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Help Wanted: Investigating Help-Seeking Behaviour Among Post-Secondary Students in Relation to Their Mental Health and Well-Being

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Abstract

Research has been done on the importance of addressing mental health concerns while obtaining an undergraduate degree. Despite this, some students do not seek help and their mental health needs are unmet. The objective of the current study was to gain a holistic understanding of the barriers and facilitators affecting the help-seeking behaviour of undergraduate students, as told through the student perspective. Data was collected through an online consultation survey, which asked students for their perspectives of mental health supports on campus. A thematic analysis revealed a lack of promotion of mental health services, lack of academic time off, stigma, and service waitlists as barriers; destigmatizing efforts, an increase in the promotion of services, recognition and understanding of mental health concerns, and normalizing help-seeking were identified as facilitators. The results demonstrate what prevents and promotes the help-seeking behaviour of undergraduate students. Implications for understanding student mental health and facilitating change were discussed.

Keywords: student mental health, wellbeing, help-seeking, undergraduate student, student experience, stigma, post-secondary institution, barriers, facilitators

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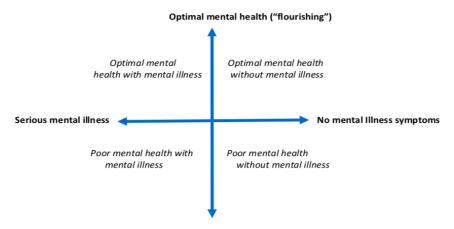## List of Figures

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Introduction

Recently, mental health and well-being have been identified as areas of priority by the World Health Organization (WHO) and government leaders worldwide (Martin, 2010). The severity of mental illness varies from person to person but has become more common for young individuals. Most mental health disorders emerge from age 15 to age 24 (Eisenberg, Golberstein, & Gollust, 2007). During this period, many young adults are transitioning from employment to education and vice versa, so that by the age of twenty-five, 63% of men and 75% of women in Canada have acquired some post-secondary education (Nunes et al., 2014). In 2015, more than two million students enrolled in post-secondary education in Canada, which is an increase from the previous year (Statistics Canada, 2016). With over 280 Canadian colleges and universities available for students to attend, understanding the mental health needs of this large demographic group becomes an important research focus, especially when considering the affects that mental health issues have on academic achievement and retention rates (Statistics Canada, 2014). Thus, the overall aim of the current study is to further the understanding of the barriers and facilitators to help-seeking behaviours among post-secondary students for their mental health and wellbeing.

The current study is a qualitative case study design that takes place at a large, Canadian University in South Western Ontario. This paper contains a literature review that discusses: the mental health of post-secondary students, the nature of help-seeking behaviour, and the barriers and facilitators to help-seeking behaviour. The literature review precedes an outline of the current study, the methods, and results of the study. The paper is concluded with a discussion, which includes a summary of the results, limitations of the study, and future research directions.

Post-Secondary Students' Mental Health and Well-Being

Cory Keyes is a well-known psychologist whose focus is in the field of positive psychology. Figure 1 demonstrates a framework with which researchers can better understand the continuum of mental health, as it relates to the work by Cory Keyes.

Figure 1: Dual Continuum Model of Mental Health and Mental Illness (MacKean 2011).

"Until approximately the mid-1990s, mental illness was overlooked and seen as a source of economic burden to developing and developed countries" (Keyes, 2007). In 2004, the World Health Organization published a report on mental health promotion, conceptualizing mental health as not only the absence of mental illness, but the presence of something positive (Keyes, 2007). Keyes defines mental health as consisting of symptoms of hedonia (i.e. emotional vitality and positive feelings towards one's life). Keyes further describes an individual as either flourishing or languishing. To be identified as flourishing, individuals must exhibit high levels of at least one measure of hedonic well-being, and high levels on at least six measures of positive functioning (Keyes, 2007). To be identified as languishing, individuals must exhibit low levels on at least one measure of hedonic well-being, and low levels on at least six measures of positive functioning. Adults who are moderately mentally healthy do not qualify as either flourishing or languishing. Therefore, complete mental health can be described as a state in which individuals

are free from mental illness and are flourishing (Keyes, 2007).

Research by Keyes suggests that anything less than complete mental health results in increased impairment in daily life, as well as increased impairment in physical health (Keyes, 2007). Additionally, when mental illness is combined with languishing, it is more dysfunctional than a situation in which mental illness is combined with moderate mental health or flourishing. With this knowledge, it is critical that mental health and illness receive the same attention as physical health and illness.

The Relationship Between Academic Performance and Mental Health

The relationship between academic performance and mental health is well understood. Opportunities within the environment can shape an individual's capacity to build resilience (Ungar, 2010); universities are recognized as institutions that have the capability to promote the health and wellness of those who learn and work within them. The National College Health Assessment (NCHA), a benchmarking climate survey conducted at postsecondary institutions across North America, administered by the American College Health Association, demonstrated that the proportion of students reporting having a psychiatric condition nationally was 7.4% in 2016. Students reporting that stress was having a negative impact on academic performance increased from 33.0% in 2013 to 42.2% since 2013. When considering the impact of stress on students' mental health, it is the negative effects that stressful events can have on long-term mental health and well-being that is often prominent.

A Canadian Campus Survey conducted in 1998 determined the prevalence of elevated psychological distress among Canadian undergraduate students. Using a 12-item General Health Questionnaire, Adlaf, Gliksman, Demers, & Newton-Taylor (2001) found that 30% of 7,800 students reported elevated psychological distress. Overall, rates of elevated distress were

significantly higher among these students than among the general population in Canada (Adlaf et al., 2001). The authors concluded that the mental health and well-being of the university population is an evolving and prominent public issue.

More recently, Durand-Bush, McNeill, Harding, & Dobransky (2015) were interested in assessing the levels of stress, psychological well-being, mental health functioning, and self-regulation capacity of undergraduate students through an online survey at a Canadian university. The above items were assessed using scales and questionnaires specific to each item. The authors found that students reported moderate to high levels of stress and low levels of mental health functioning. The students' stress levels were found to be higher than those in previously conducted studies with university and college students, and their mental health levels were found to be lower than those in previously conducted studies (Durand-Bush et al., 2015). Additionally, the authors found that students were experiencing high levels of psychological distress and therefore low levels of mental health functioning (Durand-Bush et al., 2015). The results suggest that it is possible that the demands being placed on post-secondary students are increasing, or that students are having more difficulty coping with stressors during peak times in a semester (i.e. exam periods). The authors posit that campus resources are not extending as much support as they should be to increase students' mental health functioning (Durand-Bush et al., 2015).

There is evidence to show that mental health directly impacts academic success, which suggests that mental health concerns should be addressed and managed during this time. Eisenberg, Golberstein, and Hunt (2009) were interested in how mental health predicts academic success during college. The authors conducted a descriptive study using a random sample of 2798 undergraduate and graduate students from a large, academically competitive, American university. Through a series of web-based surveys, the authors acquired information related to

the participants' mental health. The students' academic information was derived from their academic records (Eisenberg et al., 2009). The means of covariates, including demographic characteristics, were compared across mental health status (Eisenberg et al., 2009). The authors found that mental health problems are positively associated with lower academic success and generally impair academic performance. As this and other studies show, academic institutions such as colleges and universities need to pay particular attention to the mental health needs of their students in order for students to perform well academically and to provide them with the best learning experience.

Based on this information, it is apparent that a relationship between the experiences of post-secondary education and mental health exists amongst young adults. Therefore, it is necessary to understand the persistence of mental health concerns throughout the course of a students' post-secondary education, in order to understand the long-term implications that these concerns have on students. Zivin, Eisenberg, Gollust, & Golberstein (2009) conducted a baseline web-based survey of 2843 students attending a large, American university; they conducted a follow-up survey two years later. Brief screening tools were used to measure various mental health disorders, such as anxiety and depression. The authors were interested in understanding the longitudinal course of mental health problems amongst post-secondary students. The authors found that over half of the student population had a mental health problem. Furthermore, 60% who had a mental health problem at baseline had at least one mental health problem at the time of the two-year follow up (Zivin et al., 2009). Among students with a mental health problem at both points in time, fewer than half sought treatment between the two time periods. The results suggest that there are factors influencing the help-seeking behaviour of students in terms of their mental health concerns. It is important to understand the factors that influence help-seeking

behaviour in order to provide students with adequate access to mental health services.

What is Help-Seeking?

A way for students to access resources themselves would be to actively engage in help-seeking behaviour. Help-seeking behaviour has been conceptualized as a multi-stage process amongst mental-health researchers (Eisenberg, Downs, Golberstein, & Zivin, 2009). According to Eisenberg et al. (2009), individuals begin by experiencing a specific health problem, followed by recognizing a need for professional help. They then evaluate the costs and benefits of receiving treatment (within the context of social norms regarding seeking help), and take action to receive care by choosing one of several types of help for mental health concerns.

Post-secondary students are a unique demographic because they are at a fragile stage in their lives. In other words, the transition from high school to post-secondary education is characterized by change, adjustment, and ambiguity relating to a disruption of routines, security, predictability, and a loss of sense of control that was established during high school (Versaevel, 2014). A way in which post-secondary institutions aim to support students is through various resources pertaining to mental health, academia, physical activity, and finances. Despite the resources that exist on campuses, students' mental health needs are still unmet (e.g., Eisenberg et al., 2007). Furthermore, young adults with mental health concerns often do not seek help, even if their conditions are severe (Bebbington et al., 2003). This suggests that there are factors that prevent students from seeking help for their mental health concerns.

Eisenberg et al. (2007) examined the prevalence of unmet mental health needs for a post-secondary student population. They conducted a web-based survey of 5,021 graduate and undergraduate students, from a large Midwestern university in the United States, that included a questionnaire regarding a perceived need for mental health services in the past year. The authors

found that the individuals with unmet needs reported their belief that medication and therapy are only somewhat helpful/not at all helpful on people of their age with depression (Eisenberg et al., 2007). This speaks to post-secondary students' perceptions of mental health services, and how their perceptions may act as a barrier for seeking help for their mental health.

Students' perceptions of help-seeking can also vary. A study conducted by Chew-Graham, Rogers, and Yassin (2003) examined medical students' perceptions of the help that is available to students with mental health concerns, and their attitudes towards help-seeking at a British university. The authors conducted semi-structured interviews with twenty-two medical students. The authors found that the majority of students sought help from family and/or friends for their mental health concerns, as opposed to a clinical professional on campus (Chew-Graham et al., 2003). Additionally, students had limited knowledge of existing mental health services on campus. Most importantly, students reported an existence of perceived stigma in terms of mental health concerns, which they believed would affect their future as doctors. The students' perceived stigma would prevent them from confiding in clinical professionals on campus due to the fear that their information would not be kept confidential. The results of this study suggest that students' unmet needs can be attributed to a lack of knowledge pertaining to supports on campus, as well as the belief that confiding in a clinical professional (who is associated with the university), would negatively impact their future aspirational goals (Chew-Graham et al., 2003).

Barriers to Help-Seeking Behaviour

Stigma

The unmet needs of post-secondary students can be attributed to a variety of barriers to seeking help and support. Research has eluded to the idea that a significant barrier to help-seeking behaviour, in relation to mental health, is mental illness stigma (Eisenberg et al., 2009).

