community college (Narayan, 2011). Institutions that offer both undergraduate and graduate degrees are referred to as universities. While college provides undergraduate education, community colleges offer associate degrees and technical and vocational programs (Education USA, n.d.; Narayan, 2011). Also, we recoded student enrollment size into four categories which included small (< 900), medium (900–2,077), moderately large (2,078–4,172), and large (> 4,172). We assessed the spread of the data, median value, and percentiles to determine these groups of institutions. The campus characteristics data were obtained from the College Navigator by the National Center for Education Statistics in January 2021 (National Center for Education Statistics, n.d.; U.S. Department of Education, n.d.).

Intercoder Reliability

To measure intercoder reliability, the two authors randomly selected and coded about 10% of the data ($n = 11$). We used Andrew Hayes Macros to run Krippendorff's alpha (Hayes & Krippendorff, 2007) and assessed intercoder reliability, which ranged from .63 to 1.0. Although the reliability for most of the variables was high

to very high, psychoeducational resources showed low reliability which might be due to the small sample size for this variable.

Data Analysis

We used descriptive statistics and Pearson's Chi-square test to address each research question. For RQ1, we provided descriptive statistics to determine HBCUs' communication of mental health resources. Using Pearson's Chi-square test of independence, we addressed RQ2 that determined the association between HBCUs' campus characteristics and mental health resources. We used SPSS (version 26.0) to run all the statistical analyses.

Results

In the list of 100 accredited HBCUs, there were 60% universities, 30% colleges, and 7% community colleges. Of these, 50% were classified as privately funded institutions and 50% of the institutions were publicly funded. According to the College Navigator by the National Center for Education Statistics, the data census included 89% 4-year institutions and 11% 2-year institutions. The campus size of the institutions included small (11%), medium (28%), large (36%), and remote/distance (25%). The average size of the student population for the institutions was 2,886 (range 99–12,962). Among the institutions, 40% offered doctoral degrees along with 29% bachelors, 20% offered masters, and 11% offered associate degree/certificate. Also, 89% of the institutions had some form of on-campus housing. Table 1 represents details about HBCUs' campus characteristics.

Our findings showed that the majority of the HBCUs had a COVID-19-specific web page (96%) that included campus updates and coronavirus-related resources for the school community. While 88% of the HBCUs had a counseling center web page that included mental health-related services for the student community, 12% of institutions did not have a counseling service-specific web page for communicating mental health resources. The findings are presented below addressing each of the research questions.

TABLE 1   **HBCUs Campus Characteristics**

Characteristics	Percentage (%)
Type of School	
University	60
College	33
Community College	7
4-Year Institutions	89
2-Year Institutions	11
Funding Source	
Public	50
Private	50
Student Enrollment Size	2885.85 (average)
Small	< 900
Medium	900–2,077
Moderately Large	2,078–4,172
Large	> 4,172
Highest Degree Granted	
Bachelors	29
Masters	20
Doctoral	40
Associate Degree/Certificate	11
Offered Campus Housing	89
Campus Size	
Small	11
Medium	28
Large	36
Remote/Distance	25
Campus Location	
City	67
Suburb	9
Rural	6
Town	18

Mental Health Resources

RQ1 asked about the extent to which HBCUs communicated mental health-related resources during COVID-19 through their websites. Findings showed that 38% of the institutions included mental health-related resources in their COVID-19 messaging. Less than half of the institutions included psychoeducational resources (44%) relating to mental health and COVID-19. More than half (63%) of the websites included mental health emergency services, while over one-third of the counseling websites included up-to-date information about remote counseling (39%) during COVID-19. Over half of the counseling sites included community-based remote resources (57%). A quarter of the institutions (26%) showed campus leaders communicated mental health resources with the COVID-19 updates. A segment (17%) of the HBCUs took new initiatives or conducted new interventions to support the students' mental health challenges. Table 2 summarizes the list of predefined mental health resources.

