



BARRIERS TO HELP-SEEKING FOR MENTAL HEALTH DISORDERS: AN INDIAN UNIVERSITY CAMPUS PERSPECTIVE

Dr. Ravisankar. AV

Professor, School of Liberal Studies, CMR University, Bengaluru, India – 560043

Abstract

Mental health disorders are important issues among university students, and university students show poor help-seeking behaviour for their mental health. Attitude barriers have been highlighted as a possible impediment to getting psychological assistance for mental health conditions. The mental health of students requires various preventive measures that maintain normal functioning, and the episodes of mental ill-health need to be seriously dealt with early interventions. This study aims to investigate help-seeking behaviour and barriers to help-seeking in university students. A total of 378 students from five Indian universities participated in the study. Two already developed and tested questionnaires on help-seeking behaviour were used in the study. Help-seeking behaviour, barriers to seeking help, and various measures to promote counselling services were investigated. Reluctance to communicate their concerns with counsellors, self-dependency, lack of trust in counsellors, lack of understanding about service availability, and inadequate emotional competence and mental health literacy are the most significant barriers to seeking treatment, according to the research. Promoting mental health education among students, facilitating access to counsellors, and cultivating a positive relationship between students and counsellors are all examples of strategies for promoting counselling services.

Key Words

Help-seeking barriers, Mental health, University students, Psychological Counselling, Attitudinal barriers

I. Introduction

The university student community is made up of a diverse group of people with distinct requirements who adapt quickly to advances in higher education, and hence the problems related to mental health are very serious issues faced by students in universities. Mental health issues like stress, anxiety, suicidal tendency, depression etc. are the important mental health issues that are commonly experienced by university students. On average 32% of students in universities reported that they have some kind of mental health problem. (Eisenberg, Hunt, Speer, & Zivin, 2011). “Stressors such as demanding course work, time pressure, poor interpersonal relationships (Basson & Rothman, 2019; Bewick et al., 2010; Mertens et al., 2020), social isolation, peer pressure, and study life imbalances” (Bergin & Pakenham, 2015) can promote the occurrence of a mental illness in university students.

Students at universities are especially vulnerable to issues related to mental health problems. According to Kessler et al. (2005), students from the age group 16 to 24 are the most psychological disorders presented age group. Despite the fact that students are more likely to have mental health-related issues and have a higher prevalence of mental health issues during their university years, the literature reveals that university

students are hesitant to ask for counselling for their mental health-related problems. “Although students believe that mental health treatment has benefits such as improved mental health and reduced stress, barriers such as perceived stigma and discrimination are preventing college students from seeking help for their mental health.” (D' Amico, Mechling, Keppainen, Ahem, Lee, 2016).

“The high prevalence of mental health problems in students is coped with a strong aversion to seeking expert assistance.” (Rickwood et al., 2007). Many students choose not to seek help from healthcare services even when they need mental healthcare (Cheung & Dewa, 2007). Thus, a majority of students suffering from psychological and mental health disorders are reluctant to seek care from professionals. “Despite a conscious move towards structural barriers for improving students’ access to mental health care, evidence suggests that individual factors, such as personal beliefs, internalized gender norms, coping skills, self-efficacy, and perceived stigma play a major role in explaining help-seeking behaviours and interact with structural factors such as accessibility and affordability of services.” (Barker et al., 2005). A better understanding of the various barriers to seeking help for disorders related to mental health in university students will help the mental health professionals to deal with it when they really experience problems related to mental health.

The present study brings out various barriers to seeking help for mental health disorders and the various measures to promote counselling services. Bringing out these important factors may be very useful for students in seeking help and also for the mental health professionals in choosing and implementing various mental health interventions and prevention awareness programs.

II. Review of Literature

“Individuals consider many factors when they seek psychological help, mainly practical barriers to seeking help and fears about becoming a target for stigma and discrimination.” (Barney, Griffiths, Christensen, & Jorm, 2009; Tanskenen, et al., 2011; Kessler, Burglund, Bruce, Koch, Laska, & Leaf, 2001). “Personal determinants such as personal preferences for self-reliance in managing their mental health, attitudes like reluctance to seek professional help and preference for informal source of help etc. are major barriers to help seeking in young adults.” (Gulliver et al., 2010; Salaheddin & Mason, 2016). Young people believe that requesting outside assistance demonstrates their weakness or inability to deal with the challenges they face. One of the other major barriers to getting help among young people is a lack of faith in prospective help. In some cases, shame related to the experience of mental disorders may also force the students not to seek help from the professionals. Negative ideas about persons with mental health illnesses, such as that they are weak, inept, and so on, are also common kinds of stigma and they may generally contribute to an increase in detrimental attitudes. Findings of the study explored that university students have many barriers to seek help and they are reluctant to participating in treatment. Important of them were (i) they prefer to deal with mental health disorders themselves, (ii) they find it difficult to find time for seeking help and to participate in treatment, (iii) they worried about if mental health treatments are useful in solving problems (iv) not considering the problems seriously and thinking that treatments are not necessary and the problems will get better its own (v) financial problems to meet the treatment expenses (vi) they worry about what others would think of them. Gulliver et al. (2010) presented a review of 15 qualitative and 7 quantitative studies on help-seeking barriers. The goal of this study was to learn about young people's experiences getting care for depression. Stigmatizing attitudes about mental health consumers, shame, inadequate mental health literacy, self-reliance, lack of faith in support providers, and pessimism were all highlighted as major impediments. Stigmatizing attitudes is the most frequently reported barrier to seeking psychological help. Despite having a better attitude towards counselling, studies have shown that “students prefer to seek help from friends, family, or teachers” (Goodwin et al., 2016; Hugges et al., 2018). These findings show that “help-seeking intentions are nuanced and diverse and that impediments to mental health care disproportionately affect students.” (Batchelor et al., 2020)

