Undergraduate Students Accessing Mental Health Services: Exploring the Barriers Surmounted using a Qualitative Approach

by

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Abstract

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There is a high prevalence of mental health disorders among youth, however there is not a corresponding high level of help seeking behavior. Currently, there is little research on the barriers that post-secondary students have to overcome to access mental health services in Canada. This master's thesis conducted qualitative semi-structured interviews (*N*=10) to gain an understanding of the barriers that undergraduate students attending an Atlantic Canadian university surmounted to access professional mental health services. The three overarching themes include; a) structural barriers to mental health services, b) barriers related to the perceptions of mental health problems, and c) barriers related to the perceptions of mental health services. Recommendations are to promote positive mental health at a community level by implementing policy and interventions such as peer support programs, gatekeeper programs, and mental health literacy workshops which have proven to increase help seeking and can be self-sustaining within the universities.

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Chapter 1: Introduction

In 2017, statistics reported that there were about 1,034,000 full-time, 281,000 part-time and an estimated 400,000 continuing education students. (Universities Canada, 2019). Students transitioning from high school to university are often viewed as a privileged population. However, there is evidence that students are at risk for developing a mental health disorder during such transitional period (Kutcher & Wei, 2016; Kutcher, Wei, & Morgan, 2016). Many students have reported to have mental health problems and concerns, however the rate of professional mental health help seeking is not as high. The onset of most lifetime mental health problems and disorders occurs before the age of 24, and untreated mental illness may have significant implications for academic success, productivity, substance use, and social relationships (CMHA, 2019). Given the mental health concern among post-secondary students, many national and international initiatives have been developed to reach the population for mental health promotion and prevention. Although there have been many discussions surrounding improving mental health services for university students in Atlantic Canada, there is still very little research on the barriers that they may encounter when trying to access mental health services. This study will provide a firsthand understanding of the barriers to accessing mental health services as a university student in Nova Scotia, Canada by filling several literature gaps through both its literature review and the qualitative research conducted by interviewing first year undergraduate students who have sought help from professional mental health services.

1.1. Purpose

The purpose of this modified grounded theory study is to understand the barriers that first year university students' experience in the process of seeking, accessing and receiving treatment for their mental health well-being. The focus is on the barriers that first year university students' have to overcome in order to seek professional mental health help. This study highlights important help-seeking experiences of undergraduate students in one university in Atlantic Canada. Understanding the barriers and pathways to care for this population is important in order to create campus environments that promote better mental health and increase the likelihood that students will access services when needed. Interview questions will focus on both personal experiences and perceptions of their peers as to what they believe causes and prohibits students from seeking mental health help when they feel they may have a mental health problem or disorder. Participants' suggestions on improvements towards accessing mental health help as well as attitudes towards their experiences were also explored. This thesis will provide a better an understanding of the attitudes that first year university students had towards the mental health services available to them and that they received.

1.2. Subject Background

According to the Canadian Mental Health Association (CAMH) 2019 report, the prevalence of mental illness among youth aged 15 to 24 is estimated to be about 15% in Canada; Suicide is one of the leading causes of death in both men and women from adolescence to middle age. In effect, suicide accounts for 24% of all deaths among the ages of 15-24 year and 16% among the ages of 25-44. The mortality rate due to suicide among men is four times the rate among women (CAMH, 2019). Students who have

recently transitioned from high school to university are an important target for mental health literacy promotion because of their elevated risk of developing a mental health disorder in their new, overwhelming and stressful environment (Kutcher & Wei, 2016). For some students the stress of transitioning into university life, living outside of home for the first time, struggling to make new friends, a higher workload, financial stressors, and freedom with access to drugs and alcohol can trigger the onset of mental health problems (NAMI, 2019). Research has provided evidence that age plays a role in risk level, with more than 75% of mental health conditions appearing before the age of 24 . Therefore, the majority of individuals experience their first onset of mental health symptoms during their post-secondary education (NAMI, 2019). In addition to this, research suggests that the frequency of mental health problems among university students are increasing (NAMI, 2019). According to the 2016 National College Assessment survey, which included responses from about 44,000 students from 41 Canadian postsecondary institutions, one fifth of Canadian postsecondary students are depressed and anxious or suffering from other mental health issues (Chiose, 2016). This has increased about 3 to 4 per cent from 2013 (Chiose, 2016). The survey also indicated that 13% of Canadian students indicated seriously contemplating suicide which increased by about 3.5 per cent from 2013 (Chiose, 2016).

Students usually have access to on-campus resources, such as counsellors and walk in clinics. These clinics can help with coping skills, diagnoses, and treatments in order to manage their mental health. However, during summer break or when they graduate students can suffer a post-university mental health gap (Chiose, 2016). At this time, access to quality affordable care becomes limited (Chiose, 2016). Students no

longer have their university's health insurance plan and may not have employment with benefits; therefore, graduates may face expensive therapy prices and restrictions on using only certain health professionals.

Mental health issues among post-secondary students is a concern for public policy because current resources and programs cannot meet the increasing needs of students (IACS, 2018). Even though there is a high prevalence of mental health disorders during youth, there is not a corresponding high level of mental health service delivery for youth (NAMI, 2019). The Deloitte report, Enabling Sustained Student Success, reported universities spend $206 million a year to support programs and services delivered to at-risk students, however the provincial funding is only $45 million a year (2017). Therefore, by universities providing essential supports and services for at-risk students at post-secondary institutions in Ontario there is a funding shortfall of over $160 million a year (Deloitte, 2017). To meet the shortfall, institutions must redirect spending from operations and academic programming (Deloitte, 2017). Students struggling with mental health issues need to have access to supports that help them throughout their university degree and the investments in supports and services for the students are crucial for their long-term success (College Student Alliance, the Ontario Undergraduate Student Alliance (OUSA), Colleges Ontario and the Council of Ontario Universities, 2017).

University students endure a time of significant change where their previous supports may not be available and new supports have yet to be established. Also, transitioning from a parent's health insurance to university insurance usually leads to a decrease in coverage. Post-secondary institutions are perfectly positioned to equip students with the self-help seeking skills they may require in the future, while also

identifying current mental health needs of their students and to address them immediately (Fraser, 2010). "Early identification of students who may develop emotional and behavioral disorders is essential if negative outcomes are to be prevented" (Fraser, 2010, p. 278). There is a need for increased resources to help support student mental health on university campuses and for health researchers and professionals to be able to understand what is happening to the student population (IACS, 2018). Given the high occurrence of mental illness among youth and the connection between mental illness and life transitions, such as attending university for the first time, universities offer a propitious setting for prevention and treatment. This can also set the path for young adults to success and well-being.

1.3. Project Background

This thesis uses a secondary analysis of qualitative data and connects to the larger LIST project by involving a portion of the student sample from the *Transitions* surveys that participated in the larger project and contributes to the goals of this CIHR-funded initiative as it focuses specifically to answer one of LIST's guiding questions: *What are the significant barriers/facilitators to accessing these services?*

Below is a brief summary of the LIST project:

> The *LIST (Learn, Identify, Support & Treat): A Comprehensive Mental Health Development and Pathway to Mental Health Care for Postsecondary Settings – Frugal Innovation in Adolescent Mental Health* project is a 4-year initiative funded by the Medavie Foundation with a purpose to build on existing evidence based youth mental health components, informed by frugal innovation principles, to create, apply, evaluate and disseminate a comprehensive, innovative and effective campus mental

health framework, field tested in Nova Scotia, which could be applied across Canada and internationally as well (Kutcher & Wei, 2016).