Eisenberg et al. (2009) defined three forms of stigma. Public stigma is defined as prejudice and negative stereotypes about mental illness. Perceived public stigma is defined as a person's perception of public stigma. Finally, personal stigma is defined as a person who identifies themselves with the stigmatized group and applies the corresponding prejudices and stereotypes to themselves. The authors were interested in the association between help-seeking and perceived and personal stigma within a large sample of 5,555 college and university students from thirteen schools in the United States. Using questionnaires that measured help seeking and mental health, the authors found that personal stigma was significantly associated with several measures of lower help seeking behaviour, such as: perceived need and use of psychotropic medication, therapy, and nonclinical sources of support (Eisenberg et al., 2009). The authors found that to have high personal stigma, one must also have high perceived stigma (Eisenberg et al., 2009). This alludes to the idea that personal attitudes are shaped by public attitudes and can prevent students from seeking help when they need it.

In an exploratory study with 54 university students in Australia, Martin (2010) was interested in the effects of stigma on the help-seeking behaviours of students' mental health. The author administered an online survey that consisted of open and closed questions pertaining to disclosure, impact on studies, and support. It was found that the majority of the students in the study had not disclosed their mental health condition to university staff due to fears of discrimination and disadvantage arising from the stigma of mental illness (Martin, 2010). Furthermore, many of the students experienced difficulties with their studies, which led to incurring penalties of 'at risk' and exclusion warning notices (Martin, 2010). This suggests that when students do not seek help for their mental health because of the stigma associated with mental illness, their studies can potentially become negatively affected, which may lead to

continuous long-term effects pertaining to academia, employment, and/or personal relationships.

Finally, it is possible for stigma to stem from the perceptions of mental health by university faculty. In a study by Becker et al. (2002), 315 faculty members and 1901 students at a university in Florida were surveyed. The authors were interested in assessing the orientation of faculty and students toward persons with mental illnesses. The authors found that eight percent of faculty respondents believed that students with a mental illness are dangerous. The results demonstrated that faculty's sense of fear and moral judgement increases with their sense of discomfort and insecurity around students with mental illnesses (Becker et al., 2002). These findings suggest that an attitudinal change may be required by some university faculty in order to support students with mental health conditions, and to discourage the stigma that exists. In addition, it would be beneficial for faculty and staff to obtain support (i.e. information sessions, workshops, etc.) from the institution in order to adequately recognize and be aware of mental health and mental illness within students.

Additional Barriers to Help-Seeking

Barriers to help-seeking aside from stigma exist as well. Komiya, Good, & Sherrod (1999) examined the effects of emotional openness (and other predictors of attitudes) on seeking help related to mental health with 311 undergraduate students at a large, Midwestern university. Using the Test of Emotional Styles (TES) to measure orientation (attitudes towards emotional experiences and expressions), the authors found that lower emotional openness was associated with lower help-seeking behaviour (Komiya et al., 1999). Additionally, the authors found that being male, greater perceptions of stigma to therapy, and lower psychological symptom severity were all factors that contributed to a reluctance to seek help.

Previous research has identified additional factors that are associated with lower help-

seeking behaviour in post-secondary students including a lack of perceived need for help, being unaware of insurance coverage, and skepticism about treatment effectiveness (Eisenberg et al., 2009). Additionally, post-secondary students may not know whether or not their mental health concerns warrant help. For example, Eisenberg et al. (2007) found a variety of reasons related to why the students in their study refrained from seeking help for their mental health concerns. The most frequently identified reason was that stress was a normal part of college, followed by not perceiving a need, and the belief that the problem would alleviate on its own (Eisenberg et al., 2007). This finding could imply that a barrier to seeking help could derive from a student's belief that their mental health concern is a normal aspect of the post-secondary experience, or that their challenges not worthy of help, or that it is not something that a professional can assist with.

Barriers to help-seeking also exist in terms of a person's mental well-being. Ryff & Keyes (1995) define well-being as a model that contains six core components: self-acceptance, environmental mastery, purpose in life, positive relations with others, personal growth, and autonomy. In a longitudinal study with 220 first-year university students in Ireland, Goodwin, Behan, Kelly, McCarthy, & Horgan (2016) were interested in examining the help-seeking intentions and experiences of undergraduate students in terms of mental health and well-being. Using the scales and questionnaires geared towards mental health and well-being, the authors found that students with lower levels of mental well-being were unlikely to seek either informal or formal help (Goodwin et al., 2016). An important implication can be derived from this finding, such that students may rank low in self-acceptance or purpose in life (for example) and may therefore not view a purpose in seeking help.

Downs & Eisenberg, (2012) conducted a study with 8,487 undergraduate and graduate students from fifteen different universities in the United States. The authors were interested in

how attitudes, beliefs, and social network factors relate to help seeking among suicidal students, and what barriers students perceive as preventing them from seeking help. Using a series of questions and scales relating to mental health, perceived service use, suicidal ideations, and barriers to service, the authors found that attitudes, beliefs, and social networks played an important role in the help-seeking behaviours of students. For example, perceived need for help was endorsed by the majority of suicidal students and was associated with a greater use of service. The authors also discovered barriers that students believe to play a factor in seeking help. For example, 52% of respondents reported that they question how serious their needs are and 27% of respondents reported that they do not think anyone can understand their problems (Downs & Eisenberg, 2012). These findings speak to how students perceive their own needs and how it relates to their motivation to seek help. It is possible that, because of students' perceptions of their needs in addition to their mental health concerns, their judgement to seek help could be clouded, and therefore, their motivation to seek help is diminished. The current study aims to understand the barriers to help-seeking behaviour for undergraduate students in a Canadian context, as the majority of the help-seeking literature exists in an American context.

Service Barriers

It has been suggested that service delivery on campus seems to be geared towards providers as opposed to students (Mowbray et al., 2006). In other words, Mowbray et al. (2006) believe that some counsellors are not trained well enough in young adult development to provide quality care to students. Furthermore, the authors posit that university resources cannot seem to meet the demands of student mental health concerns. According to Mowbray et al. (2006), counsellors must be better trained in order to serve students appropriately. Faculty should be aware of the early warning signs of mental illness and there should be easy access to mental

health services. In addition, the authors suggest that it is important for universities to provide easy access to services on campus in a way that reflects a "no wrong door" policy so as to help students overcome barriers presented by attitudes about mental health concerns (Mowbray et al., 2006). The authors provide insight as to how campuses can improve the delivery of service to students in a way that enhances the student experience.

It is important to take into consideration students' awareness of services. For some students, it is possible that their need for help is counteracted by their lack of awareness of available services. Yorgason, Linville, and Zitzman (2008) were interested in the connection between students' mental health needs and their awareness and use of on-campus services. Using a sample of 266 undergraduate students, the authors administered a web-based questionnaire that addressed the mental health needs of students, their knowledge of mental health services, and the use of the services. The authors found that students who were mentally distressed were more likely to know about and use services (Yorgason et al., 2008). However, some students who were mentally distressed were unaware of and did not use the services. Their results indicated that 30 percent of respondents had never heard of the services, 37 percent were not given adequate information about the services, and 38 percent had heard about the services but knew nothing about them. Factors that contributed to the non-use of services included: living off campus, identifying as male, and having fewer years in college (Yorgason et al., 2008). The implications of the study posit that post-secondary mental health services must increase their efforts in advertising and promoting services, especially for students who live off-campus.

Reducing Barriers to Help-Seeking

Reducing barriers to help-seeking behaviour is important for post-secondary student populations (Eisenberg et al., 2009). As previously stated, most mental health disorders emerge

from age 15 to age 24. Mental health concerns during this time period are associated with a multitude of aversive health, academic, occupational, and social situations (Hunt & Eisenberg, 2010). Since approximately half of American youth attend post-secondary school (Eisenberg et al., 2007), early intervention and treatment would warrant long-term mental-health benefits. It would be beneficial for post-secondary institutions to promote help-seeking in a way that resonates positively with students, possibly by delivering campus education initiatives that are geared toward mental health help-seeking. An example of a university initiative could include the development of a social marketing campaign. The campaign could revolve around changing campus culture through a domino-effect process. The process could begin by explaining the normative nature of having mental health concerns to students, which could lead to reducing the stigma associated with receiving help for those concerns. This type of initiative could diminish the barriers associated with seeking help for mental health concerns (Mowbray et al., 2006).

A Canadian initiative that was created to help Ontario's post-secondary institutions enhance their capability to support student mental health and wellbeing is the Centre for Innovation in Campus Mental Health. The centre is responsible for creating campus initiatives across Ontario to increase the supports that are available for post-secondary students. Examples of such initiatives include: E-counselling, Mend the Mind Campaign, Peer Counselling, and many more. Each initiative has been created for a specific post-secondary institution in Ontario. The initiatives can be accessed via a link that takes an individual directly to the webpage associated with it. The webpage provides information about the initiative regarding its purpose and how it can be accessed. In addition to providing post-secondary initiatives, the Centre hosts a resource hub that is composed of programs, practices, and resources to help Ontario post-secondary institutions in providing support for student mental health and wellbeing. The Centre

also targets individuals who are working in the post-secondary mental health sector by providing webinars, conferences, interviews, and info-sheets related to the topic of student/campus mental health and wellbeing. The majority of the help-seeking literature is presented in an American context. This study aims to address the help-seeking behaviour of post-secondary students in a Canadian context; the Centre for Innovation in Campus Mental Health is one example of how the province of Ontario assists in facilitating help-seeking behaviour amongst students.

A final example of a university initiative revolves around accommodating students in terms of long-term mental health care. Heck et al. (2014) were interested in examining the current state of mental health initiatives and services at Albertan universities. Using a 60-question online survey with university staff from Alberta's twenty-six post-secondary institutions, the authors found that small institutions were less likely than large institutions to have mental health programs in place (Heck et al., 2014). Additionally, institutions of all sizes did not offer long-term therapy, but referred students needing further care to off-campus services (Heck et al., 2014). The lack of long-term therapy could deter students from seeking help due to the perception that therapy will cease prematurely and therefore be ineffective. In other words, if students are aware that they will be referred to external services at some point, they may reach out to external services initially, as opposed to services on campus, in order to save themselves the effort that is required to change services in the future. The authors also found that most institutions have some form of promotion and/or outreach programs in place. It was found that large institutions generally had a greater diversity of services available to students (Heck et al., 2014). Small institutions would benefit from expanding their services, and large institutions would benefit from improving their services by gearing them to the specific needs of students. Overall, it is evident that students would benefit from an increase in university initiatives that

could facilitate help-seeking behaviour.

Facilitators to Help-Seeking Behaviour

Much of the help-seeking literature (in relation to mental health) details the barriers that exist for help-seeking behaviour amongst post-secondary students, but also suggests how campuses can encourage help-seeking. Eisenberg et al. (2007) did not consider health insurance to be a barrier to help seeking. According to the authors, approximately 94% of the respondents had some form of health insurance, and the majority of campuses offered free or highly subsidized mental-health services (Eisenberg et al., 2007). As previously stated, the quality of the service may be a barrier, but health insurance itself seems to facilitate help-seeking.