TABLE 2   Mental Health Resources

Resources	*N* (%)
COVID-19 Messaging	96
Mental Health Resources Linked to COVID-19 Messaging	38
Counseling Center/ Mental Health Services	88
Psychoeducation About Mental Health and COVID-19	44
Information About Remote Counseling	39
Directions for Students With Mental Health Emergencies	63
Links to Community-Based Remote Resources	57
Specific COVID-19-Related Mental Health Interventions/Initiative	17
Campus Leaders Messaging About Counseling Resources	26

Campus Characteristics and Mental Health Resources

We conducted a series of Pearson's Chi-square tests to address the *RQ2* that asked how campus characteristics of HBCUs were associated with their mental health resource communication during the COVID-19 pandemic. We examined the relationship between the

type of school, funding source, student enrollment size, and highest degree granted institutions with the binary outcome variables involving mental health resources (counseling services, mental health resources linked to COVID-19 messaging, psychoeducation, remote counseling, mental health emergencies, community resources, interventions/initiative, and campus leaders messaging). Table 3 on the following page shows the results of crosstabulation. Findings of Pearson's Chi-square tests are presented below followed by each mental health resource category.

Counseling Center/Mental Health Services

A Chi-square test of independence showed a significant positive relationship between the type of school and the presence of counseling centers or mental health services, $X^2(2, N = 88) = 7.50$, $p < .02$. Universities were more likely than colleges and community colleges to include a web page dedicated to mental health services. The study showed that funding type was positively associated with mental health-related counseling resources, $X^2 (1, N = 88) = 6.06$, $p < .01$. Especially public-funded institutions were more likely to have counseling services than private-funded institutions. Also, findings showed significant positive associations between student enrollment size and granted the highest degree with the presence of mental health services. Institutions with larger enrollment size (2,078–4,172; and > 4,172) were more likely to have counseling services than small size institutions, $X^2 (3, N = 88) = 18.18$, $p < .0001$. Additionally, institutions with doctoral and masters' programs were more likely to have mental health services than the institutions without having such advanced degree programs, $X^2 (3, N = 88) = 10.82$, $p < .01$.

Mental Health Resource Linked to COVID-19 Messaging

A Chi-square test showed a significant positive association between type of school and mental health resource linked to COVID-19 communications, $X^2 (2, N = 38) = 11.93$, $p < .003$. Universities were more likely to provide links to mental health resources with the COVID-19 messages than colleges and community colleges. Also, student enrollment size was significantly associated with

TABLE 3 Cross-Tabulation Between Campus Characteristics and Mental Health Resources

Campus Characteristics	Mental Health Resources (%)							
	Counseling Center/ Mental Health Services N = 88	Resources Linked to COVID-19 N = 38	Psychoeducation N = 44	Remote Counseling N = 39	Mental Health Emergencies N = 63	Community Resources N = 57	Interventions /Initiative N = 17	Campus Leaders Messaging N = 26
Type of School								
University	95	51.7	56.7	53.3	76.7	70	23.3	33.3
College	75.8	18.2	21.2	15.2	39.4	33.3	6.1	18.2
Community College	85.7	14.3	42.9	28.6	57.1	57.1	14.3	14.3
Funding Source								
Public	96	40	58	54	78	78	24	26
Private	80	36	30	24	48	36	10	28
Student Enrollment Size								
Small (< 900)	64	12	8	4	32	32	4	12
Medium (900–2,077)	96	52	44	40	56	48	12	36
Moderately large (2,078–4,172)	96	36	56	52	80	64	24	24
Large (> 4,172)	96	52	68	60	84	84	28	36
Granted Highest Degree								
Bachelors'	75.9	24.1	24.1	20.7	31	31	10.3	20.7
Masters	95	45	35	30	75	60	15	30
Doctoral	97.5	50	65	60	82.5	75	25	35
Associate Degree/ Certificate	72.7	18.2	36.4	27	54.5	54.5	9.1	9.1

Note: Eight Pearson's Chi-square tests were run to determine the association between campus characteristics and mental health resources.

communicating mental health resources through COVID-19 messaging, X^2 (3, N = 38) = 11.38, p < .01. Results indicated that schools with relatively larger enrollment sizes (900–2,077 and > 4,172) were more likely than others to provide mental health resources through the COVID-19 message. Though public-funded HBCUs (40%) were more likely than private-funded HBCUs (36%) to offer mental health resources, no statistical significance was found for funding type. Similarly, institutions with doctoral programs (50%) referred to more mental health resources through COVID-19 messages than institutions with just bachelors (24.1%), masters (45%), and associate/certificate (18.2%) programs. However, the relationships were statistically nonsignificant.