1.4. Research Questions

My thesis explores one main question with multiple sub questions listed below:

1. What were the barriers that first-year undergraduate students had to overcome in order to seek professional mental health help?
    a. What are the perceived barriers of their peers?
    b. What motivated the students to seek professional mental health services.
    c. Did they share their experiences with others?
    d. What could have been done to improve their experience?
    e. How do they feel about their overall experience?

The questions are explored through the secondary thematic analysis of interviews collected through the *LIST* project. The term *experiences* are applied broadly across both formal and informal help seeking however all participants in this project have had to previously sought professional mental health help in order to be included in the study. The research questions guided the methodological design and analysis of this thesis. The questioning is rooted in critical and social constructivist approaches, which underlie the work in this study.

1.5. Thesis Outline

This thesis includes five chapters and nine appendices. The second chapter presents the literature review of this thesis. The literature review discusses the mental health help seeking behaviours of post-secondary students, including sourcing both formal and informal sources of help, as well as the factors associated with seeking

professional mental health help. The third chapter is the methodological overview of this thesis, which discusses the social constructivist epistemic stance, the theory of planned behaviour and socioecological model as theoretical framework, modified grounded theory as the methodology, sampling and interviewing methods, qualitative and ethical rigour, and lastly the thematic analysis carried out for the qualitative interview data. The fourth chapter is the results of the thematic analysis, presenting the themes regarding the actual barriers that participants encountered when seeking professional mental health help and also the perceived barriers that inhibits undergraduate students from seeking help. The fifth chapter is the discussion of the findings and themes and it outlines the implications and recommendations gained from this work and offers reflections and future directions. The sixth chapter is the conclusion.

Chapter 2: Literature Review

The purpose of this literature review was to explore mental health service utilization among post-secondary populations. Three databases (PubMed, PsycINFO, and Cochrane) were searched in July, August and September 2018 using the search terms college/university/undergraduate/post-secondary, mental health, and help seeking. These terms aimed to represent the primary concepts of ‘help-seeking’, ‘mental health’, and “post-secondary” students.

Young people have the highest prevalence of symptoms of mental health problems, compared to other age groups, and this is the stage at which symptoms of adult mental health problems tend to emerge (Fraser, 2010). Young adulthood is a crucial transition point in terms of social, educational, physical family relationship and vocational change (Fraser, 2010). Fraser (2010) provides evidence that shows that “failure to identify and treat mental illness during these times can compound mental health problems and have adverse effects into adult life. The ages of onset for most disorders likely to persist into adult life emerge between twelve and twenty-four years of age” (p. 278). There is a need for post-secondary institutions to prioritize the commitment to identification of student mental health needs to ensure that students have the access to the support that is needed to improve their mental health and overall quality of life (Fraser, 2010). If students with potential mental health problems are not identified, they do not get referred and are therefore potentially left untreated, which can lead to more problems (Fraser, 2010). In Canada, one in five young adults suffer from diagnosable mental illness (Fraser, 2010). Identification rates, however, are estimated to be that up to

75% of young people with a mood disorder remain undetected, and therefore untreated (Fraser, 2010).

University students are a high risk group for mental health problems and disorders however, few students seek professional help when experiencing problems. Mental health problems and disorders have been found to be more prevalent in university students as they experience significantly higher levels of psychological stress than the general population. The average age of university students, 18-24, is also a factor of the prevalence of mental illness among this cohort as this is the age of onset for the majority of mental illnesses.

The literature review begins with a discussion of the qualitative studies conducted on mental health service utilization in post-secondary institution populations. The first section includes the help seeking behaviours of post-secondary students, including formal and informal sources of help. The second section is a review of literature on the factors associated with professional mental health service utilization among post-secondary students which includes stigma, gender, culture, and mental health literacy. The chapter ends with identification of the gaps in the literature. It is important to note that the terms college, university, and post-secondary institution are used interchangeably within this chapter as in most countries college and university are academic equals.

Overall, researchers have realized that there is a need for further investigation on the barriers encountered accessing professional mental health services. While there have been discussions surrounding improving mental health access for university students in Atlantic Canada, there is still very little research on the barriers that they may encounter when accessing mental health services. It is hoped that this study will help to fill several

literature gaps through both its literature review and through interviews with students who have accessed professional mental health services, and thereby providing a firsthand understanding of the barriers to accessing mental health services as a university student in Nova Scotia, Canada

2.1. Mental Health Help Seeking Behaviors of Post-Secondary Students

Although mental health clearly varies across certain demographic and social factors, relatively little is known about how it varies with respect to factors more specific to the university setting, such as academic workload and competition (Hunt & Eisenberg, 2010). Research has indicated that there is a correlation between personality traits, such as perfectionism, and the amount of psychological distress that students report as a result of their university studies (Baker, 2004; Miquelon, Vallerand, Grouzet, & Cardinal, 2005; Rice, Leever, Christopher, & Porter, 2006; Tyssen et al., 2007). As in the general population of young adults, risk factors for mental disorders among students must also be understood in the context of genetic factors and how these pre-existing vulnerabilities interact with environmental factors in post-secondary institutions. Learning more about the role of these factors in mental health will be useful for informing efforts to create campus environments that promote better mental health.

Hunt & Eisenberg's (2010) review of literature found that the majority of students that experience mental health problems or disorders remained untreated. The study found that there was a median delay of eleven years from onset of symptoms to seeking professional mental health help (Hunt & Eisenberg, 2010). Their review of literature found in addition to the barriers listed in Eisenberg et al.’s (2007) study, that personal stigmatizing attitudes about mental illness was associated with lower help-seeking

behaviour. In contrast to the previous study, their report found that the inability to pay is not a barrier for students and that more than 90% of their student sample had insurance coverage or were on a campus that offered free or subsidized mental health services (Hunt & Eisenberg, 2010).

A more recent article review conducted by Eisenberg, Hunt, & Speer (2012) suggested that traditional barriers in previous studies such as stigma can only partially explain the high prevalence of untreated mental health illness. The article explains that students only seek help when the benefits exceed the costs (Eisenberget al., 2012). For undergraduate students in particular, the costs and benefits being non-monetary, which Eisenberg et al., describes as “whether the expected improvement in health is viewed as more valuable than the nonmonetary costs such as time and possibly embarrassment or shame related to stigma” (Eisenberg et al., 2012, pg. 5).

Time is another predictor of students’ use of mental health services. Yorgason, Linville, & Zitzman's (2008) study on students’ usage and knowledge about mental health services found that 33% of the students who indicated that they were experiencing mental health problems chose not to use the services due to time constraints. Therefore, the authors believe that more students would use the services provided if they adapted the services for busy students by offering walk-in services or distanced therapy techniques such as online services (Yorgason et al., 2008). A study that explored students’ usage of an online intervention found that it engaged post-secondary students who were unlikely to seek help (Ryan, Shochet, & Stallman, 2010). Therefore, having access to online mental health services increase the likelihood of students seeking professional mental health (Ryan et al., 2010).