In a previously mentioned study by Goodwin et al. (2016), the authors found that an element that encouraged help-seeking behaviour is the use of online help-seeking. Specifically, those with lower levels of mental well-being were more likely to benefit from online help-seeking (Goodwin et al., 2016). In another study, Ryan, Shochet, & Stallman (2010) were interested in examining the role of online help-seeking in promoting well-being in 254 university students in Australia. Using scales and questionnaires, the authors determined students' psychological distress and intentions to seek help. Using a five-point Likert scale, the authors assessed students' intentions to use an online student program. Finally, the authors asked students, "If there was a program available online designed to promote the well-being of university students, which topics would be of interest to you?", and students were to answer from a drop-down menu, or provide their own unique answers in the text box. The authors found that 47% of students intended to use an online help-seeking program, and that students who were more distressed were more likely than their counterparts to engage in the program. Importantly, the authors determined that the content for the online program should vary according to students'

mental health needs. For example, the content for highly distressed students may include topics such as relaxation, depression, and anxiety (Ryan et al., 2010). If the program aims to be universally relevant, topics of interest may include work life balance, time management, and stress management tools (Ryan et al., 2010).

As a final example of the benefits of online help-seeking, Day, McGrath, & Wojtowicz (2013) were interested in the effectiveness of a guided self-help program to moderate anxiety, depression, or stress in 66 university students in Nova Scotia. Participants were placed into either an 'immediate access to online program' group or a 'delayed access to online program' group (access was delayed for six weeks). The online program was self-help based and included five modules pertaining to mood, motivation, thoughts and feelings, etc. Additionally, participants were assigned a program coach who contacted them on a weekly basis to provide participants with support and encouragement pertaining to engagement in the online program. The authors found that participants who had access to the self-help modules immediately experienced improvements in anxiety, depression, and stress compared to participants in the delayed access condition. Importantly, participants who responded to the six-month follow up questionnaire indicated that they maintained the benefits of completing the online program and had low to mild symptoms of anxiety, depression, and stress (Day et al., 2013). This suggests that self-help online programs warrant similar benefits to that of guided-help online programs. The above findings may lead to a change in delivery of service amongst post-secondary mental health service providers, to include more online help-seeking options, and to allow for the delivery of services to be diverse.

Another factor that facilitates help-seeking in students is well-being. As previously mentioned, well-being also acts as a barrier to seeking help for mental health concerns. In the

study conducted by Goodwin et al. (2016), the authors found that those with higher levels of mental well-being would be more inclined to access informal sources of help, such as help from a peer. The findings from the study conducted by Downs & Eisenberg (2012) are consistent with those from the study by Goodwin et al. (2016). Downs & Eisenberg (2012) found that students who reported higher levels of "warm and trusting" relationships were less likely to seek treatment, and Goodwin et al. (2016) found that students with greater well-being (defined by Ryff & Keyes (1995) as involving positive relations with others) are more likely to access informal sources of help (i.e. assistance from peers).

Additional studies suggest that post-secondary resources and programs should be geared differently towards each campus, due to the variation that exists between campuses (Hunt & Eisenberg, 2010). As previously mentioned, educational and awareness campaigns would be beneficial to educate students about the resources that are available to them (Eisenberg et al., 2007). In terms of stigma, a social norms campaign could benefit students by educating them about how 90% of students report that they would not think less of someone who has received treatment for mental health (Eisenberg et al., 2009).

It is evident that both barriers and facilitators to help-seeking behaviour exist for undergraduate students, in terms of their mental health and well-being. The barriers are capable of negatively affecting academic performance, debilitating social networks for students, and affecting students' long-term mental health. Conversely, the facilitators have the potential of changing the way that mental health services are perceived, used, and promoted on university campuses. Additionally, the facilitators have the potential to change the course of student mental health by increasing help-seeking behaviours of students, and to allow for comfort and safety when engaging in the behaviour. Thus, the knowledge of both the barriers and facilitators to help

seeking behaviour can provide an understanding of students' beliefs and attitudes towards campus services. This understanding may ultimately lead to a change in the help-seeking behaviour of post-secondary students.

Current Study

Research Question

The current study examined what enhances and prevents students from seeking help for their mental health on campus by analyzing data that was used to create a mental health strategy for a large university located in Ontario. Specifically, the research questions included: what are the barriers to help-seeking behaviour for post-secondary students in relation to their mental health and wellbeing? Additionally, what suggestions do students offer that would facilitate help-seeking behaviour for mental health and wellbeing? The current study was designed as a qualitative case study design that used secondary data from a large campus consultation process that was conducted during the development of a campus-wide student mental health strategic plan. The literature pertaining to help-seeking behaviour in undergraduate students is limited when considered in a Canadian context. The current study aimed to address this gap, while also adding to the already-existing literature pertaining to the barriers and facilitators to help-seeking behaviour. It also aimed to address the gap pertaining to the lack of qualitative studies that capture the voice of undergraduate students (Eisenberg et al., 2007), by using data that was derived from the responses of undergraduate students.

The currently study took an exploratory approach to understanding the factors that prevent and promote the help-seeking behaviour of post-secondary students, as informed by Bandura's theory of self-efficacy. This approach takes into consideration students' capabilities to seek help and what factors influence their capabilities.

Underlying Theory of Self-Efficacy for Help-Seeking

Bandura's theory of self-efficacy was used as a lens for the theoretical understanding of the current study. Bandura's social learning theory describes human beings as capable of self-regulation, planning, alternative strategies, and exercising active control over responses and actions (Lee, 2007). These capabilities allow individuals to respond to their experiences, such as students responding to their mental health concerns by seeking help. More specifically, Bandura's theory of self-efficacy emphasizes the power of self-beliefs on functioning (Lee, 2007). In other words, the theory of self-efficacy can be used in order to understand students' capabilities for seeking help, and how they are affected/diminished by barriers, such as stigma, that exist on campus. Students may perceive the barriers in a way that causes them to reflect negatively on themselves, which may influence their beliefs and perceptions of seeking help. For example, stigma may cause students with mental health concerns to internalize the stigma and associate themselves with the stereotypes, therefore preventing them from seeking help. On the other hand, the facilitators to help-seeking behaviour would work to increase students' capabilities of seeking help and encourage them to do so.

The current study aimed to examine the barriers and facilitators to help-seeking behaviour through the lens of the theory of self-efficacy. This was done in order to understand how students' willingness to seek help for their mental health concerns are affected differently by barriers and facilitators.

Method

Qualitative Research Methodology

The current study was designed as a qualitative case study, and was exploratory in nature, exploring a phenomenon in which the intervention being evaluated has no clear, single set of

outcomes (Baxter & Jack, 2008). Qualitative research uses a naturalistic approach and aims to understand phenomena in a context-specific setting, such as a "real-world" setting whereby the researcher does not attempt to manipulate said phenomena (Golafshani, 2003). The findings of qualitative research are not arrived at through the use of statistical procedures. Instead, the findings are arrived at from real-world settings whereby the phenomena unfold naturally. Unlike quantitative researchers who seek causal determination, prediction, and generalization of findings, qualitative researchers seek understanding and extrapolation (Hoepfl, 2003). Methods such as interviews, observations, and surveys are used to gather data for qualitative research methods. While reliability and validity are seen as separate facets in quantitative research methods, qualitative research methods encompass both facets through the use of terminology such as credibility, transferability, and trustworthiness (Golafshani, 2003).

The current study took an overall holistic approach. In terms of data analysis, each response was focused on in its entirety as opposed to focusing on a single response. Additionally, this study holistically considered many factors that influence the help-seeking behaviour of post-secondary students without focusing on a single factor.

Participants

Participants consisted of both males and females from a university in Southwestern Ontario. For the purpose of the current study, only undergraduate participant responses to the online survey were analyzed. Approximately 326 undergraduate student responses were collected through the online consultation survey. Responses were received from students in their first to fifth year and were organized in a Microsoft Excel document. The responses were sorted by year of study, with the sample including 66 first year students, 75 second year students, 77 third year students, 92 fourth year students, and 12 fifth year students. All participants were

numbered from 1 to 326 based on the order that they appeared in the Excel spreadsheet, after being sorted by year of study. Participation was voluntary and anonymous. No compensation was provided to individuals for participating in the study.

Materials

The data being analyzed was collected from an online consultation survey. Scripted questions were administered for the online surveys, pertaining to mental health, resiliency, and on-campus services for students (see Appendices A and B for questions). The questions were developed by the Mental Health Strategist at the university, in collaboration with members of a Student Mental Health Advisory Committee. The questions were developed based on the purpose of the consultation: to elicit discussion around promoting mental health and resiliency on campus, as well as to understand the gaps that exist with respect to supporting mental health. The questions were also developed in consultation with other universities who had conducted a similar process during the development of their strategic plan. For the purpose of the current study, only the online consultation survey data will be discussed.

Procedure

The nature of participation in the online survey was voluntary, and therefore the data was anonymous. The online consultation survey was sent out by mass email to the entire university community and was open to the community for two months to answer. The survey was also accessible through a mental health and wellness website, which was hosted by the university. The survey was developed through the university's online-survey platform, Qualtrics.

The online consultation survey consisted of five questions, two of which were analyzed for the current study:

1. "What are the gaps and barriers to promoting wellbeing on campus?"

2. "What can we do to promote help-seeking behaviour among students?"

Out of the 326 responses, 150 were analyzed. After analyzing 150 responses per question, saturation was reached as responses from participants contributed to similar themes or repeated previous comments. Analysis of the 150th participant's responses fell within primary themes, and therefore saturation was met. The following questions were included in the online consultation survey, but were not included in the data analysis of the current study:

3. "What does the school do well with respect to creating a culture on campus that promotes wellbeing?"

4. "Do you have any ideas on how the school can improve wellbeing among students?"

5. "What programs and services are needed to support students who experience mental health challenges in effectively navigating their studies?"

For the purpose of the current study, only questions one and two were analyzed.

Data Analysis

The data from the online survey was inputted into a cloud, web-based program called Dedoose, version 7.6.21, as a word document. Dedoose facilitates the coding of transcripts for qualitative and mixed methods analyses based on user defined terms. Using the program, themes pertaining to the barriers and facilitators to help-seeking behaviour were coded for and determined. A codebook was created after the data set was reviewed and entered into Dedoose. The codebook was then inputted into Dedoose, at which point initial coding took place. Initial coding is used for interview transcripts to assist researchers in becoming accustomed to participant language, perspectives, and worldviews (Saldana, 2009). During the initial coding phase, new codes emerged from the data set and were added to the already-existing codebook. Coding was reviewed by the primary investigator's supervisor following the initial coding phase.

Following the initial coding, pattern coding took place. Pattern coding allowed for the categorization of data, at which point major themes pertaining to the barriers and facilitators to help-seeking behaviour were extracted and analyzed. The primary investigator engaged in member checks with a peer, who reviewed the coding to ensure the validity of the data analysis.

Ethical Considerations

This study did not require an ethics review by the university's Research Ethics Board (REB). The REB determined that this study did not require a review due to the secondary nature of the data, as well as the voluntary and anonymous nature of participation (see Appendix C for REB letter). In terms of ethical considerations regarding the data, the anonymity of participants remained as such. Data was stored electronically and was kept confidential. The device/computer was password protected and only available to the researchers who were involved in the study. The device/computer was located in a locked cabinet or room.

Trustworthiness

Multiple processes were put into place to ensure that the data was valuable, including a review of Shenton's (2004) evidence-based practices regarding trustworthiness in qualitative research projects.