Psychoeducation About Mental Health and COVID-19

School type, funding type, enrollment sizes, and highest degree granted institutions were significantly associated with the availability of psychoeducational resources related to COVID-19. Universities were more likely to offer psychoeducational resources than colleges and community colleges, X^2 (2, N = 44) = 10.87, p < .01. Similarly, public-funded institutions were more likely to provide psychoeducational resources than private-funded institutions, X^2 (2, N = 44) = 10.87, p < .01. Institutions with larger enrollment size offered higher psychoeducational resources compared to small size institutions, X^2 (3, N = 44) = 20.46, p < .01. Also, institutions with doctoral programs were more likely to provide psychoeducational resources than the other institutions, X^2 (3, N = 44) = 12.72, p < .01.

Information About Remote Counseling

Chi-square tests showed that all four independent variables significantly predicted the presence of remote counseling resources. Again, universities were more likely to offer remote counseling resources than colleges and community colleges, X^2 (2, N = 39) = 13.39, p < .01. Similarly, public-funded institutions were more likely to provide remote counseling than private-funded institutions, X^2 (1, N = 39) = 9.46, p < .01. Institutions with larger enrollment size offered higher remote counseling compared to small size

institutions, X^2 (3, $N = 39$) = 19.29, $p < .01$. Also, institutions with doctoral programs were more likely to provide remote counseling resources than the institutions without having such advanced degree programs, X^2 (3, $N = 39$) = 12.82, $p < .01$.

Directions for Students With Mental Health Emergencies

All four predictors also significantly predicted the presence of information about mental health emergencies. Universities were more likely to instruct students' mental health-related emergencies than colleges and community colleges, X^2 (2, $N = 63$) = 12.80, $p < .01$. Similarly, public-funded institutions were more likely to direct students' mental health emergencies than private-funded institutions, X^2 (1, $N = 63$) = 9.65, $p < .01$. Institutions with larger enrollment size offered higher resources compared to small size schools, X^2 (3, $N = 63$) = 18.66, $p < .01$. Additionally, institutions with doctoral programs were more likely to communicate emergency resources than the institutions without having such advanced degree facilities, X^2 (3, $N = 63$) = 20.81, $p < .01$.

Links to Community-Based Remote Resources

Chi-square tests showed that all four predictors significantly predicted the presence of information about community-based remote resources. Universities were more likely to offer community-based remote resources than colleges and community colleges, X^2 (2, $N = 57$) = 11.68, $p < .01$. Similarly, public-funded institutions were more likely to provide community-based remote resources than private-funded institutions, X^2 (1, $N = 57$) = 17.99, $p < .01$. Institutions with larger enrollment size offered higher community-based remote resources compared to small size institutions, X^2 (3, $N = 57$) = 15.14, $p < .01$. Also, institutions with doctoral programs were more likely to provide community-based remote resources than the others, X^2 (3, $N = 57$) = 13.37, $p < .01$.

Mental Health Interventions/Initiative

One-fifth of the universities (23.3%) took new initiatives to support students' mental health during COVID-19, while only 14.3% and 6.1% of community colleges and colleges took such strategies,

respectively. Public-funded institutions (24%) offered more support than private-funded institutions (10%), though the percentage was relatively small. One-fourth of the institutions with doctoral programs (25%) conducted such interventions compared to institutions with bachelor's (10.3%), masters (15%), and associate/certificate (9.1%) programs. Also, less than one-third of the institutions with a larger enrollment size (28%) than small-size institutions (12%, 4%) took such initiative to support mental health during COVID-19. However, there was no statistical significance found between campus characteristics and mental health intervention/initiative.

Campus Leaders Messaging About Counseling Resources

We examined how HBCUs' leaders prioritized students' mental health support through their COVID-19 messaging. Findings showed one-third of the HBCUs' campus leaders (33.3%) communicated about counseling resources. Only 18.2% of leaders from colleges and 14.3% from community colleges provided information about mental health support in their COVID-19 messages. Leaders of private-funded institutions (28%) were more likely than public-funded institutions (26%) to communicate about the resources. Also, over one-third of the leaders of schools with doctoral programs (35%) referred to more mental health resources through COVID-19 messages than leaders of institutions with masters (30%), bachelors (20.7%), and associate/certificate (9.1%) programs. However, no statistical significance was found between campus characteristics and campus leaders' messaging about counseling resources.

Discussion and Implications

This study investigated how HBCUs communicated mental health-related resources through their websites to foster community resilience against coronavirus-induced stressors. The African American community has been affected by the prolonged COVID-19 pandemic disproportionately, including a greater number of hospitalizations and higher mortality rate, and unemployment, which may have exacerbated their psychological and

other existing vulnerabilities (Louis-Jean et al., 2020; Wheaton et al., 2020). This situation shows that baseline resilience is already stressed by chronic conditions. These conditions are heightened and deeply exacerbated in the face of a pandemic response that targets new stressors in this already belabored community. Resilience occurs when resources are sufficiently robust (Norris et al., 2008; Seeger et al., 2021). Our findings showed that the overall mental health-related resources of the minority-serving institutions were not sufficiently robust. Such a resource-poor environment might have affected the community's mental health resilience (Houston et al., 2015; Norris et al., 2008; Seeger et al., 2021). The findings are discussed below addressing the research questions.

Research question 1 asked how HBCUs communicated mental health-related resources through their institutional websites during the COVID-19 pandemic. Findings showed that although the majority of HBCUs had a COVID-19 resource hub on their websites, most of them did not direct students to mental health resources. For example, only one-third of the institutions communicated about counseling resources through their public COVID-19 messaging. Findings indicated the HBCUs either gave minimal importance to the community's mental health well-being or took it for granted that the community would find the existing resources by themselves as necessary. Both approaches are problematic, especially during crises. Research has shown that much of the mental health resources offered by colleges and universities typically remained underused due to the lack of awareness among the community (Walker, 2015; Wilson, 2020). Further, in an emergency, the general sensemaking of the affected individuals becomes challenging (Seeger, 2006; Sellnow & Seeger, 2021). It should not be taken for granted that individuals will find resources by themselves as necessary (Norris et al., 2008; Sellnow & Seeger, 2021). Negligence of mental health consequences of the prolonged pandemic in communication might have increased the existing vulnerabilities (Smith & Ragouzeos, 2019). We argue that without creating necessary awareness about mental health, available resources may not contribute to the community's resilience at all (Buzzanell, 2010; Houston et al., 2015; Norris et al., 2008). In other

words, the communication of resources is essential to promote resilience.

This study also showed that only 39% of institutions updated their websites and directed to remote counseling or telemental health services, and over half of the institutions did not include psychoeducational resources tailored to the COVID-19 pandemic. The findings may indicate HBCUs' constraints on overall resources, such as necessary staff members to regularly update institutional websites and provide mental health-related support services (Seidel et al., 2020). From a resilience perspective, tailored communication from the counseling centers could have served as social support for the community and enhanced resilience (Norris et al., 2008; Novacek et al., 2020; Yang & Hanasono, 2021).

To understand institutional priority toward mental health support, we analyzed campus leaders' communication regarding coping resources through their public COVID-19 messaging. Findings revealed that more than half of the institutions did not include such resources. During uncertain times, promoting coping-related resources could have activated resilience attributes and reduced COVID-19 specific stressors, including depression and anxiety (Akhther & Sopory, 2022; Molock & Parchem, 2021; Yang & Hanasono, 2021). Additionally, communicating mental health resources, these institutions could have engaged with much-needed compassionate and caring communication in response to COVID-19 (ACE, 2020; Liu et al., 2021a). The higher education institutions in the United States are often blamed for the lack of such communication and care for their students (Active Minds, 2020; American Council on College Education, 2020; B. F. Liu et al., 2021a). It is crucial to prioritize the emotional well-being of the students of color who have been affected by the intersections of many other crises (Laidler, 2020; B. F. Liu et al., 2021a). Further investigations are needed to understand factors associated with ethics of care, compassionate communication, and mental health promotion among the higher education institutions in the United States and globally at large.

In relation to research question 2, findings showed that the public-funded institutions, having larger students' enrollments and advanced degree-awarding facilities, offered relatively higher

mental health resources. Such findings are not necessarily sur-
prising for this study. Existing literature has indicated that many
institutions are currently underfunded and operating with low
resources (HBCUs & NCCPS, 2016; Islam et al., 2022; Wilson,
2020). During prolonged crises like COVID-19, higher educa-
tion institutions need to evaluate existing services and resources
so that essential functions can be performed despite disruptions
that occur (Islam et al., 2022; B. F. Liu et al., 2021a). We argue
that resilience is the product of resources in which institutional
capacity matters (Nettles et al., 2000; Seidel et al., 2020). In other
words, relatively smaller HBCU institutions with lower student
enrollments might have suffered greater mental health effects of
the ongoing pandemic. Higher education institutions need to pri-
oritize mental health issues and seek alternative sources of funding
to provide necessary support during crises (B. F. Liu et al., 2021a;
Moore et al., 2018; Wilson, 2020). Institutions may form consor-
tiums with local and regional institutions to facilitate access to
necessary resources and training. Also, the community's access
to mental health resources can be enhanced by developing cross-
sectors and inter-organizational networked infrastructure (Bar-
bour et al., 2020; Houston et al., 2015; Islam et al., 2022; B. F. Liu
et al., 2021b). In other words, community resilience can be devel-
oped in part through collaboration among those who have and
who may need resources to meet the increased demand during
crises (Barbour et al., 2020; Islam et al., 2022).

The study also revealed that the public-funded institutions
were more likely to provide greater mental health resources than
private-funded institutions. Such public versus private funding
differences may indicate institutional priorities about mental
health issues. It is not unexpected that different institutions fol-
low different models to guide their institutional resources during
emergencies (Islam et al., 2022; B. F. Liu et al., 2021a). In doing so,
the nature of the funding sources may dominate how institutions
mobilize their money and resources. More research is needed
to understand such differences from other dimensions, such as

religious institutions versus secular institutions and rural versus urban institutions.

Limitations and Future Directions

While our study has uncovered several important issues involving mental health and resilience across HBCU institutions, the study findings have some limitations. This is a cross-sectional study. We might have missed some resources that were removed before our data collection occurred. A longitudinal study can further validate the findings. Also, this study only examined the website-based communication and messages, which might not represent the overall HBCUs' mental health support facilities and challenges faced by the campus communities. Further investigations by interviewing counseling center/mental health service officials and campus leaders can provide a comprehensive scenario.

Conclusion

In the time of prolonged crises like the COVID-19 pandemic, institutional intervention to promote mental health resilience was necessary. Constraints on institutional resources and lack of mental health priority in communication might have affected the HBCUs' efforts to enhance resilience. We argue that resilience is a communicative process. Resources may not contribute to the community's resilience at all if those resources are not communicated to the audience with due importance. In doing so, institutional capacity matters. It is expected that during prolonged traumatic events like COVID-19, the demand for resources is likely to outstrip the supply. Institutions with limited resources are more likely to suffer than institutions with higher resources. To reduce such institutional gaps, HBCUs can establish formal and informal networks with local and regional mental health support organizations and share resources. Specifically, smaller institutions could benefit from such network support to foster resilience among the community members. Access to resources, however, is not sufficient to enhance resilience. Community resilience will occur only to an extent such institutions prioritize mental health in their communication.

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