Rosenthal & Wilson's (2008) study sought to explore the disparities in sex, ethnicity and socioeconomic status in a post-secondary population by collecting self-administered questionnaires. This study had responses from 1,773 students from 1999-2005 and although it found no disparities among groups it found an underutilization in the post-secondary population as a whole (Rosenthal & Wilson, 2008). 75% of first year students who had significant levels of stress reported that they did not use mental health services (Rosenthal & Wilson, 2008). Therefore, this study concludes that mental health services on campus should place a focus on the individual's need for mental health services rather than targeting demographic groups.

The occurrence of mental illnesses are more prevalent than ever on post-secondary institution's campuses (Armstrong & Young, 2015). Research has provided evidence that post-secondary institutions are not doing enough to address mental health concerns (Armstrong & Young, 2015). This signifies the large gap in efforts to meet the mental health needs of young students (Armstrong & Young, 2015). Research has shown that more than half of adults with mental health problems and disorders do not receive and treatment for their conditions (D. Eisenberg, Golberstein, & Gollust, 2007). These findings are a cause for concern because mental health problems and disorders are responsible for a large proportion of the overall burden of disease in Canada (CAMH, 2019). A better understanding of why individuals with mental health problems choose to seek or not seek care is essential for addressing these unmet needs. Post-secondary student populations have special significance for mental health policy, because the potential benefits of identifying and treating students with mental health problems or disorders are substantial. If reducing the gap between first onset and treatment is a policy

priority, understanding and addressing undergraduate student populations are essential. In addition, mental health in young adulthood is associated with substance use, academic achievement, employment, and other social outcomes later in life (D. Eisenberg et al., 2007).

2.1.1. Formal Sources of Help. The high and possibly increasing prevalence and severity of mental health problems and disorders among undergraduate students would be less concerning if the majority of students with mental health problems and disorders were receiving appropriate treatment. Even with the apparent surge in help seeking; however, multiple studies indicate that untreated mental disorders have a high prevalence in student populations (Hunt & Eisenberg, 2010). This is consistent with the general population, in which a gap of eleven years was observed between onset of illness and seeking treatment (Hunt & Eisenberg, 2010). Research has also found that post-secondary students who abuse alcohol or drugs were significantly less likely to receive treatment compared to their non–post-secondary attending peers, but beyond these disorders, no significant differences were noted in rates of help seeking across the two groups (Hunt & Eisenberg, 2010). This delay in treatment is also cause for concern because previous literature has also revealed that failure to seek early treatment is associated with a longer course of illness and more frequent relapses (Hunt & Eisenberg, 2010).

Gulliver, Griffiths, & Christensen (2010) conducted a systematic review on perceived barriers and facilitators to mental health help-seeking in young people on twenty-two published studies. Their research found that young adults' perceived stigma and embarrassment, problems recognizing symptoms (poor mental health literacy), and

preferring self-reliance as the most important barriers to seeking professional mental health help (Gulliver et al., 2010).

2.1.2. Informal Sources of Help. For youth who have been identified to have mental health issues, getting them the treatment and support they need is not always straightforward, especially because of their complex disorders which often prevent them from helping themselves (Fraser, 2010). Fraser's (2010) results indicated that young people prefer to seek help from informal sources, such as family and friends, over seeking professional support from health professionals. The majority of mental health services in Canada for young people are delivered in community and outpatient settings, and sometimes in adult settings (Fraser, 2010). These settings can contribute to the reluctance of youth to seek these services out (Fraser, 2010). Fraser (2010) believes that the solution to enabling youth to access mental health services is through "…prevention and early intervention aimed at educating young people about mental health, including mental health literacy and self-help skills, will give young people more confidence and opportunity to access the help they need, when they need it" (p. 278).

Even though there is a high prevalence of symptoms of mental health disorders during youth, there is not a corresponding high level of mental health service usage among post-secondary students. This age group endures a time of significant change where their previous supports may not be available and new supports have yet to be established. Post-secondary institutions are well positioned to equip their students with the help seeking skills they may require in the future, while also identifying current mental health needs of their students and addressing them immediately. "Early identification of students who may develop emotional and behavioral disorders is

essential if negative outcomes are to be prevented" (Fraser, 2010, p. 278). Recommendations from the studies' indicated that future investigation should be conducted on mental health service utilization and the post-secondary population.

There needs to be continued research on the barriers that are impeding post-secondary students from using these services in order to help institutions become better equipped to support the students and help promote the available mental health services on campus so that students are getting the necessary help that they so clearly need.

2.2. The Factors associated with Mental Health Service Utilization among Post-Secondary Students

Various factors are associated with help seeking attitudes in undergraduate students. Predictors of not seeking professional mental health help have included a lack of perceived need, unfamiliarity of mental health services and insurance coverage, skepticism of treatment effectiveness, low socioeconomic background, and ethnicity (Eisenberg, Golberstein, & Gollust, 2007). In a quantitative study that conducted online surveys from 2007 to 2009 across a random sample of students across 26 campuses in America, treatment prevalence greatly varied across campuses (Eisenberg, Hunt, Speer, & Zivin, 2011) These studies found that even in a post-secondary setting, with universal access to health services, most students with mental health problems or disorders did not seek professional help (Eisenberg et al., 2007, 2011). In order to improve students' help seeking attitudes, it is recommended that educational and awareness campaigns can increase help seeking in an undergraduate population because factors related to mental health literacy and beliefs were strongly related with perceived need and service use and were frequently reported as reasons for lack of service utilization (Eisenberg et al., 2007).

Overall, the findings indicate that mental health help-seeking varies substantially across student characteristics and campuses. Strategies that target the low prevalence of treatment must be reactive to this diversity (Eisenberg et al., 2011).

2.2.1. Stigma. The research on stigma has increased substantially since Goffman's (1963) work, with major review articles over the past two decades (Gaddis, Ramirez, & Hernandez, 2018). The increase in volume on stigma research is in part due to the relationship between stigma and the severity of mental illness symptoms, disclosure of symptoms, self-esteem, and treatment-seeking behavior (Gaddis et al., 2018). "While population estimates suggest that many individuals with symptoms of mental illness do not receive treatment or are undertreated, scholars, healthcare providers, and other stakeholders hope that stigma reduction efforts will increase treatment-seeking behavior" (Gaddis et al., 2018, p. 183).

Stigma with accessing mental health services contributes to delays in seeking care, impedes timely diagnosis and treatment for mental illness, serves as a hindrance to management, remission, and rehabilitation, and ultimately reduces the opportunity for full participation in life (Shidhaye & Kermode, 2013). RMIT University conducted a study on stigma and student mental health in higher education. Martin (2010) states that "stigma is a powerful force in preventing post-secondary students with mental health difficulties from gaining access to appropriate support. The exploratory study focused on post-secondary students with mental health problems and the results revealed that most students did not disclose their mental health problems to the post-secondary institution's staff (Martin, 2010). This was due primarily to the fear of discrimination during their studies and professional employment (Martin, 2010). The results indicate that students

took considerable efforts to hide their mental health condition and it negatively impacted their ability to meet the post-secondary institution's requirements (Martin, 2010). For the small amount of individuals who did disclose their mental health condition, they received effective supports that addressed their studies and the management of their mental health condition (Martin, 2010). The post-secondary institution was the main provider of support for them and the services included counselling, disability accommodation, student union, and housing (Martin, 2010). Therefore, further research is needed to address the impact of stigma and mental health in order to empower students so that they are comfortable and confident that they will be fairly treated whilst disclosing their mental health condition (Martin, 2010).