In terms of credibility, a number of factors contributed to ensuring internal validity of the study. Firstly, an examination of previous research findings was completed through the compilation of a thorough literature review. The literature review contributed to credibility because it provided a current and detailed understanding of student mental health, as well as insight into how research is conducted in this area. Secondly, the anonymity of participants and voluntary nature of participation (in the online consultation survey) contributed to ensuring honest responses from participants. Thirdly, frequent debriefing sessions (Shenton, 2004) took

place between the primary investigator and her peer members. Additionally, consultations between the primary investigator and her supervisor took place on a weekly basis to help inform the research process. This collaboration enhanced the primary investigator's understanding of the literature as well as the themes that emerged from the data. The collaboration also allowed for the primary investigator to arrive at new questions and insights pertaining to the study.

In terms of transferability, the findings of this study can be generalized and applied to other large, research-driven post-secondary institutions in Ontario, Canada. Although the current study focused on undergraduate students, the online consultation survey was open to anyone on campus, ranging from undergraduate students to graduate students, and even to staff members. The opportunity to participate was promoted to all students on campus and lasted for six weeks, allowing for sufficient time to complete the survey.

In terms of dependability, the process through which findings were derived was explicit and repeatable, as displayed through the detailed methodology. Through an understanding of the research design and its implementation (Shenton, 2004), researchers will be able to replicate the study and discover similar results. In addition, the operational detail of data gathering (Shenton, 2004) allows for an understanding of what was done in the field, which enhances replication.

In terms of confirmability, biases that may interfere with the interpretation/coding of data and the development of themes were noted in the case that they arose. As a post-graduate student, a Psychological Services intern, and a Learning Skills intern at a university, the primary investigator had an understanding of the mental health experiences of students. As a post-graduate student at the university involved in this study, the primary investigator was aware of the services, policies, procedures, and campus culture of said university. The primary investigator was aware that her involvement and experience with the university may have created

a biased perception when interpreting the data. This awareness allowed the primary investigator to lessen any potential biases by continually reviewing the data and collaborating with fellow researchers.

<div align="center">

Results

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The aim of the current study was to answer two research questions: What are the barriers to help-seeking behaviour and what suggestions do students offer that would facilitate help-seeking behaviour for mental health and well-being? Four themes emerged for each question, for a total of eight themes overall. The themes that emerged are related to individual- and system-level barriers and facilitators.

Barriers to Help-Seeking Behaviour

Barriers to help-seeking behaviour are factors that prevent students from seeking help for their mental health and well-being. While there were twelve themes that emerged from the data (see Appendix C), the most frequent themes, and their respective subthemes, were reported. For research question 1, the four most frequently rated themes and subthemes were reported. Themes and subthemes were extracted using the code application matrix within Dedoose (see Table 1). The frequency in the tables refers to the number of times that a response was coded.

Table 1.

Themes, Subthemes, and Frequency of Barriers to Help-Seeking Behaviour

Theme	Frequency	Subtheme	Frequency
Lack of Promotion of Mental Health Services	29	Lack of service promotion after first year	1
		Lack of service advertisement for off-campus students	2
Lack of Academic Time Off	27	N/A	N/A
Stigma	23	Embarrassment	7

Waitlists for Access to Mental Health Services	23	N/A	N/A

THEME 1: Lack of Promotion of Mental Health Services.

Students identified and discussed a lack of promotion of mental health services as a barrier to seeking help for their mental health. Students suggested that while they are aware that mental health services exist, they find it difficult to locate the resources because they are not advertised. Students noted a difficulty with knowing how to access resources in terms of knowing whether or not to phone the services, access them online, or speak to someone in person. For example, one student suggested that there be "more promotion of actual contact info and various ways to get help." Additionally, students reported confusion in terms of knowing which type of resource would best suit their mental-health needs. One student stated,

> The school keeps saying they have support options, but they are not advertised enough,
>
> so not many people know how to find the resources. Students know there are resources,
>
> but the resources seem to be blurred and not publicly known.

Another student expressed that not knowing what services are available or where to access them on campus is further compounded when a student is stressed or suffering from an existing mental health problem:

> [A barrier to help-seeking is] uncertainty as to what resources are available, or which
>
> ones to use -- should I access counselling through the Student Health Centre, or the
>
> Student Development Centre? Or the Wellness Education Centre? Or the peer support?
>
> When already struggling, decisions can be difficult. Perhaps a breakdown of the
>
> differences, or of what each is targeted towards? Mental health/wellness/illness are still
>
> an issue outside of "peak" times; don't focus on those times to the exclusion of the rest of
>
> the year (not saying that this occurs, but good to be aware of).

Similarly, another student said, "I think the biggest gap is the assumption that students know how to access resources. Students who are in a crisis faze need immediate access to resources that western has hidden within their websites or student logins."

Two subthemes that further explain the lack of promotion of mental health services are: the lack of service promotion after first year and the lack of service advertisement for off-campus students.

Lack of Service Promotion After First Year.

This subtheme reflected students' perception that mental health services are not promoted or advertised after first year, specifically after frosh week (first week of school). During frosh week, students have the opportunity to engage with one another for seven consecutive days, while they take part in activities that assist with socialization. Frosh week occurs during the first week of school; only first-year students are permitted to take part in the activities. During this period, mental health resources are enthusiastically advertised to students. After first year, students do not get an opportunity to engage in frosh week and therefore do not experience a period when mental health resources are enthusiastically advertised. One student reported that the university administers greater efforts to monitor and support mental health for first year, while efforts taper off after this time. This student noted that living in residence contributes to a community-based environment that may not be present when they no longer live on campus.

I feel like in 1st year is easier to check on students' well-being. Most people live in residence and they have RA and roommates or friends who live close. There's also a lot of opportunities to bond. In 2nd year though there's nothing like that, nobody cares.

Lack of Service Advertisement for Off-Campus Students.

This subtheme related to the perceived lack of advertisement for off-campus students. This subtheme focused on the perception that mental health services are not promoted as much or as readily for students living off campus and are only promoted for those living in residence. Students reported a difficulty in knowing what resources are available, especially once they move from residence to off-campus housing. Students also noted the importance of advertising off-campus resources, such as community psychologists. One student stated:

> It is important that the school provides its students with a bank of off-campus supports as well that they can access. I think it would be good to set these off-campus doctors up as an alternative, and have their fees included in the tuition or under the medical benefits.

> Another student summarized the need for service promotion after first year and while living off-campus: "After Orientation-Week and for any students who do not live on campus there is very little to remind students of the services available, and later on in the year is probably when these services will be most needed."

THEME 2: Lack of Academic Time Off

Students discussed a lack of time off from academic responsibilities as a barrier to seeking help for their mental health. This theme described how academic stress increases due to a lack of time off, which in turn leads to a decreased state of mental health, lessening an ability or willingness to seek help. Responses for this theme included that having a 'reading week' during the month of October would lessen academic-related stress and, as a result, increase one's willingness and time to seek help. One student noted:

> The school needs a fall reading break, as two days off at Halloween time is not a proper and adequate amount of rest and free time. I had already completed the bulk of my

midterms before this break and had to put my mental wellbeing on hold to find the time

to push through my material prior to the break.

A 'reading week' is a week during which time academic responsibilities such as assignment deadlines, tests, and classes are suspended. Many respondents mentioned that two days off during the middle of the semester is not an adequate amount of time to take care of their mental health, as evidenced by one respondent who noted, "There aren't gaps in the year which leads to a gap in wellbeing with students."

A lack of time off is related to time management, which is an aspect of the student experience that some respondents reported having a difficult time managing. One student stated, "Students are overwhelmed and don't feel they have time to access the available resources."

THEME 3: Stigma

Students discussed how stigma related to mental health prevents them from seeking help for their own mental health. This theme focused on the stigma that students experience on campus, as it relates to mental health. While some respondents simply reported 'stigma' as a response to what barriers exist on campus, other respondents elaborated and described the type of stigma that exists. One student reported, "I think there is a stigma of going to get help due to social pressures around campus", speaking towards the stigma related to help-seeking. Another student noted how mental-health related stigma prevents students from engaging in academic discussions:

The stigma is definitely still a big issue. Especially when it comes to classes requiring

participation marks (how do you explain to a prof that you are too anxious or depressed

on a daily basis to complete homework or raise your hand for several classes in a row?)

Another student explained stigma in relation to the perception of professors, faculty, and other members on campus:

> When wellbeing related issues are brought to professors and university administrative staff, these persons are often skeptical of the legitimacy of mental health related concerns and lacking knowledge about how to offer solutions for persons dealing with anxiety and/or depression, among other well-being issues.

As a result of the stigma, students reported the act of hiding their mental health concerns and not seeking help, for reasons such as: being concerned about what others will think, fearing the outcome, and fearing that their image will be compromised. One student said: "I find people with mental health issues, me included, tend to underplay what they're going through."

Embarrassment

A subtheme related to stigma was a feeling of embarrassment or shame in relation to seeking help for their mental health concerns. One student reported a barrier as embarrassment and a lack of confidence in seeking help for a mental health concerns, which fuels stigma: "[A barrier to seeking help is] people not being confident to admit when something is wrong and feeling embarrassed to need help." Another student described a lack of courage to seek help for their mental health: "People think it is shameful to go to mental health consultation as they don't have the courage to admit and face their weakness." Feelings of embarrassment regarding mental health concerns is apparent amongst students who perceive stigma associated with mental health.

While a few students reported feelings of embarrassment in relation to the stigma associated with mental health, one student noted how attending therapy has positively influenced their life and how it has made it easier to be open about their mental health concerns:

> When I was in first year I attended therapy for the first time and at the start I of therapy I

felt quite alone because I had never gone before and felt ashamed for doing so, but now being in therapy for over a year I am very open to talking to others about how great it is and how people who are looking into therapy shouldn't feel ashamed as it became one of the greatest lessons for me as a person.

THEME 4: Waitlists for Access to Mental Health Services

Respondents discussed the nature of the services on campus, many of which described the waitlists that exist when you request an appointment to see a health professional. Students reported that the school should employ immediate service and increase the number of time-slots for therapy sessions, which would increase their willingness to seek help. The waitlists were mostly described by students as unbearably long and not conducive to supporting their mental health, described by one student:

The biggest through-line in my friends' complaints about the school's mental health resources are that there simply wasn't enough availability. I remember my one friend was put on a waiting list that was about 3-weeks long as she wanted to see a counsellor before exams to alleviate some stress. Instead, she had all of her exams during those three weeks that she had to wait. I understand that this is something that might not easily be eradicated, but it is definitely a gap in the system -- why provide aid when students can't access it at the times they most need?

Other respondents simply reported that the waitlists are too long and noted that more students would be willing to seek help if the mental health services were more easily accessible: "The waiting lists for mental health help are too long, often a couple months. Treatment would be more accessible if there was a shorter or preferably no wait-list."

One respondent recognized that there are not enough counsellors/therapists and that the services become overloaded, which contributes to a lack of service for students: "Services can get overwhelmed so not all students can access them, which is unfair and unprofessional. The school needs to work more on making these services accessible immediately to students, not two months after the fact."

