COLLEGE STUDENTS' MENTAL HEALTH HELP-SEEKING BEHAVIORS

Rachel L. Johnson
Kennesaw State University

Monica Nandan
Kennesaw State University

Brian Culp
Kennesaw State University

Dominic Thomas
Kennesaw State University

Abstract

The present study explored where and how college students sought assistance and information for themselves and their family or friends who may have needed behavioral health and substance abuse disorder assistance. Two hundred and fifty-nine college students responded to the questionnaire at one of the 50 largest public higher education institutions in the Southeastern United States. Findings confirm that help-seeking is a multifaceted process involving social and professional support. Participants indicated that they would seek assistance earlier than they had and also make personal changes in their lives to address well-being. These findings can guide higher education administrators, faculty members, counseling staff on campuses, funders, and policymakers in designing and developing accessible and user-friendly programs and services for increasing student success on campuses.

Keywords: mental health, help-seeking behaviors, college students, barriers, awareness about resources

Please direct inquires about this manuscript to: Rachel L. Johnson, rachjohns123@gmail.com

College Student Affairs Journal, Volume 41(1), pp. 73 - 89
ISSN 2381-2338

In recent years, college students' emotional well-being has become a dominant focus among higher education administrators, faculty members, and researchers. Research shows that 75% of all mental illness onsets by age 24, and over half of young adults engaged in higher education can receive interventions (Reavley & Jorm, 2010). College students experience varying mental health (MH) issues, such as depression, anxiety, and suicidal ideation (Downs & Eisenberg, 2012; Garcia-Williams & McGee, 2016). According to the American College Health Association (ACHE, 2019), 24% of college students reported being diagnosed with anxiety, 20% with depression, 11.9% with panic attacks, 3% with a substance abuse or addiction disorder, and 4.6% with other MH conditions. These students reported that the conditions impacted their academic performance in the past 12 months. Therefore, analysis of college students' help-seeking behaviors is vital for understanding how higher education administrators, faculty members, counseling staff on campuses, funders, and policymakers can support students' well-being effectively.

Many factors contribute to college students' MH. Stress and responses to it can determine whether a person develops a mental illness or not (Perlin, 1999). Sources of stress among students include finances, academic pressures, types of leisure activities that they engage in, body image, family, and friends, living arrangements, and quality of sleep (Chow & Flynn, 2016). Interpersonal stressors, such as minimal close friends, continuous peer pressure, and rejection from a romantic partner, can also contribute to depression and anxiety symptoms (Coiro et al., 2017). Despite the prevalence of MH challenges experienced by college students, research indicates that students who have a MH problem experience stigma and do not usually seek or receive help (Martin, 2010). For example, in one college study, only 37.5% of women and 16% of men received professional help for their MH (Hubbard et al., 2018). Students who do not seek help usually experience lower levels of academic success and higher dropout rates (National Council on Disability, 2017). Unfortunately, most college campuses appear ill-equipped for their students' MH needs (Brown, 2020).

The purpose of this study is to understand how college students seek assistance for supporting their own, or their peers/friends/family members, emotional well-being. More specifically, the study examined the barriers they encountered in accessing services and information and assessed recommendations for improving the same.

Literature Review

Relevant literature around three themes was reviewed: factors contributing to emotional distress, types of supports that college students utilize for mental well-being, and barriers to receiving assistance and information.

Prevalence and Causes of Emotional Distress

College students are experiencing high levels of stress, which can cause or trigger MH challenges. In 2019, only 2% of students reported having no stress within the past 12 months, and 45% reported having more than average stress (ACHA, 2019). According to the ACHA (2019), students reported that academics (51%), family problems (32%), social relationships (31%), finances (36.9%), personal appearances (33%), and sleep difficulties (35%) were either difficult to manage or were traumatic within the past 12 months. Moreover, college students are also burdened by the MH issues faced by their family, friends, and peers. In one study, 36.1% of respondents reported that a family member or friend expressed suicidal thoughts (Garcia-Williams & McGee, 2016).

College students' engagement in the misuse of substances is another factor that can be both an indicator and a cause of MH problems. In 2019, 16% of college students drank seven or more alcoholic beverages during the last time they socialized, and 11.4% stated they used prescription drugs

not prescribed to them within the past 12 months (ACHA, 2019). Furthermore, 65% of students reported that they first started using stimulants in college, 52% started using sedatives, and 39% started using pain medications (Center for Study of Student Life, 2018). Thirty-nine percent of students reported misusing non-medical prescription drugs for self-treatment to either get high, relieve pain and anxiety, sleep, or experience the drugs' effect. Students reported that the impact of using non-medical prescription drugs was depression, memory loss, and regretful actions (Center for Study of Student Life, 2018). Unfortunately, some college students utilize maladaptive coping strategies by regularly consuming illicit substances.