Research has provided evidence towards individuals who conduct self-reports for administrative records are more likely to under-report mental illnesses compared to other health conditions (Bharadwaj, Pai, & Suziedelyte, 2017a). This behavior is consistent with the prevalence of stigma among mental illnesses (Bharadwaj et al., 2017a). Research shows the stigma plays a role in determining help-seeking behavior (Bharadwaj et al., 2017a). The existence and consequences of stigma are an important area of public health concern for mental health (Bharadwaj et al., 2017a). Bharadwaj et al. (2017) believes that the leading explanation for differences between survey self-reports and administration is that if mental illnesses were not stigmatized, the difference between self-reports and objective administrative records should be statistically similar to other diseases.

In Wrigley, Jackson, Judd, & Komiti's (2005) study on the role of perceived stigma and attitudes to seeking care for mental health problems, weakness of character was associated with more negative attitudes towards help seeking for mental health for

40% of the respondents (2005). This is due to the stigma attached to mental illness and individuals not having sufficient mental health literacy to know that mental illness is a disease. The study concluded that in order to improve attitudes towards mental health help seeking, efforts need to focus on reducing stigma and increase mental health literacy regarding the cause of mental illness (Wrigley et al., 2005)

2.2.1.1. External Stigma. When an individual with a mental health problem or a disorder experiences external (public) stigma it can reduce their self-esteem and self-efficacy and limit the chances of their recovery (Martínez-Hidalgo, Lorenzo-Sánchez, García, & Regadera, 2018). Studies on the relationship between public stigma and familiarity have shown that in the young adult population, the personal experience of having mental health problems or having direct contact with an individual with mental health problems in the family or friend environment has a positive relationship with low stigma and a lower desire for social distance (Martínez-Hidalgo et al., 2018).

The impact that understanding and combatting the stigma associated with availing mental health services will allow more individuals to feel comfortable to access the services when they feel that they may have a mental health problem or illness. It can also potentially be used to improve campus outreach efforts and increase service utilization among this population. There is a need for evidence-based interventions that will address negative attitudes towards individuals with mental health problems and/or disorders (CMHA, 2018). Implementation of these interventions need to involve users, caregivers, community health workers and mental health service providers in order to reduce mental health stigma and discrimination (CMHA, 2018). There is a need for further research and

investigation of the barrier of stigma preventing students at post-secondary institutions from using the mental health services that are readily available.

2.2.1.2. Internal Stigma. One of the most serious consequences of the stigmatization process is internalized stigma or self-stigma, which is a socially devalued identity (Martínez-Hidalgo et al., 2018). Self-stigma reduces help-seeking behaviors because it leads to the demoralization and appearance of feelings of shame and low self-esteem, which can cause the individual to isolate themselves. Martínez-Hidalgo et al. (2018) states that in addition to this, “there is the effect of the "why try it?", whereby the individuals come to abandon their personal goals” (p. 444).

Many studies have proven that stigma is related to a lack of mental health service utilization (Barney, Griffiths, Jorm, & Christensen, 2006; Corrigan & Watson, 2002; Lally, ó Conghaile, Quigley, Bainbridge, & McDonald, 2013). Individuals report that they chose not to seek professional mental health help even when they are feeling symptoms due to the fear of being stigmatized. However, there are two types of stigma associated with mental illness; public stigma which is the reaction that the general population has to mental illness, and self (personal) stigma which is the prejudice that individuals suffering from a mental health problem or disorder have with themselves (Corrigan & Watson, 2002). A cross-sectional study conducted to uncover levels of perceived public and personal stigma on mental health problems in a post-secondary population and the correlation of stigma and help seeking behaviors found that personal stigma is separate from perceived public stigma and is a significant barrier to mental health utilization for a student population (Lally et al., 2013). Therefore, perceived public stigma is not associated with help seeking intentions. This is consistent with previous

studies' findings conducted on the topic (Lally et al., 2013). Therefore, this further indicates that public stigma is not as much of a barrier towards help seeking intentions as previous studies have suggested. However, Larry et al.,'s (2013) study found that self-stigma was negatively associated with mental health help seeking intentions. The correlation of greater self-stigma and lower help seeking intention was consistent with other studies' findings as well (Lally et al., 2013). The correlation between greater self-stigma and lower help seeking intention compared to there being no correlation between perceived public stigma and help seeking intention indicates that self-stigma is a more significant barrier to mental health help seeking intentions in a post-secondary population (Lally et al., 2013).

Stigmatising attitudes and mental health are highly correlated to mental health help seeking behaviours. Interventions to increase mental health utilization among populations should focus on decreasing expectations of personal and public negative responses to help seeking.

2.2.2. Gender. Gender has been found to be a predictor of the use of mental health services in help-seeking literature. Research has shown that males are less likely to seek help than their female counterparts (Gaddis et al., 2018). This has been found to be connected to perceived male gender roles in society, known as male gender role conflict (Pederson & Vogel, 2007). Studies show that males with increased male gender role conflict are at a greater risk of depression and are more likely to have negative attitudes towards mental health help seeking behaviors (Pederson & Vogel, 2007). Pederson & Vogel's (2007) study wanted to expand the previous literature on male gender role conflict and self-stigma by examining the possible mediating roles of self-stigma and

distress disclosure on the relationship between gender role conflict and willingness to seek professional mental health services for psychological and interpersonal concerns. Men’s conflict and stress related to their gender roles into two categories, restriction related male gender role conflict and achievement related male gender role conflict (Pederson & Vogel, 2007). Restriction related gender role conflict is how it is perceived that men are not supposed to express emotions (Pederson & Vogel, 2007). The study found that the relationship between gender role conflict and willingness to seek professional mental health services for interpersonal and psychological problems is partially mediated by the tendency to disclose distressing information and the self-stigma associated with seeking help and then by attitudes toward seeking help (Pederson & Vogel, 2007). The results showed that there is a direct negative link between gender role conflict and stress disclosure and a direct positive link between gender role conflict and self-stigma (Pederson & Vogel, 2007). Therefore, the researchers concluded that in order to promote males’ help seeking behavior, Mental health professionals must focus on reducing restriction related components of male gender roles (Pederson & Vogel, 2007). Men with higher gender role conflict had more positive attitudes toward alternative counselling methods such as classes, workshops, and seminars compared to traditional counselling methods such as one-on-one talk therapy (Pederson & Vogel, 2007).

In summary, restriction related male gender role conflict is highly predictive of men’s help seeking attitudes and that counselling services that focus on instrumental changes and control such as workshops and seminars should be assessed to see if they improve help seeking attitudes.

2.2.3. Culture. Racial and ethnic differences also exist in the presentation of mental health problems and in the utilization of mental health services. Cultural and social factors, as well as economic conditions, are significantly related to mental health inequalities. Hyun, Quinn, Madon, & Lustig's (2006) sought to explore the different patterns of mental health service utilization. Although, in the general population, there seems to be equal need for mental health services, they found that Asians, African Americans, and Hispanics are less likely than Caucasians to utilize mental health services (Hyun et al., 2006). International post-secondary students are significantly less likely than domestic post-secondary students to utilize on- and off-campus professional mental health services. Cultural stigma against the use of mental health services and less acculturation to western cultural norms are barriers to international students seeking counseling. Similarly, Asian American and African American post-secondary students may be less likely to utilize counseling services compared to Caucasian graduate students because of cultural or language barriers and commonality with mental health service providers (Hyun et al., 2006).