Barriers to Help-Seeking Summary

The results of the current study demonstrated what students perceive as barriers to help-seeking for their mental health and wellbeing. Students reported a perceived lack of promotion of mental health service advertisement and how a lack of awareness of what services are available, what they offer, and how to access them contributes students' reluctance to seek help. Students described this barrier to be specifically preventative when students are experiencing an episode of mental health crisis or stress. In addition, students noted that the lack of promotion of mental health services is visible after first year and for off-campus students.

Students reported that a lack of academic time off during the first semester of the school year diminishes wellbeing and prevents students from having time to access services. Students explained that this lack of time off affects time management and prevents them from having the time to access resources.

In terms of stigma, students reported perceiving stigma from their peers, as well as faculty and staff members on campus. In addition, students noted stigma deriving from social pressures on campus and causing students to refrain from speaking up in class. Students explained that they tend to underplay what they are going through due to the fear of being stigmatized. Students described feeling shameful and lacking courage, which contribute to feelings of embarrassment when seeking help.

Finally, students reported that waitlists for mental health services are too lengthy and prevent students from seeking help due to the lack of immediacy that exists.

Facilitators to Help-Seeking Behaviour

The second research question for this study was: What suggestions do students offer that would facilitate help-seeking behaviour for mental health and well-being? Facilitators to help-seeking behaviour are factors that promote students to seek help for their mental health and well-being. While there were ten themes that emerged from the data (see Appendix D), the four most frequently rated themes, and their respective subthemes, were discussed as they relate to students' perceptions of what promotes students to seek help on campus (see Table 2). The frequency in the tables referred to the number of times that a response was coded.

Table 2.

Themes, Subthemes, and Frequency of Facilitators to Help-Seeking Behaviour

Theme	Frequency	Subtheme	Frequency
Destigmatizing efforts	37	N/A	N/A
Increase in promotion of services	36	Variety of mental health service advertisement	11
		Validation of mental health concerns	6
Recognition and Understanding of Mental Health Concerns	18	N/A	N/A
Normalize Help-Seeking	12	N/A	N/A

THEME 1: Destigmatizing Efforts

Students discussed how they would benefit from the school's destigmatizing mental health efforts that lead to the normalization of mental health and help-seeking. Destigmatizing efforts were described as including a collective work on the part of students, staff, and faculty. One student stated:

I think our best option is to begin and normalize the conversation about mental health.

Because by educating people about the subject, and talking about it, it suddenly becomes normal to go for a psychological appointment, just like it would be to go see any other kind of doctor. I like to consider it like this: you wouldn't tell someone with diabetes to "get over it", so why would you say that to someone with depression? You don't. So by educating our students, and even our faculty and staff, about these kinds of things, the easier it becomes to talk about, and then all of a sudden, people aren't afraid to seek help anymore because they feel supported by their peers, and even their professors.

Normalizing mental health so that students do not feel alone with their struggles is an example of a destigmatizing effort. This involves creating an environment where students can rely on one another for support, based on an absence of stigma, and understand that it is okay to not be okay sometimes. One student said: "Make it known that it is okay not to be okay. If students know that they aren't the only one and have others to relate to they will feel more comfortable." One student described a campus event that promotes the normalization of mental health: "On campus, clubs such as Active Minds are great at promoting help seeking behaviors and getting the message across that is it okay not to be okay."

While students explored what the university could do to normalize mental health and help-seeking, some students discussed the benefits of what the university is currently doing, and suggested ways to improve what is already being done. For example, one student supported what the university is currently doing, while placing an importance on supporting upper year students and students who live off-campus (a barrier theme that was previously discussed): "Continue what is being done; encourage an environment of openness and support. This is especially important in first year, developing this attitude in residence, and through an off-campus network for students not in residence." Another student stated: "Continue campaigns advocating that it is

okay to not be okay", which alludes to the fact that the university does have some destigmatizing activities in place. Another student noted how the university can engage in destigmatizing efforts in a way that appeals to students: "Have more posters and social media outlets so the stigma behind mental health lessens and we don't feel so vulnerable and alone at western."

THEME 2: Increase in Promotion of Mental Health Services

Students suggested the importance of increasing the promotion and advertisement of available mental health services and how this increase would subsequently improve help-seeking behaviour. In terms of increasing the promotion of mental health services, different initiatives can be put into place in order to ensure that resources are being advertised in a way that targets students specifically. The visibility of resources is important in the sense that students should know what resources are helpful for different situations. In addition, visibility refers to making resources known in public domains (i.e. posters, presentations, etc.) so as to increase students' awareness of what is available. This theme related to a previously-discussed barrier to help-seeking: perceived lack of promotion of mental health services.

One student stated: "Better promotion of the seminars, workshops, and classes that Student Services offer because the only way I hear about them is through mass emails which I know many people opt out of or do not read." Although this quote can be interpreted as an example of a barrier to help-seeking, the student stated that better promotion of the services would facilitate help-seeking, noting the importance of an increase in the advertisement of services. Multiple students touched on the difficulty in seeking help due to being unaware of where to go, as evidenced by one student: "Make help more visible." Another student summarized the effect that resource visibility would have on mental health: "The larger your presence, the more the stigma will be broken down."

While students suggested that the university increase the promotion of mental health services, two students discussed ways that help-seeking is encouraged on campus and listed ways that the school adequately promotes services:

I think that the school is doing a great job at promoting help seeking behavior. In residence especially posters like Need to Talk, the safe talk stickers that are given upon completion of training, campaigns and residence counseling are very helpful. On campus, clubs such as Active Minds are great at promoting help seeking behaviors and getting the message across that is it okay not to be okay.

Another student reported: "I think professors do a good job in telling students what is available through Owl or in class. I am not sure what additional measures we can take to improve help-seeking behaviours."

Promoting Mental Health Services through Different Avenues

Students suggested ways that the university could improve the promotion of mental health services by varying the way that services are advertised. Varying service promotion involves advertising services through more than one avenue in order to target different populations and increase the likelihood that students will see them. One student suggested: "Make students aware of the services via speakers in classes, events, or maybe booths in some of the buildings so students are aware of the services they can use." Another student reported: "More posters and visual aids around campus [would increase help-seeking]. Mental health awareness week; you could have presentations and workshops on various mental health topics and provide students with strategies and connect them with services." Both of these responses are examples of ideas that could help improve the university's advertisement of mental health services through means that appeal to the post-secondary demographic.

Another student reported: "Have more posters and social media outlets so the stigma behind mental health lessens and we don't feel so vulnerable and alone at western." A fourth student suggested: "Make students aware of the services via speakers in classes, events, or maybe booths in some of the buildings so students are aware of the services they can use."

Validation of Mental Health Concerns

A few students suggested ways that the university could improve the promotion of mental health services through the act of validating mental health concerns. This subtheme focused on how help-seeking can be facilitated by the university taking actions that validate and normalize students' mental health concerns. An action towards validating mental health concerns could be the act of students validating other students through words of encouragement and normalization. This type of advertisement provides a way for students to relate to each other and to feel less alone with their concerns, which is something that might contribute to the destigmatizing of mental health and help-seeking. One student stated:

> Posters with other students' words of inspiration. Or even have people write about things they are fighting/affecting their mental well-being (i.e. insecurities) anonymously on social media/a poster. Though it may become a poster of negativity and complaint and bad vibes (no one likes bad vibes), still, it can help us connect in a deeper way.

Another student said:

> Talk about it more and more. Try to get it to the point where talking about having a bad mental health day is like having a 24-hour flu...or having a down period is like having a cold. It needs to have the same reputation (other than the contagious aspect) as physical illness.

A third student noted: "Continue campaigns advocating that it is okay to not be okay", while a fourth student suggested: "Advertisements that make students feel that they can be more open about getting help!"

THEME 3: Recognition and Understanding of Mental Health Concerns

This theme focused on the importance of students recognizing mental health concerns amongst their peers and how understanding mental illness could increase help seeking. Educating faculty, staff, and students on campus about mental health and mental illness is a way to facilitate the recognition and understanding of such topics. This theme also focused on the realization that mental and physical health are equal entities and should be treated as such.

Understanding mental health and mental illness can facilitate a space for students to discuss their concerns amongst peers who respect and understand their needs. One student mentioned: "You should also inform students how to detect mental health issues among their friends."

One student suggested: "Inform students about the types of conversations that they should be having with their peers about mental health and wellness to promote a safe space to have these types of conversations." Another student stated:

> If everyone on campus is educated about symptoms, then their peers will be able to tell there's something up with the person who is facing the mental health challenges. Rather then approaching them directly, the peer can approach the appropriate staff who deals with mental health and then they can go from there.

A third student mentioned: "More advertising for mental health resources, perhaps using professors to encourage help-seeking behaviour."

THEME 4: Normalize Help-Seeking

Students explored stigma related to seeking help and suggested that the university normalize help-seeking in order to diffuse the stigma. The normalization of help-seeking can be achieved through many avenues, some of which have been previously suggested in terms of destigmatizing efforts. The normalization of help-seeking assists in normalizing mental health and mental illness, which in turn increases comfort to seek help for mental health concerns. One student reported:

> In order for students to seek help, they must first feel comfortable enough to. Because mental health and wellbeing is something that is still not often discussed openly, it is difficult for someone with health issues to be open about them. If you find a way to make students feel comfortable about seeking help, then I think that students will be more likely to.

Another student explored the normalization of help-seeking in terms of off-campus students: "Make them feel like it is ok, I think some students who live off campus might start to become disengaged from the campus community and become isolated." This response can be tied to the subtheme of a barrier to help-seeking that was previously discussed: lack of service advertisement for off-campus students.

A third student suggested that the school provide education about what help-seeking is in case students are unaware of the process: "Explain what seeking help would entail so that students aren't intimidated by what they often think is a lengthy and foreign process."

A fourth student suggested: "Teach students to pay attention to each other and encourage each other to seek help if they think there might be something more going on." This can be tied to a previously-discussed facilitator – recognition and understanding of mental health concerns.

Suggested Facilitators for Help-Seeking Summary

The results of the current study demonstrate what students suggested as facilitators to help-seeking for their mental health and wellbeing, with a couple of students reporting what the university currently does to facilitate help seeking. Students noted that increases in help-seeking would occur if the university engaged in destigmatizing efforts and normalized mental health.

Students reported that increasing mental health service promotion would increase help-seeking, especially if the promotion is made more visible (i.e. through posters). Students noted that increasing the service promotion through different avenues would increase help-seeking, through outlets other than e-mail. Additionally, students explained that having posters/visuals around campus that validate mental health concerns would promote help-seeking (i.e. words of inspiration from others struggling with mental health concerns).

Students described how recognizing and understanding mental health concerns would promote help-seeking. For example, students noted that it would be beneficial to educate students and staff regarding how to detect mental illnesses and how to appropriately and effectively support students.

Finally, students reported that normalizing help-seeking would increase help-seeking. Students explained that the normalization of help-seeking can be achieved through educating students about the meaning and benefits of help seeking, as well as creating initiatives that help students to feel comfortable enough to seek help.

Discussion

The purpose of the current study was to examine the barriers and facilitators to post-secondary students' help-seeking behaviour, as it pertains to their mental health and well-being. The aim of the current study was to gain a holistic picture of student mental health from the

student perspective. The literature pertaining to help-seeking behaviour in undergraduate students is limited when considered in a Canadian context; the current study aimed to address this gap, while also adding to the already-existing literature pertaining to the barriers and facilitators to help-seeking behaviour. This study also aimed to address the gap pertaining to the lack of qualitative studies that capture the voice of undergraduate students (Eisenberg et al., 2007), by using data that was derived from the responses of undergraduate students. This research is important because mental health should be treated equally to physical health (Keyes, 2007), especially where it concerns post-secondary students. The success and struggles of post-secondary students are affected by the state of their mental health (Adlaf et al., 2001; Durand-Bush et al., 2015; Eisenberg et al., 2009; Zivin et al., 2009).

The current study took an exploratory approach to understanding the factors that prevent and promote the help-seeking behaviour of post-secondary students, as informed by Bandura's theory of self-efficacy. This was done to understand how students' willingness and ability to seek help for their mental health concerns are affected differently by barriers and facilitators.

The themes identified in the current study speak to a variety of significant factors of the student experience of mental health. Specifically, in terms of barriers to help-seeking, the lack of promotion of mental health services, academic time off, stigma, and service waitlists were raised as reasons why students struggle to seek help. In terms of facilitators, these included destigmatizing efforts, an increase in the advertisement of services on campus, recognition and understanding of mental health concerns by various individuals on campus, and normalizing help-seeking. These results will be discussed on more detail below.

Mental Health Service Advertisement

The promotion of mental health services on campuses is important in order for students to understand what the university offers in terms of mental health support. Adequate advertisement might include details regarding how to access services and what the services provide. The number of services is not relevant if this information is not conveyed effectively to students.

In this study, students reported a perceived lack of promotion of mental health services on campus, noting the difficulty in locating resources due to a lack of advertisement, as well as noting a difficulty with how to access resources. Yorgason et al. (2008) studied the connection between students' mental health and their awareness and use of on-campus services. The authors found that 37 percent of respondents reported not having enough information to contact services, 30 percent of respondents had never heard of services, and 38 percent had heard of the services but did not know anything about them. Students in the current study reported not being aware of what the services offered and suggested that the university advertise a break-down of what each service provides. Yorgason et al. (2008) also found that students who were more distressed were more likely to know about and use services, although some students who were distressed were unaware of and did not use services. Specifically, students mentioned the difficulty of being aware of resources when experiencing a state of struggle, which aligns with Yorgason et al. (2008), as they found that the highest-frequency reason for not using services was a lack of time. A lack of time may be attributed to the fact that the demands being placed on students are increasing and students are having difficulty coping with stressors (Durand-Bush et al., 2015). This may be related to the fact that millennial students (individuals born between the years of 1979 and 1994 (Sweeney, 2006)) employ new coping mechanisms for stress, such as calling a friend or social networking (Sweeney, 2006), putting them at risk for low stress tolerance (Bland

et al., 2012). These new coping mechanisms take less time than seeking/researching professional help on campus, and thus may negatively affect student mental health. This speaks towards the need for an increase in promotion of mental health services by post-secondary students, due to the perceived lack of time to invest in researching such services.

Yorgason et al. (2008) found that the second-highest frequency reason for not using services was not knowing enough about available services. Additionally, the authors found that factors that contributed to the non-use of services included: living off campus, identifying as male, and having fewer years in college (Yorgason et al., 2008). This finding aligns with the current study as it relates to the following two subthemes: lack of service promotion after first year and lack of service advertisement for off-campus students.

Students who reported a perceived lack of service promotion emphasized the complexity of accessing such services, especially if the services do not specify information such as how to access the service and what the service offers. Mowbray et al. (2006) found that a complication with mental health services is that some campuses tend to provide duplicate mental health services, meaning that more than one building may offer counselling depending on the faculty. For example, some universities may have separate counseling services for faculties such as law, medicine, and business, in addition to a general counseling service for the entirety of campus. While this can be beneficial in terms of expanding the amount of counseling resources, it might be confusing for students in terms of being unaware of where to go. Additionally, if students are experiencing a state of struggle, it may be more difficult for them to decide if there is more than one resource that offers the same service. In this regard, it is important for post-secondary institutions to advertise services appropriately and effectively in a way that best supports student

mental health. A way for universities to better advertise their mental health services is through campus education initiatives that target what is lacking in advertisements.

The lack of promotion of mental health services is exacerbated once students are no longer in first year and move off-campus into student housing. Respondents of the current study noted a lack of outreach by the university to advertise to students about mental health services on campus, after first year. As previously mentioned, students are made aware of the services on campus, mainly through educational frosh-week activities. After first year, students may perceive a lack of enthusiastic advertisement, considering they no longer engage in frosh week activities.

Yorgason et al. (2008) were interested in what factors impact awareness of mental health services on campus. The authors found that awareness of such services increased as year of study increased. This finding made sense to the authors considering the increased amount of exposure to service advertisement through a post-secondary career. Students who were at the university longer may have had an increased chance of hearing about services through peers and other university experiences, had increased difficulties as academic responsibilities increased, and experienced an increase in comfort level in using services due to maturation and identity development (Yorgason et al., 2008). This finding contradicts the findings of the current study, which might imply that students of the current study perceive an inadequate amount of dialogue and advertisement as it pertains to mental health services at this specific institution.

Service advertisement for off-campus students is important, especially if off-campus students have never lived on campus. With that being said, service advertisement via posters around campus may not be adequate for students who may only come to campus for classes. The importance of service advertisement for off-campus students is enhanced when considering the stress increase experienced by students as they approach the upper years of school. The results of

the current study implied that service promotion is lacking and that it is necessary throughout the course of post-secondary education, as opposed to only at the start. The findings of Yogarson et al. (2008) suggested that living on campus was relative to greater levels of knowledge of university services. This implied that students gained information about services in some way through their on-campus experience, whether it was through posters within residences or advertisements in faculty buildings. Students that live off-campus are physically not on campus as frequently, and therefore do not have consistent access to the advertisement of services.

These findings supported this subtheme and suggested that efforts should be made to ensure that off-campus students receive the same amount of outreach as on-campus students. Such efforts could include having specific wellness liaisons who provide service outreach for off-campus students. Additionally, if the university has an awareness of the landlords that offer student housing in the area, it may be possible to organize a meeting that educates the landlords about the mental health services on campus. The landlords can then relay this information to tenants. There has not been extensive research done on the effects of service advertisement for off-campus students and students in their upper years. Therefore, it may be beneficial for future research to examine these effects in order to gain a holistic understanding of the effects of service advertisements on campus.

While students identified a lack of mental health service promotion on campus as a barrier to help-seeking, they suggested an increase in service promotion would be a facilitator to help-seeking behaviour. Students described an increase in service promotion, primarily as making advertisements more visible and detailed in terms of what different services offer. Additionally, students described how varying service promotion (i.e. through events, posters, social media outlets, and workshops) would increase help-seeking. Different initiatives can be

undertaken in order to increase service promotion to ensure students understand the specifics about what services are offered by whom. An example of a university initiative could revolve around the increase in social media/technology use amongst millennials (Sweeney, 2006). Harvard University's Committee on Student Mental Health Services requested that campus mental health services create a Facebook page for clinicians who are available to serve students (Mowbray et al., 2009). The Facebook page would include information on clinician speciality, interests, and any other information that would increase student familiarity with mental health professionals, which would in turn increase comfort with seeking help. This initiative is an example of how post-secondary institutions could vary the advertisement and promotion of mental health services on campus in order to target the demographic at hand.

Another example of a university initiative that would assist post-secondary institutions in varying service advertisement is the previously-discussed Centre for Innovation in Campus Mental Health. The centre is responsible for creating campus initiatives across Ontario to increase the supports that are available for post-secondary students. The initiatives are available online and direct you to the webpage associated with it. The webpage provides information about the initiative regarding its purpose and how it can be accessed, allowing for ease of access to contact and service information. This initiative is something that should be introduced and well-advertised throughout the year to remind students of its presence. The Centre for Innovation in Campus Mental Health targets millennials due to its online presence, further exemplifying the understanding that students at this age are more tech-savvy than ever before.

Finally, an increase in service promotion, along with the other facilitators to help-seeking, can be understood in terms of Bandura's theory of self-efficacy. Students suggestions of what can be done on campus to facilitate help-seeking provide a lens with which we can

understand what contributes to students' beliefs of their capabilities to seek help. An implication

that can be derived from an increase in the promotion of mental health services relates to the fact

that if assistance is made more visible, this may in turn affect students' beliefs in their abilities

and likelihood to seek help for their mental health.

Lack of Academic Time Off

In the current study, students who spoke of a lack of time off from the university

schedule mentioned that a lack of time off perpetuates a decline in their mental well-being, due

to not having the time and energy to take care of their well-being. Research by Keyes (2007)

suggests that anything less than complete mental health results in increased impairment in daily

life and physical health. Ryff & Keyes (1995) defined well-being as a model that contains six

core components: self-acceptance, environmental mastery, purpose in life, positive relations with

others, personal growth, and autonomy. Students in the current study mentioned having to put

their well-being "on hold" due to not having an adequate amount of time off to relax and

recharge. Additionally, students reported that not having any gaps in the school year lead to a

gap in well-being, which also perpetuates a lack of time to access services on campus. This

speaks to students' lack of time to access resources due to the pressures and responsibilities of

the student experience. Respondents reported academics, sleeping, eating, and socializing as

responsibilities that cause a lack of time to access resources.

A few respondents compared the lack of academic time off at this institution to the time

off that is granted at many other post-secondary institutions, highlighting the unfairness that

some institutions allow time off while this one does not. Overall, these examples led to the

implication that a lack of time off for students leads to a decrease in well-being and a decrease in

help-seeking. As previously discussed, Goodwin et al. (2016) were interested in the help-seeking

intentions and experiences of undergraduate students as it relates to mental health and well-being. The authors found that students with lower levels of mental well-being were less likely to seek formal or informal help. This finding aligns with the current study because students reported that lower levels of mental health and well-being are caused by not having a sufficient amount of time off during the school year, which in turns affects the amount of time that they have to seek help for their mental health. In terms of future research, it would be interesting to compare the mental health and well-being of students at other post-secondary institutions (ones that have more time off) to see if differences exist.

Millennials are said to feel that they are special (Monaco & Martin, 2007), and therefore rely on external coping strategies (Bland, Melton, Welle, & Bigham, 2012). Relying on external coping strategies gives millennial students the opportunity to blame "failures" on such external factors, and therefore not take responsibility for their own actions. The lack of time off as perceived by students in the current study creates speculation around whether or not students prioritize their mental health, considering they are blaming a lack of help-seeking on an external factor (the institution). This raises the question regarding whether or not millennial students consider what they can do for themselves as opposed to relying on what the institution can do for them. If students took time to introspect and rely on internal coping strategies, it is possible that the help-seeking behaviour would increase due to a reliance on the self, as opposed to a reliance on external factors. If mental health and well-being were a priority, it would seem as though students would be able to schedule help-seeking, regardless of having time off from school. Eisenberg, Golberstein, and Hunt (2009) found that mental health problems are positively associated with lower academic success and impair academic performance. If this is the case and students are aware of this, it would be in their best interest to rely less on external factors and

more on internal factors in order to seek help. While relying on external factors is a characteristic of the millennial generation, it is important to recognize that this generation is unique and is unlike any generation because they are affluent, numerous, more ethnically diverse, and more educated (Bland et al., 2012). With that being said, there are pressures placed on students of this generation, especially by their parents, including pressures to exceed academically. Additionally, they are a heavily-monitored generation and tend to be overscheduled (Bland et al., 2012). Factors such as these contribute to this generation's stress tolerance and coping mechanisms, leading to an implication that it is important to consider the many factors that contribute to the millennial generation's use of external coping.

During the allotted time off at post-secondary institutions, students are meant to complete assignments and study for tests that take place after the time off. It would be interesting if future research could identify the opinions of students who do get a week off in the fall semester in order to determine whether or not the time off is stressful versus relaxing and rehabilitative. The students in the current study may assume that time off would allow them the time to take care of their mental health and well-being, when, in reality, the time off may create an increase in stress and therefore a steeper decline in well-being. The data that was collected for this study was done prior to the post-secondary institution offering a reading week during the month of October. Now that the institution has a reading week, it would be interesting to compare students' past responses to new responses, as they pertain to their perception of academic time off. Additionally, it would be interesting to note what other (new) factors contribute to lesser help-seeking behaviours if the lack of time off factor is no longer present.

Mental Health Stigma

As previously discussed, Eisenberg et al. (2009) define three forms of stigma. The authors define public stigma as negative stereotypes and prejudice about mental illness. Perceived public stigma relates to a person's perception of public stigma. Finally, personal stigma is defined as a person who identifies themselves with the stigmatized group and applies the corresponding prejudices and stereotypes to themselves. Corrigan (2004) defined public and personal stigma as being influenced by three factors: stereotypes, prejudice, and discrimination. These factors fuel one's decision to seek help or to veer away from help.

The students in the current study spoke to both public and personal stigma, which can be seen when students reported feeling stigmatized due to the social pressures that exist on campus. These social pressures can include feeling a need to fit in with others and being afraid of what others think, in order to deflect stereotypes, prejudices, and discriminations. Corrigan (2004) reported that public stigma creates a harm to social opportunities for individuals, which aligns with the results of the current study. For example, one student mentioned that the stigma of mental illness prevents him/her from participating in class discussions, due to being afraid of public pressures. Based on the perception and fear of public stigma, students may experience a sense of shame, fear, and guilt, which in turn will reduce the likelihood of seeking help (Mowbray et al., 2006).

Students in the current study also reported on public stigma as it relates to the perception and attitudes of faculty and staff on campus. Martin (2010) found that the students in her study did not disclose their mental illness to faculty or staff due to a fear of being discriminated against, as well as fearing a disadvantage arising from the stigma of mental illness. One student in the current study spoke about the perceived stigma of faculty and staff and noted his/her fear regarding whether or not professionals on campus would trust in the legitimacy of a mental

illness. This aligns with findings in the study by Martin (2010) who found that one third of respondents did not confide in university staff because they were concerned that they would be viewed as "telling lies" or "trying to get privileges". These points relate to how students perceive the attitudes and beliefs of other people when it comes to their mental health. It also alludes to the idea that students' willingness to seek help reflects how they are perceived by others. This provides insight as to how stigma can be understood from the perspective of a student who is processing their mental health concerns on the basis of someone else's attitudes and beliefs. Additionally, the perceptions of students as they relate to faculty and staff cause questions in terms of where the perceived stigma derives from. As previously mentioned, Becker et al. (2002) found that eight percent of faculty respondents in their study believed that students with a mental illness are dangerous. The results demonstrated that faculty's sense of discomfort and insecurity around students with mental illnesses increase as sense of fear and moral judgement increases (Becker et al., 2002). The findings of this study support student skepticism and perceptions of stigma due to the attitudes and beliefs that some faculty and staff have adopted. Implications that can be derived from these studies, as well as the current study, suggest that facilitating a more inclusive campus would best benefit students who are experiencing the repercussions of perceived public and personal stigma.

Corrigan (2004) identified personal stigma as being harmful to one's self-esteem. Corrigan (2004) noted that individuals who internalize stigma begin to associate their mental illness with shame and embarrassment, which cause suffering due to diminishing self-esteem, self-efficacy, and confidence. If one's self-esteem is compromised, this may cause students to underplay what they are going through, as voiced by one student in the current study. Diminished self-esteem and feelings of self-worth have the power to impact a variety of factors

of the human experience. Specifically, the student experience is compromised in terms of faculty approachability, academic success, and help-seeking on campus.

In terms of students' perceptions of what would facilitate help-seeking on campus, students discussed employing destigmatizing efforts. Such efforts include equating mental health with physical health, creating an environment where students can rely on each other for support, and normalizing help-seeking. A social norms campaign could benefit students by educating them about how 90% of students report that they would not think less of someone who has received treatment for mental health (Eisenberg et al., 2009). This ties into the fact that students in the current study discussed how help-seeking would increase if mental health and help-seeking were normalized on campus, assuring students that it is okay to not be okay. The university could administer workshops or events throughout the year, such as "mental health information days" in order to keep the conversation going around mental health and wellbeing. The consistent presence of conversations around mental health and wellbeing might satisfy students' desire to feel accepted by peers and community members. Consistent communication and presence may also imply that the post-secondary institution values mental health and wellbeing, not just during the beginning of the year, but throughout one's academic career.

Another social marketing campaign suggested by Mowbray et al. (2006) would target all members on a post-secondary campus, including reception secretaries, coaches, and residence advisors, in addition to faculty and staff. The campaign would involve educating the campus community about the nature of mental illnesses, providing psychoeducation about how to interact with distressed students, and advise ways that faculty can reduce the amount of academic stress involved in attending post-secondary school. Such steps could involve offering final exams as assignments to be completed throughout the semester and due at different times, as opposed to

having all final exams at the end of a semester (Mowbray et al.,2006). This step emulates

targeting different learning styles and allowing for the management of time to be more

sustainable throughout the semester. Such steps may help to destigmatizing mental illness and

allow for students to have flexibility in terms of their studies, which in turn may increase

willingness to seek help.

One student reported that a destigmatizing effort would be for the institution not to label

the services as "mental health services", but to find another way to name/promote the service and

"make it fun". This seems to contribute to mental health stigma as opposed to be a way to

destigmatize mental health, due to the student labelling mental health as "not fun". In other

words, this specific response appears to be contradictory to what has been discussed as

destigmatizing efforts. This response acts as an example of how continually educating students

about mental health might help to destigmatize mental health and illness on campus.

Waitlists for Access to Mental Health Services

Students in the current study reported that the wait time to access mental health services

is too extensive considering the need for service. Students suggested that immediate access

would be conducive to increasing help-seeking and that long wait times decrease one's

willingness to seek help. A characteristic of millennial students is the expectation of instant

access when it comes to services (Monaco & Martin, 2007); consequently, when instant access is

not granted, they tend to lay blame on external factors. Although this is true, it is also the case

that universities are experiencing a greater demand of resources and counsellors due to the

increase in students who require support, resulting in an increase in waitlists and a decrease in

help-seeking (Mowbray et al., 2006). Due to the increase in demand for services, universities

have had to employ brief-therapy models and an increase in referrals to community resources (Prince, 2015), which was described by Heck et al. (2014) as a barrier to help-seeking.

According to Mowbray et al. (2006), many services do not have accommodating hours for students outside of business hours. With that being said, how it is possible to accommodate all students on campus? Students in the current study suggested increasing the availability of services by allowing for service access during evenings and weekends and having immediate service availability (i.e. walk-in appointments). It is clear that it is difficult for students to access services if their schedules do not align with the schedules offered by mental health services. If the wait time for students is too extensive and it prevents them from seeking help for their mental health, it is interesting to consider how students proceed. Do students wait until they are able to obtain help from campus services? Do students seek help from community resources after doing their own research? Do students give up entirely on seeking help? If students give up on seeking help, it would be interesting to know how they cope with their struggles, be it internally or externally. The institution in the current study has a triage counselling model, so that students who are at risk are prioritized to gain access faster. A community referral may be made during the intake appointment if it is believed that the student will benefit from more prompt service. If the client is non-urgent, they are put on a wait list to see a counsellor at a later date. With that being said, it would be interesting to know whether or not students alter the presentation of their concerns in order to gain immediate access to services.

DiMino & Blau (2012) were interested in the relationship between wait times after a triage appointment and show rate for an intake appointment for non-urgent university students in the United States. The authors found that being put on a waitlist after attending a triage appointment decreased the probability that a student would show up for the intake appointment.

In relation to the current study, long wait-times for mental health services on campus may result in "no shows" for therapy appointments, which relates back to the point regarding how students proceed if they do not attend therapy. It is possible that if a client is nonurgent, they may employ internal or external coping strategies and realize that they do not need therapy. On the other hand, therapy might still be beneficial in order to gain a holistic understanding of their experience. Many questions can be raised pertaining to how clients proceed if they do not show up to their therapy appointments. This also creates implications for the counseling centers on campus; if a client does not show to their appointment, that time slot could have been made available for someone else on the waitlist. This further perpetuates the waitlist cycle and results in students not getting the support that they need, in a timely manner.

It would be beneficial for post-secondary institutions to employ different approaches to supporting and prioritizing students, such as having walk-in appointments and after-hour services. After hours services could be offered in the form technology, considering the millennial generation is constantly connected to some form of technology (Bland et al., 2012; Monaco & Martin, 2007; Sweeney, 2006). For example, while many distress centers across Ontario provide support via telephones, some distress centers offer support via texting, which targets individuals such as millennials, who prefer communication through technology (Bland et al., 2012).

As discussed in the literature review, Ryan, Shochet, & Stallman (2010) were interested in examining the role of online help-seeking in promoting well-being in Australian university students. The authors found that 47% of students intended to use an online help-seeking program, and that students who were more distressed were more likely than their counterparts to engage in the program. The content for highly distressed students may include topics such as relaxation, depression, and anxiety (Ryan et al., 2010). If the program aims to be universally

relevant, topics of interest may include work life balance, time management, and stress management tools (Ryan et al., 2010). Additionally, Day et al. (2013) were interested in the effectiveness of a guided self-help program to moderate anxiety, depression, or stress in students in Nova Scotia. The authors found that participants who accessed self-help modules experienced improvements in anxiety, depression, and stress compared to those in the delayed access condition, and that during the six-month follow-up, students reported having maintained their gains. It might be helpful for post-secondary institutions to develop ways to offer services after hours and via technologies, so as to support to the students who need it. In this case, the university would have to obtain more funding for mental health services in order to facilitate this kind of service.

Implications for Practice

There are a few implications that can be derived from the current study, as the results assist in providing a holistic understanding of the factors that contribute to the barriers and facilitators to help-seeking. A primary implication of the current study is that, by design of the study, students were asked to speak about the institution in terms of what prevents and promotes students to seek help for their mental health. As such, the results of the study imply that the institution is fully responsible for the mental health of students. This implication, and the way that the study was designed, might lead students to believe that, once they arrive at university, their mental health is not in their hands as much as it is in the hands of the institution.

As previously discussed, the millennial generation tends to rely on external coping strategies, and therefore may place blame on external factors as opposed to taking responsibility for their own mental health. What can the university do for me vs. what can I do for myself to improve my mental health? Such implications might lead students to believe that, after high

school, once they move away from home and enter into a life of relative independence, someone else is responsible for caretaking for their mental health while they deal with the stress and pressures of the student experience (i.e. academics, extracurriculars, etc.). Multiple clients of mine have described leadership and mentorship initiatives in high schools, and how these initiatives supported student success through the use of academic accommodations and grade alterations as opposed to adaptability. In other words, this suggests that students' grades in high school are monitored more closely than they are in post-secondary and teachers employ more "hand-holding" strategies in order for students to succeed. If this is indeed the case, when students attend post-secondary education and realize that they are not provided the same levels of service as in high school, they must begin to prioritize their responsibilities in order to succeed with less scrutinized support. As a result, mental health is not prioritized, and external factors (i.e. the institution) are seen as responsible, as per the results of the current study. The implication that derives from this is that it may be helpful for post-secondary institutions to develop a greater understanding of the transition from high school to post-secondary, and to tailor initiatives around campus to ease the transition. Such initiatives might include engaging in community outreach programs that assist high schools with better preparing students for what to expect mentally, and not just academically, in post-secondary.

Another example of how the results of the current study are reflective of a survey that focused on the institution's responsibility for mental health, forgiving students of their responsibility for their own mental health, is the barrier 'lack of academic time off'. The second most frequently rated barrier for help-seeking was a perceived lack of time off during the academic year. This theme speaks towards the institution's responsibility to facilitate time management for students, as opposed to students recognizing that implementing effective and

efficient time management skills throughout the semester would assist them with creating their own (periodic) time off. The implication that derives from this is that educational campaigns on campus can involve psychoeducation about how one's thoughts and behaviours in turn affect their own mental health. Additionally, the institution in this study offers Learning Skills Services, whose counsellors host workshops, some of which are entitled 'Successful Time Management" and "Preparing and Studying for Tests". This type of education may empower students to recognize that they are responsible for their mental health and wellbeing, and that an institution can only do so much to support it. An educational campaign could also include informing students about how to recognize early signs of distress and how to engage in preventative measures so as to mitigate negative mental health. This type of education might allow students to understand their own contributions to their mental health, which may increase help-seeking due to the increase in responsibility and prioritization of mental health.

In terms of implications for practice, there are a few things that can be implemented at the institutional level in order to facilitate an increase in help-seeking, and an increase in mental health and wellbeing. First, students would benefit from an increase in the promotion of mental health services, including those in their upper years and living off campus. A variability in service promotion would benefit the student population. For example, promoting services through different modes of promotion such as posters, campaigns, social media, and emails. Targeting the millennial population in ways that they respond best would be helpful as opposed to simply promoting services via word of mouth. Secondly, it is important to create and cultivate a campus environment that is compassionate, non-judgmental, and understanding. Additionally, cultivating an environment that enhances awareness and recognition of mental health and mental illness might allow students and their peers to feel comfortable enough to support one another

and to seek help. This would involve educating students about both common and uncommon symptoms so that they are able to detect and appropriately support their peers. This may take away from students relying greatly on the institution for support, and instead allow students the ability and understanding of how to support each other and themselves. This can be achieved through campaigns, wellness workshops, and/or mental health events throughout the year, ones that normalize mental health and help seeking in an effort to create a destigmatized campus.

Thirdly, it would be beneficial for students if long wait times for services were reduced or eliminated by extending service hours to include evening appointments and weekend appointments. Additionally, walk-in appointments would benefit students in crisis and would provide students with immediate support, based on urgency. If the institution were to have appropriate funding, it would be helpful for students to have access to online counselling, via texting or online chats, as this type of communication is preferred by the millennial generation. Finally, through psychoeducation seminars or workshops, having students understand that they have some control in affecting their mental health would prevent them from placing blame on external factors, such as the institution, for being the sole reason they do not seek help.

Limitations

One limitation of the current study is that the demographic information of the students is unknown. The only information that is known about the students is their year of study. This lack of demographic information could possibly bias the data based on a lack of understanding of how the intersection of different human characteristics can influence responses. For example, Komiya et al. (1999) found that lower emotional openness and being male contribute to lower help-seeking behaviour. It would have been interesting to further analyze the data based on an

understanding of demographic information and how it intersects with students' perceptions of what prevents and promotes help-seeking on campus.

Another limitation of the current study is the uncertainty regarding whether or not students who participated in the survey have sought mental health services. It may be the case that the students are speculating about the nature of services as opposed to having had experienced them first hand. In this case, it is possible that the data may have presented differently if only students who have used the services responded to the survey. This raises the question regarding, if students are speculating, where they are getting their information from regarding the barriers to help-seeking on campus. It is possible that there is a general (negative) understanding of what mental health services on post-secondary campuses entail, thereby creating a bias for students prior to seeking help. This general understanding may in fact prevent students from seeking help as opposed to their interaction with the service. This does not reflect in students' responses for the current study, therefore creating a limitation.

Another limitation is that the response rate, considering the size of the institution, was low. This may limit generalizability of the data as well as negate a well-rounded and holistic understanding of the student experience.

A fourth limitation is the fact that the survey questions primed students to reflect on what the institution is doing to prevent or promote help-seeking. It would have been useful to use questions that primed students to consider what they believe are barriers or facilitators based on their own help-seeking tendencies. This might have informed the data differently and may have provided a deeper understanding of barriers and facilitators at the internal level.

A final limitation is related to the perceived lack of time off. The institution involved in the current study has recently employed a week-long break during the fall semester, possibly due

to the amount of feedback that was received by students. The data may change based on this factor, therefore creating curiosity in terms of what would be considered a high-frequency barrier to help-seeking, one that might have been missed due to a perceived lack of time off being prominent for students.

Future Directions

A specific step to take in the future would be to redo the survey considering the institution now has a fall reading week. Redoing the survey may provide new information that would assist in developing initiatives on campus to improve help seeking. In terms of first year students, it would be beneficial for the institution to create mental-health specific packages to provide to students during welcome week. Such a package would include contact information for each service, including a breakdown of what each service offers. In addition, the package would include: tips on how to recognize distress/mental illness amongst peers, how to assist someone in need, laminated cards that normalize mental health and help-seeking, and fidget items to assist with anxiety. Additionally, it would be beneficial for the institution to host mental health awareness weeks, possibly once a month, to engage students, especially those in their upper years/living off campus. Mental health awareness weeks could involve a different awareness activity each day, providing students with a wealth of knowledge and understanding surrounding mental health, illness, and help-seeking. It would be useful if, during this week, the same mental health packages that were handed out during welcome week were redistributed, to remind students of its contents and the services on campus.

Finally, gaining a deeper understanding of the student experience through a recognition and understanding of the barriers and facilitators would assist in prioritizing them to create an environment that best supports student mental health.

Conclusion

The current study took a holistic approach to understanding the barriers and facilitators to help-seeking behaviour for post-secondary students, as it relates to their mental health and wellbeing. Through the lens of the theory of self-efficacy, it was found that a lack of promotion of mental health services, a lack of academic time off, stigma, and waitlists for mental health services are factors that contribute to why students do not seek help. Through the same lens, it was found that destigmatizing efforts, an increase in the promotion of services, recognition and understanding of mental health concerns, and normalizing help-seeking were suggestions made by students pertaining to how the institution can facilitate help-seeking. Future directions can be made to ensure that students and the institution can work together to employ an increase in help-seeking through the efforts of both internal and external factors. In doing so, students may feel supported by the institution and may develop an understanding of how to look within themselves if services are unavailable.

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Appendix A

Online Consultation Survey Questions

1. What are the key issues facing students related to mental health and wellbeing?

2. What does Western do well with respect to creating a culture and campus that promotes wellbeing and resiliency among students?

3. Where can Western improve in promoting and supporting wellbeing on campus?

4. Are there any gaps in programs, services, or processes to support student mental health?

5. What services and supports are students looking for?

6. Any other comments?

Appendix B

REB Approval Letter

Western Research

Research Ethics

November 9, 2017

Dr. Deborah Chiodo, PhD
Centre for School Based Mental Health

Dear Dr. Chiodo,

Re: Help wanted: Investigating help seeking behaviour in university students in terms of mental health and well-being

The NMREB Chair has reviewed the above-referenced project for your student, Stephanie Karam, and it does not require review or approval of a Research Ethics Board. This project will be analyzing anonymous data previously collected to inform the development of a mental health strategic plan. In accordance with the Tri-Council Policy Statement 2: Ethical Conduct of Research Involving Humans, Article 2.4. "REB review is not required for research that relies exclusively on secondary use of anonymous information, or anonymous human biological materials, so long as the process of data linkage or recording or dissemination of results does not generate identifiable information."

In our opinion, the above-referenced research project falls within that description.

We wish you the best of luck with your work.

Most sincerely,

Katelyn Harris
Ethics Officer, Office of Human Research Ethics
Western University

Cc: Dr. Randal Graham, NMREB Chair
      Stephanie Karam, Student

Appendix C

List of Barrier Themes and Subthemes

1. Lack of promotion of mental health services

- Difficulty navigating online advertisement

- False advertisement

- Lack of off-campus service advertisement

- Lack of service promotion after first year

- Lack of help-seeking promotion

1. Lack of academic time off

2. Stigma

- Embarrassment

- Lack of recognition of one's own mental health concerns

3. Waitlists for access to mental health services

4. Lack of public awareness of mental health concerns

- Perception of staff's attitudes

5. High stress

6. Negative response

7. Academic scheduling

- Academic demands

8. Lack of mental health education

9. Time management

10. Size of campus

11. Lack of drop-in counselling hours

12. Services

- Accessibility

- Lack of follow-up

- Lack of long-term care

- On-campus navigation

- Quality of services

Appendix D

List of Facilitator Themes and Subthemes

1. Destigmatizing efforts

2. Increase in promotion of mental health services

- Advertisement of student safety

- Diversity of advertisement

3. Recognition and understanding of mental health concerns

4. Normalize help-seeking

5. Diverse services

6. Student mentors

7. Mandatory counselling sessions

8. Time off from academics

9. Greater understanding of oneself

10. Services

- Inclusive services

- Increase in access of services

- Increase in quality of services

- Personalize mental health services

- Respectful and supportive staff

- Increase in quantity of services

- Increase in availability of services

- Increase in drop in/walk in hours

- Shorter waitlists

Curriculum Vitae

Stephanie Karam

EDUCATION

Master of Arts (MA) Counselling Psychology   2017 – 2019
Western University

Honours Bachelor of Arts (BA) in Psychology, Neuroscience, and Behaviour 2011 – 2016
McMaster University

HONOURS & AWARDS

Canada Graduate Scholarship (SSHRC) – Masters, Western University   2018 – 2019
Faculty of Education Entrance Scholarship, Western University   2017 – 2019
Deans' Honour List, McMaster University   2015 – 2016
Entrance Scholarship, McMaster University   2011 – 2012

RELATED WORK EXPERIENCE

Psychotherapy Intern   September 2018 – present
Psychological Services, Western University

Learning Skills Counsellor Intern   September 2018 – present
Learning Skills Services, Western University

Social Anxiety Group Co-Facilitator   January 2019 – April 2019
Student Development Centre, Western University

Mindfulness Group Co-Facilitator   September 2018 – Dec. 2018
Student Development Centre, Western University

Student Caseworker   May – August 2016, 2018
Income and Employment Support Division (Ontario Works),
Region of Durham Social Services Department

Student Employment Counsellor   May – August 2017
Income and Employment Support Division (Ontario Works) Resource Centre,
Region of Durham Social Services Department