Even though students are struggling with MH, they are not seeking professional assistance; and even if they are seeking it, they are not receiving the appropriate care (Hubbard et al., 2018; Yelpaze & Ceyhan, 2019). According to Downs and Eisenberg (2012), only 31.6% of the students experiencing suicidal ideation received some MH services (medication or therapy). Similarly, in an international study, of the 27% to 41% of students experiencing clinically significant symptoms, only 13% to 15% obtained psychotherapeutic services (Bilican, 2013). Some research indicates that demographics may play a significant role in help-seeking behaviors. For example, 65% of Asian American students reported seeking MH services if they struggled with such issues; however, they sought assistance only if their symptoms were severe or unbearable (Han & Pong, 2015). Interestingly, respondents who sought MH help also expressed significantly lower levels of stigma towards mental illness, though the reason for less stigma is unclear. Another study indicated that stigma and self-concealment negatively impacted African American students' help-seeking behaviors (Masuda et al., 2012). In addition to understanding contextual factors that prevent students from seeking help, demographics such as race, gender, and age could influence help-seeking behaviors.

Types of Support

Individuals experiencing MH challenges can seek both formal and informal support. Research suggests that social support serves as a protective factor against MH issues among college students. College students who seek and obtain informal support from family and friends experience reduced levels of college-based stress, as well as have healthier interpretations of stress (Watkins & Hill, 2018). Similarly, Corona et al. (2017) identified family support as the only factor that significantly lowered anxiety, depression, and psychological stress in Latina/o college students. Downs and Eisenberg (2012) noted that students who reported higher levels of "warm and trusting relationships" were less likely to seek professional MH treatment. In one study conducted in the Southeastern United States, 61.9% of respondents would offer social support (e.g., provide reasons for living, destigmatize suicide, and provide support) to a person attempting suicide (Garcia-Williams & McGee, 2016). More specifically, in this study, 43.5% of the participants stated that they had utilized more than one helping response. Over 30% stated that they would encourage the person attempting suicide to seek professional and non-professional sources of MH information; 26.2% stated that they told someone they trusted, such as a resident advisor, their parents, or the suicidal person's parents; 13.5% stated that they offered crisis support such as calming the person down; and 6.4% stated that they used aggression, created distance, and kept the disclosure a secret (Garcia-Williams & McGee, 2016). When receiving or giving support, many studies indicated students utilize social support.

Barriers to Receiving Help

Questioning the severity of one's MH symptoms or denying the symptoms is a common theme that prevents students from seeking professional help (Bilican, 2013; Boerema et al., 2016; Czyz et al., 2013; Downs & Eisenberg, 2012; Tang et al., 2014). Perceived and personal stigma are

substantial barriers against help-seeking behaviors among college students, with perceived stigma being more significantly associated with not seeking formal assistance (Boerema et al., 2016; DeBate et al., 2018; Downs & Eisenberg, 2012; Han & Pong, 2015; Masuda et al., 2012; Yelpaze & Ceyhan, 2019). Some students attempt to address their MH issues privately or with the help of family and friends, while others lack knowledge about location or persons who can provide services (Bilican, 2013; Han & Pong, 2015; Yelpaze & Ceyhan, 2019). Another barrier within higher educational institutions is inadequate MH services and support. This barrier is mainly due to the "increased numbers of students with MH challenges attending college and lack financial resources" (National Council on Disability, 2017, p.16). In other words, The cost of counseling and the liability of students to pay for counseling are major barriers for students (National Council on Disability, 2017; Yelpaze & Ceyhan, 2019).

Experience with and perceptions of MH professionals influence students' help-seeking behaviors. Research suggests that previous professional help was a significant determinant of college students' receiving help (Yelpaze & Ceyhan, 2019). If college students who sought professional help had negative experiences and the counselors were not perceived to be competent in dealing with a student's specific condition, respondents were less likely to return (Cole & Ingram, 2019; Hubbard et al., 2018; Masuda et al., 2012; Tang et al., 2014; Yelpaze & Ceyhan, 2019). Immigrant students have mixed experiences with professional help. Some respondents expressed that their therapists were not culturally sensitive and gave the impression of disapproving culturally based behaviors. Other respondents shared that their therapists were open to learning about the client's culture and knew when it was unrelated to the presenting issue (Rogers-Sirin et al., 2015).

This study builds on prior research on college students' MH help-seeking behaviors by sampling students and capturing their initial responses to MH concerns and people they turn to for MH information and support. It also assesses barriers to receiving help, experiences with getting help, and online search words students would use for MH resources and support.

Methods

This study aims to identify where and how college students seek assistance and information for themselves or their family and friends who may need behavioral health interventions or assistance for unprescribed substance use. This section describes the research design, sampling strategy, measurement tool, and data analysis techniques employed.

Design and Sample

The authors used a cross-sectional survey design, with self-administered questionnaires, during the 2019-2020 academic year. This design is appropriate for examining attitudes and opinions about help-seeking behaviors of large populations (Rubin & Babbie, 2017).

A cluster-based convenience sampling strategy was employed. Respondents consisted of 259 college students at one of the 50 largest public higher education institutions in the Southeastern United States. A questionnaire and an informed consent form (Institutional IRB approval) were shared with health and human services faculty to distribute within 24 undergraduate classes, with an average of 31 students in each, and two graduate classes, with an average of 25 students. The questionnaire was also distributed to 60 students attending an on-campus MH awareness event. The response rate for this survey was approximately 30%. No incentives were provided to students in the courses to complete the questionnaire. Inclusion criteria included: (a) being 18 years of age or older and (b) being a current student at the university. The informed consent reiterated that their participation was voluntary, and refusal or incompletion of the questionnaire would not im-

pact their grade or services they received from the university.

Participants' descriptive statistics for age, gender, and racial background are in Table 1, where most participants were between 18-25 (82%). Racial and ethnic groups represented in the sample were White (47%), Black (26%), Hispanic/Latino (6%), Asian (3%), Pacific Islander (0.4%), multi-racial (7%), and other (0.4%). Fifty percent of respondents identified as female, with 41% as male, 1% as gender variant or non-conforming, and 0.4% as transgender female. Table one also provides university population demographics.

Measures and Analyses

The 10-item questionnaire included five open-ended questions and two closed-ended questions related to help-seeking behaviors (location, barriers, recommendations), as well as three close-ended demographic questions. Unfortunately, only face validity was assessed when the questionnaire was shared with a small group of community members who provided necessary feedback on its clarity. The questions were developed after reviewing the literature in the three themes mentioned in the previous section. Literature suggests that assessing MH help-seeking behavior is challenging because respondents can potentially be triggered by such a sensitive topic (Jackson et al., 2006). Additionally, retrospective self-reports of help-seeking behaviors and utilization of services can be inaccurate for various reasons, as well as be impacted by social desirability biases (Bhandari & Wagner, 2006). Consequently, the researchers minimized these issues by inviting participants to respond to hypothetical scenarios where their friend or family member experienced drastic changes in behavior and would need intervention. Subsequent open-ended questions pertained to where they were more and less likely to seek help, what barriers they encountered in getting assistance, if they could change one thing based on their experiences, what would that be, and what search terms they would use for online searchers.

Responses to all open-ended questions were labelled using open coding first, then grouped into themes depicted in Figure 1 (Rubin & Babbie, 2017). Two coders reached consensus on a subsample of 15% of the incidents (100% IRR), which is in line with qualitative coding guidelines for research reliability.

Statistical analyses were performed using Microsoft Excel. The pivot table application in Excel was used to conduct cross-tabulation analysis. Demographic variables were rescaled into polytomous variables. Two sample equal variance t-tests were conducted using an alpha level of 0.05 to identify statistically significant differences in responses across different demographic groups.

Results

This section is structured around six critical findings on where and how college students seek MH resources and assistance for themselves or family and friends.

Types of Support to Family/Friends Experiencing Mental Health Concern

Open-ended responses to the types of support participants could provide to family or friends, who demonstrate MH concerns, are grouped into five categories in Table 2. Seventy-five percent of respondents stated they would help their friend or family member by personally offering support, and only 1% would turn to online resources for seeking information or support. There was a significant difference ($p < .05$) in levels for personally offering support to family or friends between age groups 26-40 (44%) and 41-65 (26%). Twenty percent of participants ages 41-65 would seek counsel from family or friends for professional help, compared to fewer than 7% of the other age groups. There was a significant difference between ages 18-25 (6%) and 26-40 (0%) ($p < .01$) and ages 26-40 (0%) and 41-65 (9%) ($p < .001$)

for the category family/friends. For the category seeking professional help, ages 18-25 (6%) and 41-65 (20%) were statistically significant ($p < .001$). There were slight differences across race and gender regarding personally supporting their family/friends with their emotional challenges, but they were not statistically significant. White males (42%) were more likely than Black males (37%) to provide personal support; similarly, White females (46%) were more likely than Black females (41%) to provide personal support. There was a significant difference ($p < .05$) in levels of seeking professional help between male (53%) and female (62%) respondents.

Most Likely Resources to Use

Self-reported "most" likely resources used by participants when seeking MH help are depicted in Table 3. Participants would most likely go to their friends or family (49%) or a MH professional (29%). Seventy-five percent of males were more likely to go to their friends and family for MH help than females (71%). Females (28%) were more likely than males (24%) to go to medical professionals, and they were more likely (58%) than males (53%) to seek help from a MH professional. Additionally, females (12%) were more likely than males (8%) to seek help through religious affiliations. However, none of these differences were statistically significant.

Most of the Black (65%), Hispanic (80%), multiracial (74%), and White (74%) participants stated they would seek support through family/friends. Seventy-three percent of Hispanic participants stated they would go to a MH professional, compared to 59% White and Black participants. Note that there were only 15 Hispanic respondents; hence, readers should exercise caution in drawing any conclusions about this segment. Black (15%) and multiracial (16%) participants had the highest percentages of seeking help through religious organizations or spirituality. Lastly, multiracial participants (16%) appeared to seek more online resource-based assistance than any other race, though none of these differences were statistically significant.

Respondents between the ages of 18-25 were most likely to seek help through family/friends (76%) compared to participants between the ages of 26-40 (25%) and 41-65 (29%). There was a significant difference between the ages 18-25 and 26-40 ($p < .01$) and the ages 18-25 and 41-65 ($p < .05$) for the category family/friends. Participants between the ages of 41-65 (43%) were more likely to seek help from medical professionals compared to participants between the ages of 18-25 (25%) and 26-40 (35%). Groups ages 18 - 25 years and 41 - 65 years had a higher level of seeking professional medical assistance ($p < .05$). Respondents between the ages of 26-40 and 41-65 years were more likely to seek help through a MH professional (80% and 71%, respectively) compared to respondents between 18-25 (54%). For the category seeking professional help, 18-25 and 26-40 years were significantly different ($p < 0.001$). Additionally, respondents between the ages 26-40 indicated the highest level (15%) for seeking help from religious affiliations, and respondents between the ages 41-65 years indicated the highest level (43%) for using online resources. Levels for using online information for help differed ($p < .01$) between the younger groups ages 18-25 (8%) and 26-40 (5%), and the older group 41-65 (43%).

Least Likely Resources to Use

Table 4 presents overall frequencies for self-reported "least" likely resources used when seeking MH help. Participants were least likely to go to their family/friends (30%), medical professionals (14%) or seek help at school/work (15%). Females (32%) were less likely to go to their family or friends to seek help than males (28%). Males (15%) were least likely than females (13%) to seek help from medical professionals. Females (12%) compared to males (8%) were least likely to go to MH professionals. Twenty-one percent of females were less likely to seek MH help at school or work than males (10%). Lastly, males (15%) were less

likely to go to people they "don't trust" compared to females (8%).

Asian (38%), Black (31%), Hispanic (33%), and White (34%) participants were least likely to turn to family/friends for help. Multiracial participants (21%) were less likely to go to medical professionals compared to Black (7%), Hispanic (13%), Asian (13%), and White (17%) participants. Twenty percent of Hispanic participants stated that they would not turn to MH professionals, and 13% would not use online resources. Hispanic (27%) and Asian (25%) participants were least likely to seek help from work or school compared to Black (12%) and White (17%) participants. Lastly, 27% of Hispanic participants were least likely to seek help from people they "don't trust." However, none of these differences were statistically significant.

Participants between the ages of 18-25 (31%) were least likely to go to their friends and family for help compared to the other age ranges. Participants aged 41-65 (29%) were least likely to go to medical professionals and MH professionals (14%). Participants between 26-40 years were less likely to seek help through religious affiliations than the other age ranges. Participants between the ages of 18-25 years (17%) were least likely to seek help through work or school and were also less likely to seek help from people they "don't trust" (12%). However, none of these differences were statistically significant.

Needing and Getting Help

Details about participants knowing someone needing MH help and knowing someone who received MH help are provided in Table 5 and Table 6. Seventy-four percent of participants responded that either they or someone they know tried to get help to deal with MH issues, and 84% stated they could get the help they needed. More White females (88%) and Black males (86%) report that they, or someone they know, tried to get help with MH issues, compared to White males (67%) and Black females (61%). This difference between the groups (Black females and White males as opposed to Black males and White females) was statistically significant ($P < .05$). Black males (89%) reported that they, or someone they knew who needed help, were likely to get the help they needed. Averages for the other demographics on this item were: White males (81%), White females (86%), and Black females (79%).

Barriers to Help That Is Needed

Three common themes emerged (see Table 7) for barriers related to receiving MH help: not wanting or needing help (18%), avoiding the MH problem (12%), and cost (11%). Males were more likely not to want help (10%) or avoid MH problems (10%). Barriers experienced by females included not wanting help (8%), cost of services (6%), and stigma surrounding MH (6%). Younger responders (18-25 yrs.) were more likely to report not receiving MH help (7%) because they were more likely to avoid the MH problem. Lack of knowledge (10%) of MH and resources (5%) was a barrier for respondents between the age of 21-41. Black respondents reported stigma (7%), avoiding the problem (7%), and cost (7%) of MH services as common barriers. Common barriers among White respondents were reported as not wanting help (11%) and avoiding the MH problem (6%). Self-disclosure (13%), the severity of the problem (13%), and avoiding the problem (13%) were the most common barriers reported by Asian participants. In comparison, Hispanic respondents reported self-disclosure (13%), not having a problem (13%), lack of knowledge (7%), and cost (7%) as common barriers.

Recommendations for Change

Respondents were invited to recommend changes they would like to see based on their experiences (Table 8). Most respondents reported wanting to make changes to themselves (47%) rather than the MH system. Twenty-five percent of participants stated they wish they would have

received help sooner. Black and White participants made similar recommendations for creating change ("getting help sooner" and "personal changes"). However, White participants (9%) reported changing the stigma surrounding getting MH help more than their Black counterparts (6%). Females and males reported wanting changes in themselves (30% and 29%, respectively), getting help sooner (17% and 13%), and experiencing less stigma (8% and 7%). There were no significant differences in gender or race.

Participants between the ages of 41-65 years were more likely to want more services (14%) and change the stigma around MH (14%), as well as get help sooner (29%) and change their therapy experiences (29%), compared to the other age groups. For the category more services, ages 18-25 (2%) and 26-40 (10%) were significantly difference ($p < .05$), as well as the ages 18-25 and 41-65 (14%) ($p < 0.05$). For the category therapy/process, the ages 18-25 (3%) and 41-65 (29%) were significantly different ($p < .001$), as well as the ages 26-40 (0%) and 41-65 ($p < .01$). Lastly, younger participants (ages 18-25) had the highest percentage (30%) for wanting to make changes to their selves, and participants between the ages 26-40 recommended making MH resources more affordable (10%). The ages 18-25 (2%) and 26-40 (10%) were significantly different in relation to the category affordability ($p < 0.05$).

Discussion

The purpose of this study was to contribute to the literature on MH help-seeking behaviors among college students and identify where and how they seek assistance related to behavioral health and substance abuse disorders to shape best practices and policies for students' well-being. Consistent with previous findings, the data show that a substantial proportion of college students either need MH help or know someone needing it. Unexpectedly and not consistent with previous research, this study's data show that college students needing MH help also sought it, whether through formal or informal means (Hubbard et al., 2018; Yelpaze & Ceyhan, 2019). However, the data didn't reveal whether the help they received was adequate. Like previous research, this data suggests that more women than men reported seeking MH assistance (Brand et al., 2019). In addition, White students were more likely to seek help than Black students, and instead, Black students were more likely than White students to seek help from religious affiliates (Ayalon & Young, 2005.)

According to the literature, social supports are strong protective factors for reducing college-based stress (Watkins & Hill, 2018). When needing help for MH issues, respondents in this study were most likely to go to family or friends, like previous research (Bilican, 2013; Garcia-Williams & McGee, 2016; Han & Pong, 2015; Yelpaze & Ceyhan, 2019). However, 30% of participants also reported they were least likely to seek help from family or friends, suggesting the need for a multifaceted approach. In addition, when aiding a friend or family member with MH concerns, findings varied. In Garcia-Williams and McGee's study (2016), only 13.5% of participants stated they would offer crisis support to their friends and family members attempting suicide. In comparison, most of the participants in this study stated they would personally help their friend or family member with MH concerns.

Additionally, Garcia-Williams and McGee's results (2016) showed that 26% of participants would tell someone they trusted, such as a resident advisor or the suicidal person's parents. In comparison, only 10% of participants in this research would seek this type of support. Perhaps this differencea could be due to the focus on suicide in previous research versus general MH concerns in the current study. Participants between the ages of 41 to 65 years, who may have children of their own, were more likely to provide personal support and suggested asking family or friends for referral to professional help than any other age group. This age group may realize the importance of active-

ly seeking social support because they may have recently witnessed the struggles of adolescents turning to adults more than other age groups. Contrastingly, when seeking help for themselves, respondents between 18-25 were more likely than any other age group to seek help through family/friends. In addition, respondents between the ages of 41-65 were more likely than other ages to utilize medical professionals and online resources to seek help for their MH, which is consistent with previous research (Mackenzie et al., 2006). This information can be beneficial in expanding MH education to primary care physicians and providing a user-friendly online platform and word search design tailored to older adults seeking MH information and services.

Interestingly, White males and Black females were less likely to seek professional MH assistance than White females and Black males. Prior research has identified ethnic and gender disparities in seeking health-related assistance. For example, Masuda et al. (2012) found Black students have higher stigma associations with psychological disorders and seeking professional help. In such a setting, stigma is presumed to be a major factor reducing help seeking behavior. In the current study, one can propose that White females and Black males may have experienced less stigma surrounding MH, because they were more likely than their counterpart to seek assistance. Research has shown that men experience more stigma surrounding formal MH supports than women (Went & Shafer, 2016). Again, this does not align with the nuanced finding in this study. Contrasting with past research, a low percentage identified stigma as a barrier to receiving help, which could explain why many of the respondents who needed help sought help (Boerema et al., 2016; DeBate et al., 2018; Han & Pong, 2015; Masuda et al., 2012; Yelpaze & Ceyhan, 2019). This is consistent with research that suggests students who express more willingness to seek MH help also express significantly lower levels of stigma towards mental illness (Han & Pong, 2015). Education levels of college students, regardless of race, may influence the level of the stigma they associate with MH and help-seeking behavior.

According to past research, the cost of counseling services and lack of counseling services availability were significant concerns shared by college students (National Council on Disability, 2017; Yelpaze & Ceyhan, 2019). Although these were similar concerns indicated by participants in the current study, these were not the most common barriers to seeking help. Instead, many participants expressed themselves as barriers to receiving MH help. For example, participants shared that their lack of knowledge of MH resources and underestimating the severity of their MH issues were primary barriers to seeking help. Participants recommended that they would make changes in themselves by seeking help sooner or making other personal changes. It is important to note that in 2011 two in five young adults between the ages of 19 - 29 were without health insurance until the Affordable Care Act allowed dependent coverage to cover adult children until their 26th birthday (Collins, Robertson, Garber & Doty, 2012). This could explain why affordability of services was more of a concern for participants 26-40 years, as their dependent health coverage ceased once they turned 26. Findings pertaining to word searches in Google to identify resources and information is published in another journal and hence is not reported here (forthcoming, Inquires Journal).

This study provides insight into college students' help-seeking behaviors, barriers to receiving help, and students' perceptions for change. Findings confirm that help-seeking is a multifaceted process involving social and professional support. An essential step in enhancing students' well-being is understanding their help-seeking behaviors and attitudes and utilizing the data to design suitable programs, peer supports, outreach, policies, and online platforms.

Limitations

Although this exploratory study aimed to contribute to the literature on college students and their MH-seeking behaviors, this study had several limitations. First, the sample was relatively small and captured from a single institutional setting with a significant predominance of individuals studying in health and human services majors, which affected representativeness and generalizability. In addition, the majority of the respondents were white and between the ages of 18-25, which does not represent the total college population. Second, respondent bias is possible because of the self-administered questionnaire by a group of students who volunteered to complete it. Third, social desirability bias may be possible as students may be afraid to admit to a lack of knowledge or have a personal MH issue. Fourth, most of the questions were open-ended, and even though this format can provide personalized responses, open-ended responses can also be challenging to operationalize; further, the reliability of the tool could not be measured. Moreover, the question assessing gender provided sex options (e.g., male, female) instead of gender options (e.g., man, woman).

Furthermore, gaining information, building rapport, explaining prior answers, and establishing a knowledge base can be challenging due to the nature of this study. Additionally, open-ended responses can negatively affect response completion rates, which we experienced toward our survey's last couple of open-ended questions. Lack of responses for treatment barriers was significant, which might be a strength if reported honestly. Recently the university, where the study was completed, offers increased access to psychological services, paid for by state funds; however, it is unknown whether the respondents are using these services or are even familiar with them, as that was not the goal of this study.

Implications of Study

The findings in this study are essential for higher education administrators, faculty members, counseling staff on campuses, funders, and policymakers to understand as they consider ways to enhance emotional well-being and life satisfaction, while also increasing student success on their campus. First, universities need to be sensitive to their students' needs more than ever due to the rising rates of depression and suicide on campus. Second, although most universities offer free and sliding-scale psychological services, more awareness of these services may be beneficial. Even though the cost of services was not the most prevalent barrier, it was still presented, even with the university offering certain sessions of free psychological services. To mitigate some barriers reported, colleges should consider partnering with organizations like Christie Campus Health and The Jed Foundation, both of which support mental well-being and focus on expanding resources to them (The Jed Foundation, 2020; Christie Campus Health, 2021) and use novel strategies to increase awareness of such services on campuses.

Most respondents reported they would turn to friends and family to seek assistance with MH challenges. Consequently, it is incumbent upon college counselors, MH providers, and college administrators to place reliable information and resources in the hands of friends and family members. Counseling programs will need to make structural, and policy changes to reach these audiences and not just focus on reaching those who personally and directly are in MH distress. On the other hand, a relatively large number of respondents from various demographic groups would not turn to friends and family to seek assistance. This difference could mean that other factors influence young adults' desire to turn to friends and family as the first resource. In planning services, education professionals need to educate friends and family about existing resources for emotional health and the manifestation of emotional ill-

health to reduce stigma and assist students with identifying resources and information. Finally, future research can build on the current study by including family members of incoming freshmen and transfer students in assessing their knowledge of and attitudes towards MH and help seeking behaviors. Additionally, future research can also examine more details of resources accessed by students and their outcomes.

References

American College Health Association (ACHA). (2019) National College Health Assessment: Reference Group Executive Summary. https://www.acha.org/documents/ncha/NCHA-II_SPRING_2019_US_REFERENCE_GROUP_EXECUTIVE_SUMMARY.pdf

Ayalon, L., & Young, M. A. (2005). Racial group differences in help-seeking behaviors. *The Journal of Social Psychology, 145*(4), 391-404.

Bhandari, A., & Wagner, T. (2006). Self-reported utilization of health care services: improving measurement and accuracy. *Medical Care Research and Review, 63*(2), 217-235.

Bilican, F. I. (2013). Help-seeking attitudes and behaviors regarding mental health among Turkish college students. *International Journal of Mental Health, 42*(2-3), 43-59.

Boerema, A. M., Kleiboer, A., Beekman, A. T., van Zoonen, K., Dijkshoorn, H., & Cuijpers, P. (2016). Determinants of help-seeking behavior in depression: a cross-sectional study. *BMC psychiatry, 16*(1), 1-9.

Brand, E., Rodriguez-Monguio, R., & Volberg, R. (2019). Gender differences in mental health and substance use disorders and related healthcare services utilization. *The American journal on addictions, 28*(1), 9-15.

Brown, S. (2020). *Overwhelmed: The real campus mental-health crisis and new models for well-being*. Chronicle of Higher Education.

Phillips, Erica L. & McDaniel, Anne E. (2018). College prescription drug study key findings report. Center for the Study of Student Life, The Ohio State University: Columbus, Ohio.

Chow, P., & Flynn, D. M. (2016). The development of the student stressors and emotional disturbance scale. *College Student Journal, 50*(2), 191-198.

Christie campus health and CONNECT@college for student mental health. (2021). Christie Campus Health. Retrieved June 30, 2021, from https://www.christiecampus.com

Coiro, M. J., Bettis, A. H., & Compas, B. E. (2017). College students coping with interpersonal stress: Examining a control-based model of coping. *Journal of American College Health, 65*(3), 177-186.

Cole, B. P., & Ingram, P. B. (2020). Where do I turn for help? Gender role conflict, self-stigma, and college men's help-seeking for depression. *Psychology of Men & Masculinities, 21*(3), 441.

Collins, S. R., Robertson, R., Garber, T., & Doty, M. M. (2012). Young, uninsured, and in debt: why young adults lack health insurance and how the Affordable Care Act is helping. *Issue Brief (Commonwealth Fund), 14*, 1-24.

Corona, R., Rodríguez, V. M., McDonald, S. E., Velazquez, E., Rodríguez, A., & Fuentes, V. E. (2017). Associations between cultural stressors, cultural values, and Latina/o college students' mental health. *Journal of youth and adolescence, 46*(1), 63-77.

Czyz, E. K., Horwitz, A. G., Eisenberg, D., Kramer, A., & King, C. A. (2013). Self-reported barriers to professional help seeking among college students at elevated risk for suicide. *Journal of American college health, 61*(7), 398-406.