29% of Saint Mary’s University student population are international students (Saint Mary’s University, 2019). Both domestic and international students were interviewed in this study in order to gain an understanding as to whether international students are experiencing cultural barriers to seeking professional mental health help.

2.2.4. Mental Health Literacy. Deficits in mental health knowledge of young people are considered a major contributing factor to both mental health stigma and minimal access to services. However, there is minimal literature that has explored this issue until Armstrong & Young’s (2015) study on person-centered delivery of mental

health information to post-secondary students. The results showed that almost half of the first year post-secondary students, particularly males, had difficultly recognizing common mental illnesses (Armstrong & Young, 2015). The results also showed that young students held inaccurate beliefs and stigma towards mental illnesses and displayed attitudes that were not in favor of help-seeking (Armstrong & Young, 2015). The students' were interested in learning more about symptoms of mental illnesses as well as coping strategies (Armstrong & Young, 2015). The most favorable requests for knowledge dissemination from post-secondary students was through public presentations, the Internet, and media outlets (Armstrong & Young, 2015). Armstrong and Young's (2015) research provides evidence towards the need for a mental health intervention among post-secondary institutions and policies that support first year post-secondary students' mental health literacy. "Assessing mental health knowledge, what post-secondary students want to know about mental health, and knowledge transfer preferences could aid in the development of a framework to address the significant gap in the mental health needs of post-secondary students in a person-centered manner" (Armstrong & Young, 2015, p.83). Increasing mental health literacy in the general population will help reduce barriers for seeking mental health because when an individual reaches out for support, they will have a better understanding for themselves and can encourage others to seek help.

2.3. Chapter Summary

Many studies explore mental health service utilization among the post-secondary student population. However, there is limited data available for qualitative data on post-secondary students' experiences with mental health service utilization. A wide range of

factors influence students' help seeking behaviour and attitudes towards professional mental health help. Eisenberg et al.'s (2012) review of literature on mental health help seeking behavior finds that the importance of these factors varies across student populations. Eisenberg et al. (2012) concludes that the long-established barriers of stigma and mental health literacy are "not the entire story" and that future research must consider other factors. The purpose of this study is to shed light on the rest of the story from the undergraduate students', both domestic and international, who overcame barriers to seek professional mental health help.

Chapter 3: Methodology & Methods

3.1. Chapter Outline

This chapter begins with an overview of qualitative research and identifies the epistemic stance of the researcher that guides the research. The theoretical framework and methodological approach are then explained. The methods and elements of methodological and interpretive rigor are then outlined. The chapter ends with a discussion of ethical rigor.

3.2. Qualitative Research

A qualitative inquiry was the appropriate approach for this research design as the purpose of this study was to explore the barriers of seeking professional mental health help from the perspective of a first-year undergraduate student who sought help. This study uses a modified grounded theory framework that addresses the meaning first year undergraduate students ascribe to being the barriers they had to overcome to access professional mental health services. This study used a qualitative approach to inquiry by having the themes of the analysis emerged from the data. The collection of data was conducted in a natural setting where the participants experience being an undergraduate student by conducting the interview on campus at Saint Mary's University. The researcher was a key instrument as I conducted, transcribed and analysed the data myself. I used open ended questions to guide the interview and asked additional questions guided from the participants responses and the research was context-dependant as I, the researcher, took into consideration their gender, ethnicity, and whether they were a domestic or international student. This research uses an inductive approach by having a new theory and themes emerge from the data. The themes were built from the bottom up

by organizing the codes from the transcripts inductively going back and forth from the data and the themes until a comprehensive set of themes were established. These factors are in accordance to Creswell & Poth's (2017) characteristics of qualitative research.

3.3. Epistemic Stance

This research will be taking a social constructivist approach because the truth is relative to and is dependent on one's perspective. This philosophical assumption recognizes the importance of the subjective human creation of meaning. Constructivism is based upon the premise of a social construction of reality. This assumption allows the participants to describe their views of reality and enables the researcher to better understand the participant actions (Creswell & Poth, 2017). Social constructivism will shape the ontology by having the reality created in the meaning of the experience of each individual. Therefore, it will be idealist in nature (Creswell & Poth, 2017). The interpretive framework will shape the epistemology because the researcher will be interpreting the reality of the individuals in order to understand the underlying meaning of the experience associated to choosing not to access readily available mental health services (Creswell & Poth, 2017). Epistemology is the stance of how claims for knowledge are justified and what is claimed as knowledge (Creswell & Poth, 2017). The evidence for knowledge is based on the participants inner experiences rather than facts (Creswell & Poth, 2017). In order to understand what the participants are saying they get to know them and their backgrounds to gain a better understanding of how and why they "know what they know" (Creswell & Poth, 2017, p. 21). The researchers want to become as close as possible with the participants in order to reduce "objective separateness" and create oneness (Creswell & Poth, 2017, p. 21). The axiological assumption will make the

researcher’s values known within this research project. These values and beliefs shape the actions taken by the researcher. The researcher in this study will place importance on expressing their values and biases and the value-laden nature of the study and accumulation of information within the study. Therefore, the researcher will be transparent with the role of their value in this research (Creswell & Poth, 2017).

3.3.1. Reflexivity. Benmayor (1991) assumes that all researchers are outsiders in all situations, despite sharing class, gender, ethnicity, or educational experiences. Following this framework, I situate myself as an insider in some respects and an outsider for other reasons. First and foremost, I am an outsider because I am not an undergraduate student attending business school in Halifax, Nova Scotia. However, I helped organize and facilitate a mental health workshop at Saint Mary’s University, so I had exposure to the experiences of students as some participants in the workshops shared their experiences with me. Although each individual had a unique experience, there were common threads that ran through their stories. Having the opportunity to become personally connected with the students, I was able to make the same bonds with the students who participated in my study. Some barriers transcend across all young adults’ experience when seeking professional mental health help. Within the gender domain, I was an "insider” with six out of ten of the participants.

3.4. Theoretical Framework

3.4.1. Theory of Planned Behaviour. The interview protocol in this study uses a modified theory of planned behavior in order to elicit an individuals’ attitudes, subjective norms, and perceived behaviour control on professional mental health help seeking. The Theory of Planned Behaviour is an extension of the original Theory of Reasoned Action

as the only difference between the two theories is that the Theory of Planned Behaviour includes behavioural control as an additional determinant of intentions and behaviour (Taylor et al., 2006). The problem of having barriers to overcome associated with seeking professional mental health services was linked to the Theory of Planned Behaviour to understand and predict the behaviour. The Theory of Planned Behaviour is a model that uses the factors of attitude, social norms, and perceived behavioural control (perception of barriers) and intention to understand and predict behaviour. According to the Theory of Planned Behaviour, an individual's attitude about a behaviour, such as seeking mental health services, an individual's subjective beliefs about what others think about this behaviour, and the perceived barriers, all influence the individual's intention to seek professional mental health services.