There is a pressing need to react to students' mental health issues and requirements and to ensure that they are provided with the greatest possible care in order to achieve at university. It is critical to recognize the intricacies of mental health traits of the students, as well as to gather reliable data using a variety of metrics that apprehend the particular context of university education.

III. Research aims and objectives

The primary objective of this research is to look into university students' help-seeking behaviour and the numerous barriers to help-seeking. The undermentioned research questions were examined more specifically. (1) What are the barriers to university students seeking mental health assistance? (2) Are there any unfavourable or stigmatised attitudes among university students concerning accessing services? (3) What are the various measures for promoting counselling services to university students? This study will help to reduce the barriers and develop effective counselling services for university students.

IV. Methods

Participants

The participants in this study ($N = 378$) were students from five different Indian universities. Universities were from different geographical regions of India. A non-probability, the convenience sampling method was employed in selecting the universities, and students as participants for the study. 144 male students and 234 female students of the age group 16 to 24 years of age were selected. ($N = 378$, $M = 19.79$, $SD = 2.19$)

Research Design

Qualitative research methodology was employed to study the barriers for seeking counselling services and ways of promoting seeking counselling services for psychological difficulties among university students. Data were collected through an online survey. All respondents participated in this study were entirely on voluntary basis. They were explained the purpose of this study. The final sample included 378 university students who completed all of the survey's components.

Measurement

Based on the literature, it was developed guideline questions considering the help-seeking barriers and strategies for promoting counselling services among university students. The present study's guidelines were produced using two previously developed and tested instruments on help-seeking behaviour. General Help-Seeking Questionnaire (GHSQ- Original version) and Mental Help-Seeking Attitudes Scale (MHSAS) were used to collect the data. The General Help-Seeking Questionnaire (GHSQ) helps to understand the intention of students for seeking help. The Mental Help-Seeking Attitudes Scale (MHSAS) is a questionnaire that assesses participants' information to make decisions (favourable vs. unfavourable) about approaching mental health professionals for seeking help if they are experiencing problems related to mental health.

V. Data Analysis

The quantitative analysis method was used to analyze the data, as well as descriptive statistics. The demographics and features of the participants were described using frequency distribution, means, and standard deviations.

VI. Results

Demographic characteristics

A total number of 378 university students (age group 16 years to 24 years) participated in this study. ($N = 378$, $M = 19.79$, $SD = 2.19$). Out of a total of 378 students who participated in the survey, 61.9% (234) were female students, whereas 38.1% (144) of the participants were male students (Table 1).

Table 1. The Demographic characteristics.

Gender	N	%
Female	234	61.9%
Male	144	38.1%
Total	378	100%

Table 2. shows the Mean (M) and Standard Error (SE) for Personal-Emotional Problems (Per-Em), Suicidal Thoughts (Sui-Thts), using GHSQ.

SI No	Source of Help	Per- Em		Sui-Thts	
		M	SE	M	SE
1	Partner	5.05	0.08	4.86	0.09
2	Friend	4.48	0.09	4.33	0.09
3	Parent	4.62	0.1	3.86	0.1
4	Family (Non parent)	3.14	0.09	2.9	0.1
5	Mental Health Professional	4.43	0.09	5.24	0.09
6	Help Line	2.81	0.09	3.14	0.09
7	Doctor/GP	4.05	0.1	4.33	0.1
8	Pastor/Priest	2.9	0.1	2.62	0.1
9	Would not seek help	2.95	0.09	3.19	0.1

Highly unlikely equals 1 and extremely likely equals 7. Evaluations were made on a 7-point scale, with extremely unlikely equaling 1 and extremely likely equaling 7.

It is evident from the means and standard errors given at Table 2 that the students were most interested to accept the informal help from family and friends rather than the formal help from mental health professionals. Table 2 also shows that when students have suicide ideation, they are less likely to seek help from their parents than when they have non-suicidal difficulties. From the study it was evident that when experienced suicidal ideation, the students were more likely to approach the mental health professionals for help than parents and family members.

Table 3. Percentage of all participants reporting each help seeking behaviour.

Self-Reported Help-seeking behaviour	Per-Em % (N)	Sui-Tht % (N)
I would seek help from intimate partner	26.9% (102)	25.9% (98)
I would seek help from a friend (not related to me)	19.6% (74)	18.8% (71)
I would seek help from parent	29.4% (111)	24.6% (93)
I would seek help from family member	5.0% (19)	4.7% (18)
I would seek help from a mental health professional (e.g., psychologist / counsellor)	21.9% (83)	26.1% (99)
I would seek help from phone helpline	5.5% (21)	6.3% (24)
I would seek help from Doctor / GP	12.4% (47)	13.5% (51)
I would seek help from Pastor / Priest	6.1% (23)	5.6% (21)
I would not seek help from anyone	19.3% (73)	20.9% (79)

When dealing with mental health issues, 29.4%, (111) of the participants opined that they would take help from their parents and 26.9%, (102) of the participants opined that they would take help from their intimate partner. 19.6%, (74) of the participants would take help from a friend (not related to them), whereas 21.9%, (83) of the participants opined that they would take help from mental health professional. 5.0%, (19) of the participants opined that they would take help from their family members whereas 5.5%, (21) of the participants would take help from the phone helpline. 19.3%, (73) of the participants opined that they would not take help from anyone.

When dealing with suicidal ideation, 26.1% (99) of the participants have shown interest in seeking help from mental health professionals. 25.9% (98) of the participants opined that they would take help from their partner when there is suicidal ideation. Whereas 20.9% (79) of the participants were of the opinion that they would not take help from anyone when they have suicidal ideation. Out of the total participants, 18.8% (71) of them had the opinion that they would seek help from a friend not related to them and 4.7% (18) of them

opined that they would seek help from family members. Further 13.5% (51) of the participants shown interest in taking help from doctor when they have suicidal ideation.

Table 4 shows the participants' overall assessment (favourable vs. unfavourable) of obtaining treatment from a mental health professional (psychologist, counsellor), if they believe they may be coping with a mental health problem.

Table 4. The measure of participants' overall assessment (unfavorable vs. favorable) of their seeking help.

	1	2	3	4	5	6	7		MEAN
Useless	15	0	0	37	39	81	206	Useful	6.02
Unimportant	23	0	0	61	8	67	219	Important	5.88
Unhealthy	8	8	0	58	8	67	229	Healthy	6.04
Ineffective	15	0	8	45	37	76	197	Effective	5.93
Bad	16	0	7	59	15	86	195	Good	5.94
Hurting	8	0	7	43	23	117	180	Healing	5.99
Disempowering	8	8	8	51	29	78	196	Empowering	5.84
Unsatisfying	8	0	0	66	23	105	176	Satisfying	5.75
Undesirable	8	16	0	81	22	105	146	Desirable	5.44

From Table 4, it is evident that the participants' overall evaluation of the favourable vs unfavourable of their help-seeking from a professional mental health consultant, it is found that 206 ($M = 6.02$) of them found it extremely useful and 229 ($M=6.04$) of the participants found it extremely healthy to take help from such professionals. The participants' overall evaluation indicates that approaching a professional mental health consultant for seeking help is extremely favourable.

VII. Discussion

The major goal of this study is to explore more about how university students seek help and what barriers they face, as well as how to encourage counselling services to them. This study employed a convenience sampling method to select five Indian universities and students. It is recommended to use a random sampling methodology to select required universities and students to generalize the finding to the entire university student population in India. This research, on the other hand, has added to the current body of knowledge of help-seeking behaviour. This study gives an understanding about help seeking barriers and ways of minimizing such barriers.

29.4% of the participants opined that they would take help from their parents and 26.9% of the participants opined that they would take help from their intimate partner. These results showed that informal help is preferred by students than formal help. This finding confirmed the previous results observed in young adolescents, that "the young people prefer and more likely to seek help from their parents and friends for psychological help and emotional problems than from other sources, including mental health professionals." (Rickwood et al., 2005). Results also showed that 5.5% of the participants would take help from phone helpline, which is in line with a recent review (Montagni et al., 2020) showing that seeking mental health-related information on the various helpline such as the internet etc. were a relatively common behaviour among university students. Results also indicate that the barriers to accessing help for mental health disorders among students are mainly the attitudinal barriers such as difficulty in expressing thoughts, a preference for self-reliance, and emotions and a preference for parents, friends or family sources of help. Nonetheless, the current study did not contribute to the increasing body of knowledge that shame and stigma associated with mental illness are significant barriers to getting care.

VIII. Recommendation

Findings indicate a need to adopt various strategies for improving help-seeking by university students that take into account their desire for self-reliance. The barrier related to a preference for parents, friends or family sources of help suggests that parents, friends and family could therefore have a very important and

significant role in the various processes of help-seeking, and more importantly in the pathway to professional services.

IX. References

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