DeBate, R. D., Gatto, A., & Rafal, G. (2018). The effects of stigma on determinants of mental health help-seeking behaviors among male college students: An application of the information-motivation-behavioral skills model. *American journal of men's health, 12*(5), 1286-1296.

Downs, M. F., & Eisenberg, D. (2012). Help seeking and treatment use among suicidal college students. *Journal of American College Health, 60*(2), 104-114.

Garcia-Williams, A. G., & McGee, R. E. (2016). Responding to a suicidal friend or family member: a qualitative study of college students. *Death studies, 40*(2), 80-87.

Han, M., & Pong, H. (2015). Mental health help-seeking behaviors among Asian American community college students: The effect of stigma, cultural barriers, and acculturation. *Journal of College Student Development, 56*(1), 1-14.

Hubbard, K., Reohr, P., Tolcher, L., & Downs, A. (2018). Stress, mental health symptoms, and help-seeking in college students. *Psi Chi Journal of Psychological Research, 23*(4), 293-305.

Jackson, J. S., Torres, M., Caldwell, C. H., Neighbors, H. W., Nesse, R. M., Taylor, R. J., ... & Williams, D. R. (2004). The National Survey of American Life: A study of racial, ethnic and cultural influences on mental disorders and mental health. *International journal of methods in psychiatric research, 13*(4), 196-207.

Mackenzie, C. S., Gekoski, W. L., & Knox, V. J. (2006).

Age, gender, and the underutilization of mental health services: The influence of help-seeking attitudes. *Aging and mental health, 10*(6), 574-582.

Martin, J. M. (2010). Stigma and student mental health in higher education. *Higher Education Research & Development, 29*(3), 259-274.

Masuda, A., Anderson, P. L., & Edmonds, J. (2012). Help-seeking attitudes, mental health stigma, and self-concealment among African American college students. *Journal of Black Studies, 43*(7), 773-786.

National Council on Disability. (2017, June). *Mental health on college campuses: Investments, accommodations needed to address student needs*. https://ncd.gov/sites/default/files/NCD_Mental_Health_Report_508_0.pdf

Pearlin, L. I. (1999). Stress and mental health: A conceptual overview.

Reavley, N., & Jorm, A. F. (2010). Prevention and early intervention to improve mental health in higher education students: a review. *Early intervention in psychiatry, 4*(2), 132-142.

Rogers-Sirin, L., Melendez, F., Refano, C., & Zegarra, Y. (2015). Immigrant perceptions of therapists' cultural competence: A qualitative investigation. *Professional Psychology: Research and Practice, 46*(4), 258.

Rubin A., & Babbie, E. R. (2017). *Research methods for social work* (9th ed.). Cengage Learning.

Tang, M. O., Oliffe, J. L., Galdas, P. M., Phinney, A., & Han, C. S. (2014). College men's depression-related help-seeking: A gender analysis. *Journal of Mental Health, 23*(5), 219-224.

The Jed Foundation. (2020). *About us*. https://www.jedfoundation.org/who-we-are/.

Watkins, K., & Hill, E. M. (2018). The role of stress in the social support–mental health relationship. *Journal of College Counseling, 21*(2), 153-164.

Wendt, D., & Shafer, K. (2016). Gender and attitudes about mental health help seeking: results from national data. *Health & Social Work, 41*(1), e20-e28.

Yelpaze, I., & Ceyhan, A. A. (2019). University Students' Perceptions about Psychological Help Seeking: A Qualitative Study. *International Online Journal of Educational Sciences, 11*(1).

Figure 1

Thematic Analysis

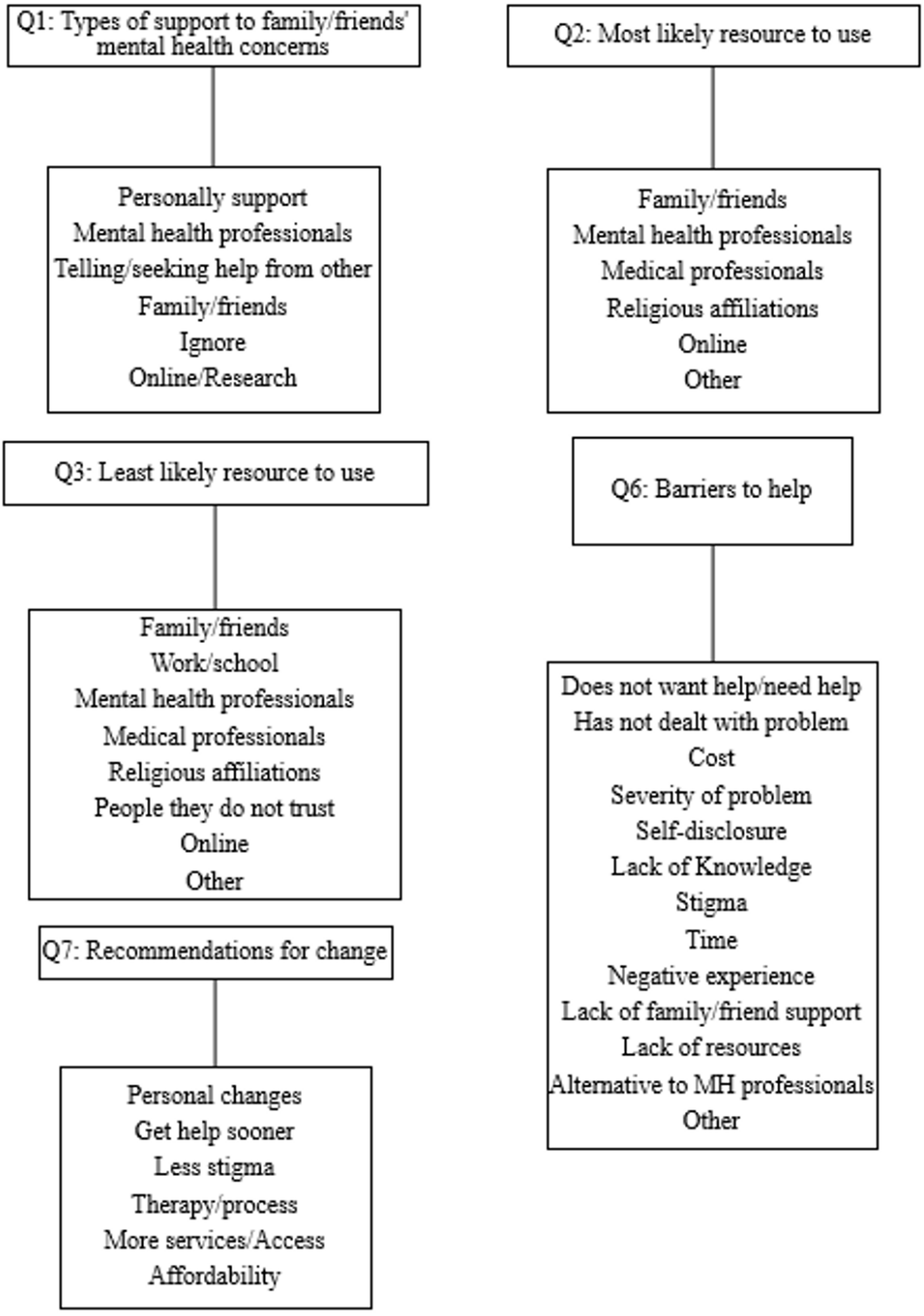

Table 1

Demographics

	n	%	*University %*
Age			
18-25	213	82	N/A
26-40	20	8	N/A
41-65	7	3	N/A
No Answer	19	17	N/A
Sex			
Male	105	41	51
Female	130	50	49
Gender Variant/Non-Conforming	2	1	N/A
Transgender Female	1	0.4	N/A
No Answer	21	8	N/A
Race/Ethnicity			
White	121	47	53
Black	68	26	23
Multiracial	19	7	3.3
Hispanic/Latino	15	6	9
Asian	8	3	6
Pacific Islander	1	0.4	N/A
Other	1	0.4	3.2
No Answer	26	10	N/A

Note. Campus statistics where limited, therefore data not reported by the university are labeled" N/A."

Table 2

Types of support to family/friends' mental health concerns

	%
Personally Support	75
Mental Health Professionals	11
Telling/Seeking help from other Family/Friends	10
Ignore	4
Online/Research	1
Total	**100**

Note. The frequency count may be more than sample size due to multiple open-ended responses

Table 3

Most Likely Resource to Use

	n	%
Family/Friends	326	49
Mental Health Professionals	194	29
Medical Professionals	80	12
Religious Affiliations	24	4
Online	23	3
Other	12	2
Total	**659**	**100**

Note. The frequency count may be more than sample size due to multiple open-ended responses. The total possible range for answers is 259 x 5 blanks, meaning there is a chance for 1295 answers for each category.

Table 4

Least Likely Resource to Use

	n	%
Family/Friends	99	30
Work/School	49	15
Other	48	15
Medical Professionals	45	14
People they do not trust	34	10
Mental Health Professionals	28	9
Online	16	5
Religious Affiliations	7	2
Total	**326**	**100**

Note. The frequency count may be more than sample size due to multiple open-ended responses. The total possible range for answers is 259 x 5 blanks, meaning there is a chance for 1295 answers for each category.

Table 5

Know Someone Needing Help

	n	%
Yes	189	74
No	66	26
Grand Total	**255**	**100**

Note. Blank Responses were not included.

Table 6

Know Someone Who Got Help

	n	%
Yes	159	84
No	30	16
Total	**189**	**100**

Note. Only includes participants that responded "yes" to knowing someone needing help.

Table 7

Barriers to Help

	n	%
Does not want help/need help	23	18
Has not dealt with problem	16	12
Cost	14	11
Severity of problem	12	9
Self-Disclosure	11	8
Lack of Knowledge	11	8
Stigma	9	7
Time	8	6
Negative Experience	7	5
Lack of support from Family/Friends	6	5
Other	6	5
Lack of resources	4	3
Alternative to MH Professionals (Self-care)	4	3
Total	**131**	**100**

Note. The frequency count may be more than sample size due to multiple open-ended responses. The total possible range for answers is 259 x 5 blanks, meaning there is a chance for 1295 answers for each category.

Table 8

Recommendations for Change

	n	%
Personal Changes	69	47
Get Help Sooner	37	25
Less Stigma	17	12
Therapy/Process	9	6
More Service/ Access	8	5
Affordability	6	4
Total	**146**	**100**