The Theory of Planned Behaviour is about the inner, psychological driver of an individual's behaviour (Botha & Atkins, 2005). Factors that contribute to one's self efficacy include; intention to behave, attitude towards behaviour, subjective norm, beliefs about behaviour and beliefs about other people's perceptions of behavior (Botha & Atkins, 2005). The model accounts for the internal (psychological) determinants of an individual across a wide range of physical and social situations (Botha & Atkins, 2005). The Theory of Planned Behaviour is based on an individual's behaviour being strongly related to their attitudes towards that behaviour (Botha & Atkins, 2005). This is due to individuals acquiring attitudes by systematically deliberating on any information that they have about the particular behaviour under consideration. In result of this, the attitudes are derived from an individual's beliefs about the consequences of a particular behaviour and their evaluation of those beliefs (Botha & Atkins, 2005). The more an individual believes

that a particular behaviour has positive consequences for themselves, the more likely it is that they will have a positive attitude towards that particular behavior (Botha & Atkins, 2005). In the same way, the more an individual believes that a particular behaviour has negative consequences for themselves, the more that they will have a negative attitude towards that particular behaviour. “Peoples’ attitudes influence their behaviour through the formation of intentions to behave in certain ways” (Botha & Atkins, 2005). Subjective norms occur in a similar process (Botha & Atkins, 2005). Included in the basic Theory of Planned Behaviour are behavioural beliefs, normative beliefs, attitude, subjective norm, and intention (Botha & Atkins, 2005).

A factor to take into consideration for those with stigmatized attitudes towards mental health behavior is their willingness to learn mental health literacy. Many individuals who have mental health stigma do not pursue or recommend pursing mental health treatment (Vogel, Wade, & Hackler, 2007). The Theory of Planned Behavior suggests that intentions are directly based on one’s attitude toward and behavior and that these attitudes are based on the expectations one has about the outcome of the behavior (Vogel et al., 2007). The results of Vogel et al.’s study support that one of the main predictors of help seeking behavior is an individual’s attitude toward the outcomes of using mental health services (2007). This study provides evidence that the effect of perceived public stigma on help seeking is determined by one’s internalization of that stigma (Vogel et al., 2007).

3.4.2. Multi-Step Model for Help Seeking. From the thematic analysis the themes will be organized in accordance to a multi-step model developed from their research on young people’s help seeking for mental health problems. The model indicates

that help seeking is the translation process from the personal domain of psychological distress to the interpersonal domain of seeking help and that there are specific barriers and facilitators that effect this process (Rickwood, Deane, Wilson, & Ciarrochi, 2005). Mental health among post-secondary students represents not only an increasing concern but also an opportunity due to large number of people that could be reached during an important period of life. Evidence shows that although mental health rates are increasing, few students seek professional help when experiencing problems. This is due in part to the significant barriers that students encounter while seeking professional mental health services. This research will specifically focus on the factors that can inhibit the help seeking translation process. An exploration of the barriers surmounted in the help seeking process from a critical qualitative perspective is both timely and insightful given the current mental health climate in Canada.

3.5. Methodological Approach – Modified Grounded Theory

Grounded theory is a methodological approach where the theory is discovered and generated from the data, or "the ground up". Therefore, this research had an emergent design where the themes were generated from the data using a thematic analysis (Creswell & Poth, 2017). The emphasis is on a process or action undertaken by a homogenous sample of individuals, the process being seeking professional mental health help and the homogenous sample being undergraduate students at a specific school in a specific program (Creswell & Poth, 2017). This research is concerned with understanding the human behaviour of seeking professional health help from the perspective of individuals who overcame barriers in order to receive the help. The grounded theory is modified in the way that there was a literature review completed on help seeking

behaviours in post-secondary students and some of the themes have previously been discovered in past research. This theory hopes to explain how specific barriers can inhibit undergraduate students from seeking help and how they can be overcome.

3.6. Methods

3.6.1. Sampling Criteria. The research used an inductive and emergent design. The target sample was for Saint Mary's University students who indicated in a previous *LIST* survey that *"I spoke to a health professional about a mental health problem or concern".* This could be described as a criterion purposeful sampling where students needed to choose this response to be included in this study (Matthew B. Mies, Huberman, & Saldana, 2014). Recruitment was conducted by emailing students who selected that response from completing the Fall 2018 Pre and Post *LIST* surveys. The students were compensated with a $25 gift card to a local eatery of their choice.

3.6.2. Interview Data. Student attitudes data was collected from 10 Saint Mary's University undergraduate students aged 18-25 who participated in the *LIST* study. Participants were selected based on their response that they "*…spoke to a health professional about a mental health problem or concern".* As discussed in the introduction, the interview protocol, consent forms, and survey were used during participant data collection (see Appendices C, D, and H).

The sample of constructs used for this thesis were semi-structured interviews conducted by me. I created the research instruments used to collect this data such as, the interview protocol (see Appendix C) and the consent forms (see Appendix D). The interview process was designed to be open-ended and conversational following the semi-structure interview protocol.

3.6.3. Qualitative Rigour

In qualitative research, it is important to have procedures of rigorous data collection and analysis methods (Whittemore, Chase, & Mandle, n.d.). In order to maximize validity, there needs to be a strong focus on strong methods features such as extensive qualitative data collection and rigorous data analysis through multiple steps (Creswell & Poth, 2017). This research study also used a modified grounded theory to research in order to enhance the rigor and sophistication of the research design (Creswell & Poth, 2017). The modified grounded theory approach also provided a means to evaluate the present study (Creswell & Poth, 2017). In the methods section, it described the rigorous approach to data collection, data analysis, and report writing. Rigor is apparent by the extensive data collection that has occurred throughout this study, such as through a secondary data analysis of the *LIST* survey as well as conducting interviews. This study uses a rigorous qualitative approach by utilizing the modified grounded theory framework to understand mental health help seeking behaviours.

A preliminary interview protocol was developed and tested on two participants (N=2). A semi-structured script containing open-ended questions and probes guided data collection. The script was formatted with explicit sections to prompt opinions about help-seeking behaviours, attitudes and toward mental health illness. The interviews were audio recorded and transcribed verbatim. The study was designed to achieve data saturation, which was sufficiently achieved after 10 interviews. Participants were sent the transcripts of their interview to check and verify that all the information was accurate and that they still agreed with the statements that they made.

3.6.3.1. Credibility and Authenticity. Credibility and authenticity of the research are closely connected in that credibility refers to trustworthy and accurate interpretations of emergent themes in the analysis, and authenticity refers to the accurate portrayal of the themes through the use of their quotations). These two criteria were met by using a multitude of quotations from participants' interviews and rich description to reflect participants' meanings, while also incorporating my own experience and self-reflection as a researcher to convey integrity and transparency. Explicit descriptions of the research and decision-making process also assist in displaying transparency and credibility (Fossey et al., 2002). Member checking was conducted in this research as it is a qualitative technique used to establish the tenet of credibility in trustworthiness (Lincoln & Guba, 1985). Member checking is defined as sharing either a brief summary of the findings or sharing the whole findings with the research participants (Lincoln & Guba, 1985). In this research study, a copy of the interview transcript was sent to each respective participant so they can review the document. This is done to ensure participants have an opportunity to review what they said, add more information if they want to, and to edit what they said.

3.6.3.2. Validity. This research met Whittemore, Chase, & Mandle (2001) criteria for validity by exploring an extensive variety of literature as well as incorporation of reflexivity throughout the research process. Two web search engines for scholarly literature (Google Scholar and NovaNet) were searched from September 2018 to February 2019. The terms used were 'help-seeking', 'mental health', and 'barriers' or 'facilitators'.

Integrity of the research is closely connected to criticality and is illustrated through repetitive reviewing of transcripts, coding, and themes and comparing them to the existing literature. The accuracy of the study was validated by using procedures for

validation such as such as member checking, triangulating sources of data, and using a peer or external auditor of the account (Creswell & Poth, 2017).

3.6.3.2. Transferability, dependability, & confirmability. This research has met the criteria for transferability, dependability, and confirmability. Transferability is defined as the research being applicable in other contexts or circumstances The nature of qualitative research is that it is context-specific and that interpretations are developed based on the sample in the study, which may or may not apply to other individuals (Golafshani, n.d.). The research report provided detailed information about context and demographics of participants to allow the reader to interpret if the findings are transferable to another context. Dependability refers to research consistency, or whether the study would have similar results if repeated again (Shenton, 2004). These criteria were met by providing an audit trail of the decision-making process and clear documentation of the steps taken at each phase of the research process. Confirmability relates to the quality of the results and the accurate reflection of participants' description rather than purely the researcher's voice. This criterion was met through triangulation of methods, reflexivity of the researcher, thick description of quotations, and a detailed review of the relevant literature as presented in Chapter 2 and incorporated into the discussion section.

3.6.3.4. Congruency. Through the connection of the epistemology, methodology, and methods in their goals and outcomes demonstrated congruency. These three components together provided a framework for planning and conducting the research and analyzing the data (Creswell & Poth, 2017). There is congruency between the research questions, method, and findings because they are focused on examining and understanding the same

phenomenon. The overall objectives are consistent throughout the research and each step provides an additional component to understanding the findings.

3.6.4. Ethics Approval. The LIST project received Research Ethics Board (REB) approval from Saint Mary's University. As a graduate student on the *LIST* project this thesis project was ethically approved within the *LIST* approval. The LIST project received ethical approval in each of the four Atlantic Canadian provinces. The research ethics boards of University of Prince Edward Island, University of New Brunswick, Saint Mary's University, and Memorial University of Newfoundland.

***3.6.4.2. Potential Harms to Subjects and Others*.** The Research Ethics Board of Saint Mary's University classified this study as "minimal risk", however the students with potential mental health problems are still considered a vulnerable population and the data collected for this study was considered extremely sensitive. Additionally, I obtained the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS2) ethics certification.

3.6.4.3. Informed Consent. Informed consent was obtained through a written and signed form that is attached in Appendix D. Consent was obtained to conduct and audio record the interview and to use the data in reports in the LIST study. Participants were the age of consent (18 years old in NS) and signed their own consent forms.

3.6.5. Anonymity & confidentiality. The information that was collected during this study remained confidential and anonymous, so participants cannot be identified from any of their responses. Each piece of participant data was de-identified and labeled with an ID code. All interview transcripts were scrubbed of identifying names, places, or programs including geographic information and the names of services used. Any

institutions and organizations were removed from the transcripts before analysis began. This protected participant anonymity and confidentiality during data collection, analysis, and dissemination of findings. Participants were given pseudonyms. Recruitment, data collection, and analysis were completed with complete confidentiality.

3.6.6. Data storage. To adhere to the TCPS2 data management standards the qualitative data management protocols of Saint Mary's University were followed for ethical storage of all project data throughout analysis. The data will be kept for 15 years after the study's completion and will then be destroyed.

Chapter 4: Findings

4.1. Participant Demographics

The ten participants completed the *Transitions* survey with a demographic face sheet that provided information about their sex, gender, age, student status, first language, program, and program year. All ten participants were between the ages of 18 and 24. 80% of them were primarily English- speaking. They were all in a Bachelor of Commerce at Saint Mary's University in their first year of the program.

Seven of the participants were local students born and raised in Canada. The three remaining students were international students from the continent of Africa. 60% of the participants were female and identified as female and the remaining 40% were males who identified as male. The demographic information of participants is detailed in Table 1 as follows.

Table 1. Undergraduate Demographic Information

Participant #	Sex	Gender	Age Range	International Student? (Y/N)	Ethnicity	First Language
Participant 1	Male	Male	18-24	Y	Christian	Kiswahili
Participant 2	Male	Male	18-24	Y	African	English
Participant 3	Female	Female	18-24	N	Caucasian	English
Participant 4	Female	Female	18-24	Y	Mauritian	Creole
Participant 5	Male	Male	18-24	N	Caucasian	English
Participant 6	Female	Female	18-24	N	Caucasian	English
Participant 7	Female	Female	18-24	N	Caucasian	English
Participant 8	Female	Female	18-24	N	Caucasian	English
Participant 9	Female	Female	18-24	N	Caucasian	English
Participant 10	Male	Male	18-24	N	Caucasian	English

4.2. Data Analysis

4.2.1. Structural Barriers

Participants indicated that a major barrier for seeking professional mental health help were the structural barriers. These barriers included cost, wait time, location, and

difficulty navigating the system. This section will provide a visual theme web (Figure 1) for the initial thematic analysis of the structural barriers and discuss the findings associated with structural issues as barriers to accessing professional mental health help.

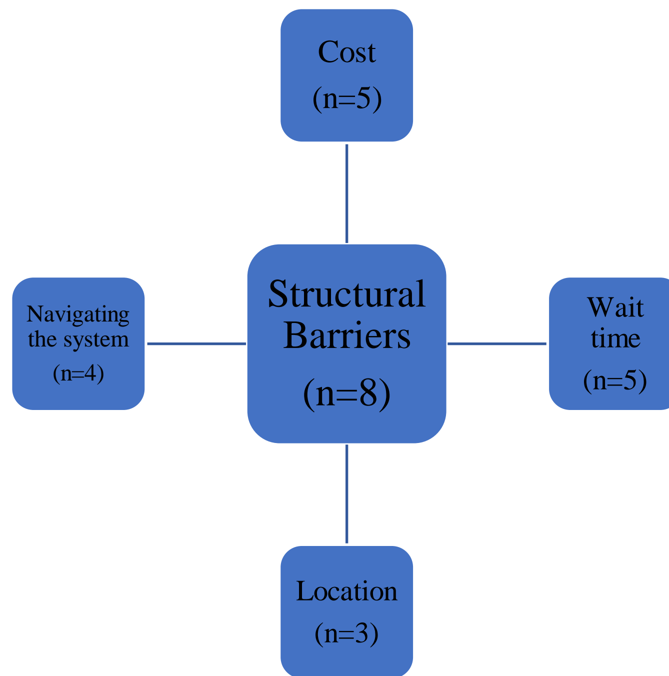

Figure 1. Structural Barriers to mental health help seeking.

The blue squares represent each cluster of structural barriers to seeking professional mental health help.

4.2.1.1. Cost. *"Private therapists are quite expensive. I had one that was about $180 an hour which I'm lucky that my parents were willing to pay for it and had the money to do so. But some people don't. Some people can't afford it. It's very bad" – Participant 8.*

Participants felt that cost was a major barrier when seeking treatment. Many participants felt that being able to afford private therapy helped them receive a diagnosis and allowed them to receive specialized treatment in a timely matter for their mental health problem

or disorder. Once insurance coverage ended two participants stopped their treatment as they felt the out of pocket cost was too substantial to continue treatment.

"Well as in this province it's not easy. Unless your family has the money to pay for a private one or has insurance that will pay for them like their job provides them with insurance that'll pay for it or copay for it. Like it's hard to it's hard to get help immediately" – Participant 10.

4.2.1.2. Wait time. "*It was a really long time for me to get in, about 9 months so I spent a lot of time at home because I was not able to leave my house"- Participant 3.*
Wait times were indicated a barrier for seeking professional mental health help by 2 participants who chose to take the public route for seeking professional mental health services.

4.2.1.3. Location. *"If you live in a small town there is no help. Yeah. I have to drive like fifteen twenty minutes outside of [my town] just to see my therapist. And if you're like you want to go to like a mental health clinic you have to go to Halifax, or you have to go to Antigonish. There's not one in [my town], there's not one in Truro there's just one in Halifax and in Antigonish. It's despicable to see so I would change that" – Participant 8.*

Participants indicated that location is a barrier to accessing professional mental health services in Nova Scotia. Factoring in wait times and costs participants expressed that living in Nova Scotia makes it difficult to access professional mental health help as there are not many facilities that offer the service and that unless you live in the core area you have to travel to receive help. One participant had experience seeking professional mental

health help in Ontario before they moved to Nova Scotia. Each province has a mental health system that you have to be registered with.

4.2.1.4. Navigating the system. *"Nobody seems to know where to go" – Participant 6.*

The student participants of this study indicated that navigating the system can be difficult and confusing on your own. It's difficult for individuals to make the decision to seek help and once that decision is made if there is added confusion on where to go and who to contact them it could deter them from the act of seeking help.

Participants also mentioned that when trying to seek information on where to access help online that the Nova Scotia Health Authority website had *"…too many options" – Participant 2.*

One participant who had experience that navigating the system at Saint Mary's University described the process as confusing due to the Counselling Centre's website,

> *"Maybe making the site more accessible because I know some people have trouble booking appointments and are not sure if they actually have to go to the center or if they could do it online. I know it's difficult for people to go out of their way to go to the office I know it'd be nice if you could book an appointment online. It's scary"- Participant 3.*

4.2.2. Barriers Related to the Perceptions of Mental Health Problems

Participants indicated that a major barrier for seeking professional mental health help were the barriers related to perceptions of mental health problems. These barriers included cost, wait time, location, and difficulty navigating the system. This section will provide a visual theme web (Figure 2) for the initial thematic analysis of the barriers

related to perceptions of mental health problems and discuss the findings associated with these barriers when accessing professional mental health help.

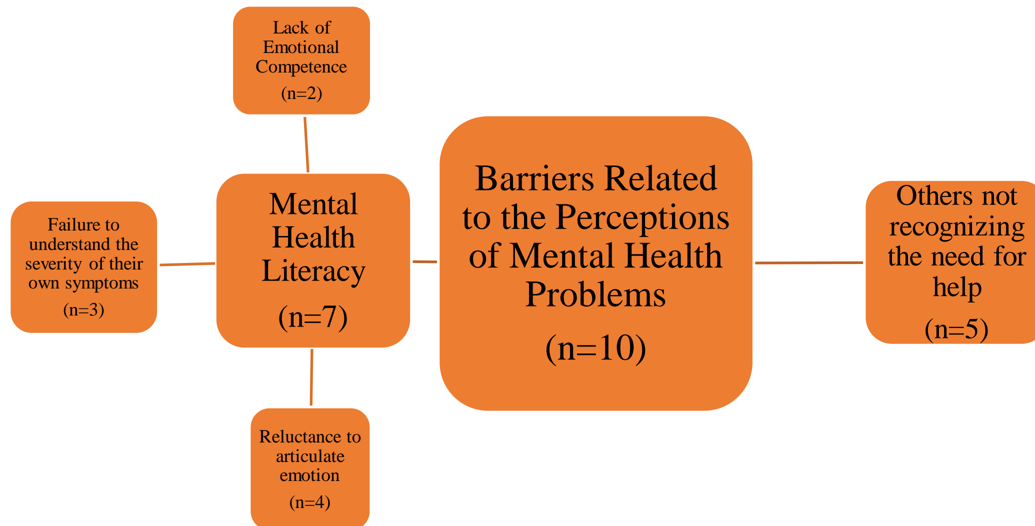

Figure 2. Barriers related to the perceptions of mental health problems.

The orange squares represent the barriers related to the perceptions of mental health problems with the themes subdivided into smaller sections.

4.2.2.1. Others not recognizing the need for help. *"But I mean then again, they're not good because it's like oh 'I'm doing this for this'. My parents were like 'oh look you just want attention, that's all you want good or bad you just want attention' which is not the case. I mean I hate attention" – Participant 8.*

4.2.2.2. Mental health literacy.

"Before I ever had anxiety I always thought of those who had a mental health problem that they were weak minded but when I got anxiety myself I can better understand them" – Participant 4

Participants expressed that before struggling with mental health problems themselves that they viewed individuals suffering from mental health problems as weak.

"So many kids do sell their meds or get a hold of meds in other ways because they're capsules. Right. Like all ADD meds are capsules. Right. And whether it's powder or a little ball you never really know like they could really put anything in there because you could just open the capsule and close it. So, look that's dangerous. That's you know and that's common practice at universities especially on exam season"- Participant 10.

4.2.2.2.1. Failure to understand the severity of their own condition. One participant was offended by their experience due to having to fill out a depression scale survey. They felt that they did not have depression, that they only had anxiety and therefore being given this survey made them feel as if they were not being listened to. This individual failed to understand the severity of their own condition. They had an understanding that they had a mental health problem however they say their problem as one issue only and did not believe any other potential health problems should be explored.

> *"Yeah I think and just like knowing because the first time I went I didn't really know what to expect. And then the whole little [depression] survey that for some reason put me on the fence and I was like I know that's not me and I don't want anyone thinking that about me. And I know that just like their product protocol and that wherever they're pissed off say want to do. So yeah I feel like that just did not occur" – Participant 7.*

4.2.2.2.2. Lack of emotional competence. "I felt like I don't really need help but just like it was just a temporary anxiety"- Participant 4.

Emotional competence is defined as "the ability to identify and describe emotions, he ability to understand emotions, and the ability to manage emotions in an effective and

non-defensive manner" (Rickwood, Deane, Wilson, & Ciarrochi, 2005, p.13). Three participants indicated that they had difficulty identifying their own symptoms and were unsure if they needed to seek mental health help. This is a barrier to seeking professional mental health help because individuals with low emotional competence some of the skills required to seek help. They are unable to recognize the severity of their own feelings and symptoms. Increasing mental health literacy would allow individuals to be in touch with their emotions and to be able to recognize when professional mental health help is needed.

4.2.2.2.3. Reluctance to articulate emotion. In order to seek professional mental health services an individual has to be willing to discuss the problems that they are having and the emotions that they are feeling in order to receive the appropriate help. If an individual is reluctant to express their emotion this is a barrier that they have to overcome in order to seek help as Participant 3 expressed, "*I mean like it's difficult to talk about your issues because then you have to go and bring it all back up but it's something you have to do" – Participant 3.*

Age and articulating emotion can be a barrier as in some cases, individuals feel they need to speak to a parent or guardian about their mental health problems before they seek help. