

College Students' Barriers to Seeking Professional Help Related to Mental Health Issue

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ABSTRACT

The prevalence of mental health problems among college students is increasing, yet the access of professional services and the tendency to seek professional help related to mental health issue still low. This study aims to explore the barriers to seeking mental health counseling in college students. Participants were 240 college students aged 18-30 years (66 men, 174 women) using the accidental sampling technique. Barriers to Seeking Mental Health Counseling Scale (BMHC), was translated into Bahasa Indonesia and used as instrument in this study to collect data via online platform. Descriptive statistics and comparison of means tests were applied to analyze data. The results indicated college students moderately experienced barriers to seeking mental health counseling in all six dimensions of BMHC. Another finding showed college students from non-health major of studies, never had counseling experience previously, and mental health counseling service was not available on campus have higher barriers in each dimension. By knowing the description of the barriers experienced by college students, it is expected for related stakeholders to provide proper mental health services by professionals that could be accessed by college students, which also need to consider several characteristics background of students who experienced certain barriers to seeking mental health counseling.

Keywords: barriers, college students, mental health, professional help

1. INTRODUCTION

The prevalence of mental health problems globally continues to increase. It has been recorded that nearly 700,000 people commit suicide every year. According to WHO's report that suicide is still one of the causes of death in the age range 15-29 years globally in 2019 [1]. It means the risk group is still in the academic period, such as high school students or college/university students. Various studies have begun to see the gap between psychological disorders experienced by students and the use of mental health services. Eisenberg, Golberstein and Gollust [2] who examined the seeking for help related to mental health access among students in the West American found that students who identified as having depression and anxiety disorders, around 37% to 84% (depending on the disorder) did not receive mental health-related services. Even in a free-access environment, most students do not receive services. Another study conducted by Aldalaykeh, Al-Hammouri and Jehad Rababah [3] which examined the predictions of students' intentions regarding seeking help related to mental health found that only about 13.6% of students were predicted to seek help related to mental health. They also stated that the prevalence of mental disorders in college students still

tends to be high, but the utilization of mental health services is still less effective.

Several studies have focused on mental health in students and have begun to identify that there are barriers for students regarding mental health services, thus creating a gap between the psychological disorders experienced by students and the lack of access to professional services related to mental health. Kuhl, Horlick and Morrissey [4] also defined that psychological-related barriers to seeking help are considered as general reluctance to accept psychological help (professionals such as psychologists, psychiatrists, or counselors) or factors that hinder a person's behavior in seeking psychological help. Shea et al. [5] have identified that there are six dimensions of barrier to students for seeking professional help related to mental health counseling. These dimensions consisted of negative perceived value, discomfort with emotions, ingroup stigma, lack of knowledge, lack of access, and cultural barriers.

Lack of awareness of the problem is also considered as one of the early barriers among young adults. This is supported by Eisenberg et al. [2] which found about 37-84% of students sample who indicated experiencing anxiety and depression did not receive mental health services and it was also found that participants tended to not believe in mental health problems and thought they

could solve them themselves. The study also found that predictors of not receiving mental health-related services were lack of perceived need and skepticism about the effectiveness of treatment. It also in line with the findings of Hayes et al. [6] which stated that seeking counseling help related to mental health was often considered a last effort. Therefore, a lack of understanding and negative perceptions regarding mental health services are barriers in seeking help.

Initial research by Komiya, Good and Sherrod [7] in America, began to identify that emotional openness is one of the predictors of student attitudes toward psychological help seeking. Vogel and Wester [8] who conducted a study on 219 university students in America regarding the risk of self-disclosure towards seeking help revealed that the participants had an assumption that the disclosure of negative emotions was considered a risky behavior. In addition, Gulliver, Griffiths and Christensen [9] stated barriers to seeking help are also influenced by fear of negative judgment from friends and family.

Although students have access to health services on campus, logistical barriers such as lack of time, difficulties with service center schedules, and long waiting lists can be barriers related to access to mental health services for students [2]. Research conducted by Shea et al. [10] on eating disorders in Mexican American women revealed that participants' lack of knowledge about their eating disorders and lack of knowledge regarding available psychological services had exacerbated feeling of shame and their tendency to hide negative emotions, as well as inhibited intentions to seek professional help [10]. Hayes et al. [6] conducted a study on the utilization rate of counseling centers on students from various races and ethnicities grouped into Caucasian, African, American, Asian, American, Latino and American Indian groups. This study found that ethnic or racial minorities tend to have doubts about seeking counseling services at universities, the data also showed that counseling services tend to be rarely used by racial/ethnic minority students.

This study focuses on describing the barriers to seeking professional help related to mental health in college students. This research is expected to contribute to describe the barriers that experienced by students in seeking professional related to mental health counseling in order to the college/university could develop programs related to mental health among students.

2. METHODS

2.1. Identification of Variables

The variable in this study is barriers to seeking professional help related to mental health issue, which are defined as barriers that were experienced by students in seeking psychological professional help (professionals such as psychologists, psychiatrists, or counselors). Barriers were assessed with six dimensions according to the *Barriers to Seeking Mental Health Counseling*

(BMHC) scale which was developed by Shea et al. [5]. The six dimensions including (a) negative perceived values; (b) discomfort with emotions; (c) ingroup stigma; (d) lack of knowledge; (e) lack of access; and (f) cultural barriers. The final score is calculated based on each dimension.

2.2. Participants

Participants in this study were 240 college students. The selection of participants using accidental sampling technique.

Table 1 Demographic Data of Participants (n = 240)

Categories	N	(%)
Gender		
Male	66	27.5
Female	174	72.5
Majors		
Health Dept.	113	47.1
Non-Health Dept.	127	52.9
Intention to Seek Help		
Not	64	26.7
Possible	77	32.1
Yes	99	41.3
Availability of Counseling Services		
Not available	75	31.3
Available	165	68.8
Counseling Experience		
Not	145	60.4
Yes	95	39.6

2.3. Research Instruments

Barriers to Seeking Mental Health Counseling (BMHC) scale was developed by Shea et al. [5] to measure barriers to seeking professional help related to mental health counseling in college students. The BMHC scale consists of 27 items in six dimensions, including negative perceived values, discomfort with emotions, ingroup stigma, lack of knowledge, lack of access and cultural barriers. Each item is in the form of a statement with six answer options ranging from 1 "strongly disagree" to 6 "strongly agree". Participants will be asked to choose an answer based on their self-assessment of each item. Item scores will be calculated based on each dimension. The item analysis of BHMC scale using *corrected item total correlation* resulted one item was eliminated, with the range of coefficient value 0.393-0.861 (n=27 items). The reliability test on BHMC scale showed that all dimensions were reliable: negative perceived value ($\alpha = 0.705$); discomfort with emotions ($\alpha = 0.833$); ingroup stigma ($\alpha = 0.853$); lack of knowledge ($\alpha = 0.925$); lack of access ($\alpha = 0.705$) and cultural barriers ($\alpha = 0.797$).

3. RESULTS

Table 2 Mean and Standard Deviation of BMHC Dimensions

Dimension	\bar{x}	σ	Categories
Negative Perceived Value	15.08	4.653	Moderate
Discomfort with Emotions	15.71	5.506	Moderate
Ingroup Stigma	14.20	5.888	Moderate
Lack of Knowledge	13.86	5.974	Moderate
Lack of Access	13.57	4.414	Moderate
Cultural Barriers	11.28	3.734	Moderate

Table 3 Categorization Formula

Categories	Categorization Formula
Low	$X < (M - 1SD)$
Moderate	$(M - 1SD) \leq X < (M + 1SD)$
High	$(M + 1SD) \leq X$

Note: M = Mean; SD = Standard deviation

Table 4 Categories of Each Dimension of BMHC

Dimension	Categories	Frequency	%
NPV	Low	88	36.7
	Moderate	130	54.2
	High	22	9.1
DWE	Low	81	33.8
	Moderate	124	51.7
IGS	High	35	14.5
	Low	123	51.2
LK	Moderate	85	35.4
	High	32	13.4
LA	Low	79	32.9
	Moderate	88	36.7
CB	High	73	30.4
	Low	61	25.4
DWE	Moderate	135	56.3
	High	44	18.3
IGS	Low	107	44.6
	Moderate	117	48.8
LK	High	16	6.6

Notes. NPV: Negative Perceived Value; DWE: Discomfort with Emotions; IGS: Ingroup Stigma; LK: Lack of Knowledge; LA: Lack of Access; CB: Cultural Barriers

Table 5 Normality Test Result

Dimension	Kolmogorov-Smirnov ^a			Shapiro-Wilk		
	Sta	df	Sig.	Stat	df	Sig.
NPV	.074	238	.003	.977	238	.001
DWE	.053	238	.200*	.987	238	.028
IGS	.094	238	.000	.965	238	.000
LA	.110	238	.000	.952	238	.000
LA	.079	238	.001	.987	238	.033
CB	.100	238	.000	.980	238	.002

The results of the normality test in Table 5 showed data is not normally distributed, so non-parametric test method was applied. For demographics that are divided into two groups, the Mann-Whitney U test was applied, while for demographics that are more than two groups, the Kruskal-Wallis test was applied.

Table 6 Statistical Analysis Results for each Dimension based on Demographics

Demographics	Dimension					
	NPV	DWE	IGS	LK	LA	CB
Gender	.009*	.953	.814	.033*	.003*	.058
Majors	.000*	.000*	.001*	.000*	.000*	.000*
Availability of Counseling Services	.928	.004*	.000*	.000*	.001*	.010*
Counseling Experience	.003*	.000*	.002*	.000*	.000*	.001*
Intention to seek professional help	.000*	.174	.003*	.790	.453	.864

According to Table 6, the significant coefficient values for each dimension are based on demographic groups. The value of the significant coefficient ($p < 0.05$) was statistically considered to be a difference, but if the coefficient was significant ($p > 0.05$) it was considered statistically the same or there was no difference.

Table 7 Mean Rank Analysis based on Demographics

Dimension	Demographics	N	Mean Rank
NPV	Gender		
	Male	66	139.55
	Female	174	113.28
	Majors		
	Health Dept.	113	99.06
	Non-Health Dept.	127	139.57
DWE	Health Dept.	113	97.04
	Non-Health Dept.	127	141.37
IGS	Health Dept.	113	105.17
	Non-Health Dept.	127	134.14
LK	Health Dept.	113	91.26
	Non-Health Dept.	127	146.52
LA	Health Dept.	113	97.86
	Non-Health Dept.	127	140.64
CB	Health Dept.	113	98.53
	Non-Health Dept.	127	140.05
DWE	Availability of Counseling Services		
	No	75	139.61
IGS	Yes	165	111.82
	No	75	149.49
LK	Yes	165	107.32
	No	75	151.45
LA	Yes	165	106.43
	No	75	142.35
CB	Yes	165	110.57
	No	75	137.53
NPV	Counseling Experience		
	No	145	131.32
DWE	Yes	95	103.99
	No	145	138.86
IGD	Yes	95	92.47
	No	145	131.70
LK	Yes	95	103.40
	No	145	143.16
LA	Yes	95	85.92
	No	145	133.82
CB	Yes	95	100.17
	No	145	132.51

	Yes	95	102.17
Intention to Seek Professional Help			
NPV	Not	64	156.97
	Possible	77	124.69
	Yes	99	93.67
IGS	Not	64	109.73
	Possible	77	106.10
	Yes	99	138.66

According to Table 7, the results of the mean rank of each dimension have significant differences based on demographic groups. A higher mean rank means that the group is more likely to perceive barriers on that dimension than the other groups. The highest perceived barriers in each dimension are ordered based on the highest mean rank obtained to the lowest.

4. DISCUSSION

In general, barriers to seeking psychological help was defined as general reluctance to accept psychological help (professionals such as psychologists, psychiatrists, or counselors) or factors that hinder a person's behavior in seeking psychological help [4]. In this study, students' barriers to seeking professional help were more specific in the context of mental health counseling.

4.1. Negative Perceived Value

Negative perceived value refers to the individual's negative attitude and negative perceived value towards seeking professional help related to mental health [5]. According to data analysis, negative perceived value dimension is in the moderate category (\bar{x} = 15.08; σ = 4.653). It can be interpreted that the individual's negative perception of professionals and mental health counseling services moderately experience as barrier for students. The result also showed the percentage of students who experience this barrier in high category (9.1%), moderate category (54.2%), and low category (36.7%).

This is in line with the findings of by Eisenberg et al. [2] which found that one of the predictors of students not receiving mental health services was they did not believe in mental health problems and the assumption that they could be solved their problem independently. In addition, the lack of need for services and skepticism about the effectiveness of treatment outcomes also can be barriers for students [2]. Therefore, negative perception is one of the factors that hinders students from seeking professional help related to mental health counseling.

When viewed from the gender perspective, it was found out that men experienced this barrier more than women. Students from non-health majors are also more likely to experience this barrier than health major students. Students who had no intention of seeking help experience this barrier more than them who had the intention of seeking professional help regarding mental health counseling.

4.2. Discomfort with Emotions

Discomfort with emotions refers to the individual's discomfort in expressing things related to the emotions they feel [5]. The result showed dimension of discomfort related to emotions is in the moderate category (\bar{x} = 15.71; σ = 5.506). It can be interpreted that the discomfort related to emotional matters is moderately experience as barrier for students in seeking professional help related to mental health counseling. The result also showed the percentage of students who experience this barrier in high category (14.5%), moderate category (51.7%), and low category (33.8%).

This is in line with the findings of Shea and Yeh [11] which explained that expressing emotional distress to mental health professionals can be considered a personal failure and is an embarrassing act. Vogel and Wester [8] who conducted a study on 219 university students in America regarding the risk of self-disclosure towards seeking help also explained that there was an assumption from participants that the disclosure of negative emotions was considered a risky behavior.

When viewed from the study program, it was found out that students from non-health majors experienced this barrier more than health majors' students. According to the availability of mental health counseling services in campus, it was found out students whose campuses did not have mental health counseling services were experienced this barrier more than students who have access in campus. It also found that students who never had counseling experience this barrier more than students who had mental health counseling before.

4.3. Ingroup Stigma

Ingroup stigma refers to the stigma associated with disagreements within the group (e.g., cultural groups, family, or friends) regarding seeking help for mental health counseling [5]. Ingroup stigma in this study is in the moderate category (\bar{x} = 14.20; σ = 5.888). This can be interpreted that stigma and disagreement within the group was experienced moderately among students in seeking professional help related to mental health counseling. The result also showed the percentage of students who experience this barrier in high category (13.4%), moderate category (35.4%), and low category (51.2%).

Gulliver et al. [9] explained that barriers to seeking help are also influenced by fear of negative judgements from friends and family. Shea et al [5] explained that ingroup stigma was assessed to be negatively correlated with perceptions and attitudes in seeking help. The results of this study found out that ingroup stigma was moderately experience as barrier among students in seeking professional help from mental health counseling.

The findings of this study were non-health majors' students experience this barrier more than students of health majors. Students whose campuses do not provide mental health counseling services and never have counseling experience before also experience this barrier

more compared to students who have counseling experience and mental health counseling services are available on campus. It also found out that students who had the intention of seeking help experience this barrier more than students who did not wish to seek professional help and students who possibly to seek professional help regarding mental health counseling.

4.4. Lack of Knowledge

Lack of knowledge related to access, includes knowledge related to how to access services, the availability of services and procedures for accessing mental health-related services [5]. According to data analysis, the dimension of the lack of knowledge related to access is in the moderate category (\bar{x} = 13.86; σ = 5.974). It can be interpreted that the lack of knowledge related to access moderately experience as barrier for students in seeking professional help related to mental counseling. The result also showed the percentage of students who experience this barrier in high category (30.4%), moderate category (36.7%), and low category (32.9%).

Research by Gagnon, Gelinas and Friesen [12] also explained that the lack of sufficient information regarding procedural and formal psychological services is one of the major barriers faced by students. Therefore, it can be concluded that the lack of knowledge related to access is also one of obstacle that moderately experience among students in seeking the help of mental health counseling professionals.

Other findings in this study are students from non-health majors experience this barrier more than health majors' students, students whose campuses did not have mental health counseling services experience this barrier more than students whose campuses had mental health counseling services, as well as students who never had counseling experience also experience this barrier more than them who had counseling experience related to mental health.

4.5. Lack of Access

Lack of access are including access difficulties due to financial, geographical and time constraints [5]. According to data analysis, the dimension of the lack of access is in the moderate category (\bar{x} = 13.57; σ = 4.414). It can be interpreted that the lack of access is moderately experience as barrier among students in seeking help related mental health counseling. The result also showed the percentage of students who experience this barrier in high category (18.3%), moderate category (56.3%), and low category (25.4%).

Although students have access to health services on campus, logistical barriers such as lack of time, difficulties with service center schedules and long waiting lists can be barriers related to access to mental health services for students [2]. Research by Gagnon et al. [12] also explained that students report inadequate logistical information (e.g.,

location and costs) as well as procedural related information as barriers to seeking professional help.

Some findings of this study including students whose campuses did not have mental health counseling services experience this barrier more than students whose campuses had mental health counseling services. Based on counseling experience, it was found out that students who never had counseling experience also experience this barrier more than students who had mental health counseling experience.

4.6. Cultural Barriers

Cultural barriers refer to the differences felt or experienced by clients towards the counselor or the counseling process [5]. Based on the results of data analysis, this barrier is in the moderate category (\bar{x} = 11.28; σ = 3.734). It can be interpreted that cultural barrier is moderately experience as barrier for students in seeking the help of mental health counseling professionals. The result also showed the percentage of students who experience this barrier in high category (6.6%), moderate category (48.8%), and low category (44.6%).

The study from Hayes et al. [6] found that ethnic or racial minorities tend to have doubts about seeking counseling services at universities. It stated that counseling services tend to be rarely used by racial / ethnic minority students. Cultural differences and cultural distrust between clients and counselors are also suspected as predictors of barriers to seeking help [5].

The findings of this study on cultural barriers experience by students in seeking professional help including non-health majors' student experience this barrier more than health major students, students whose campuses did not have mental health counseling services experience this barrier more than students whose campuses had mental health counseling services available, and students who never had counseling experience also experience more barrier on this dimension than students who had mental health counseling experience.

This study implied there are some barriers that moderately experienced by students in seeking professional help related to mental health counseling according to some group characteristics. This result can be a reference for college/ university, even the mental health counseling service providers in universities to understand students' barriers related mental health service. Aside from the implication of this study, this result cannot be applied as a representation of college/university students in general. Since Indonesia has various cultural backgrounds, the next researchers need to consider carefully related cultural/ethnicity background of participants to be able to capture the barriers. The online platform also contains the risk of some social groups cannot be reach out by this study due to technical or internet access barriers.

5. CONCLUSION

The finding in this study showed there were barriers which moderately experienced by students regarding seeking professional help related to mental health counseling, including negative perceived values, discomfort with emotions, stigma in groups, lack of knowledge, lack of access and cultural barriers. In general, characteristics of students who experience higher barriers in each dimension including non-health majors' students, never had counseling experience and no access to mental health counseling services in campus.

The researchers provide suggestions for the next research to study more specific characteristic/ background (e.g., cultural/ ethnicity background). Suggestions also addressed for counselors and psychological service providers at the college/university level to pay attention to the characteristics of students who may have barriers in seeking help related to mental health counseling.

REFERENCES

- [1] World Health Organization, "Suicide," June 17, 2021, Available: <https://www.who.int/news-room/fact-sheets/detail/suicide>
- [2] D. Eisenberg, E. Golberstein, and Gollust, S. E. "Help-seeking and access to mental health care in a university student population." *Medical Care*, 45(7), (2007), 594–601 DOI: <http://dx.doi.org/10.1097/MLR.0b013e31803bb4c1>
- [3] M. Aldalaykeh, M.M Al-Hammouri, and J. Jehad Rababah. "Predictors of mental health services help-seeking behavior among university students". *Cogent Psychology*, 6, 1-10 (2019) DOI: <https://doi.org/10.1080/23311908.2019.1660520>
- [4] J. Kuhl, L. Jarkon-Horlick, and R.F Morrissey. "Measuring barriers to help-seeking behavior in adolescents." *Journal of Youth and Adolescence*, 26(6), 637–650. (1997) DOI: <https://doi.org/10.1023/A:1022367807715>
- [5] M. Shea et al, "College Students' Barriers to Seeking Mental Health Counseling: Scale Development and Psychometric Evaluation." *Journal of Counseling Psychology*. Advance online publication. (2019) DOI: <http://dx.doi.org/10.1037/cou0000356>
- [6] J. A. Hayes et al, "Rates and Predictors of Counseling Center Use Among College Students of Color". *Journal of College Counseling*, 14(2), 105–116 (2011) DOI: <http://dx.doi.org/10.1002/j.2161-1882.2011.tb00266.x>
- [7] N. Komiya, G. E Good, and N. B Sherrod, "Emotional openness as a predictor of college students' attitudes toward seeking psychological help." *Journal of Counseling Psychology*, 47, 138–143 (2000) DOI: <http://dx.doi.org/10.1037/0022-0167.47.1.138>
- [8] D. L. Vogel, and S. R. Wester, "To seek help or not to seek help: the risks of self-disclosure." *Journal of Counseling Psychology*, 50 (3), 351-361 (2003) DOI: <https://doi.org/10.1037/0022-0167.50.3.351>
- [9] A. Gulliver, K. M. Griffiths and H. Christensen, "Perceived barriers and facilitators to mental health help-seeking in young people: a systematic review." *BMC Psychiatry*, 10(1). (2010) DOI: 10.1186/1471-244x-10-113
- [10] M. Shea et al, "Cultural adaptation of a cognitive behavior therapy guided self-help program for Mexican American women with binge eating disorders." *Journal of Counseling & Development*, 90, 308–318. (2012) DOI: <http://dx.doi.org/10.1002/j.1556-6676.2012.00039.x>
- [11] M. Shea and C. J Yeh, C. J, "Asian American students' cultural values, stigma, and relational self-construal: Correlates of attitudes toward professional help seeking." *Journal of Mental Health Counseling*, 30, 157–172 (2008) DOI: <http://dx.doi.org/10.17744/mehc.30.2.g662g5l2r1352198>
- [12] M. M Gagnon, B. L Gelinas and L. N Friesen, "Mental health literacy in emerging adults in a university setting: Distinctions between symptom awareness and appraisal." *Journal of Adolescent Research*, 32(5), 642–664 (2017). DOI: <https://doi.org/10.1177/0743558415605383>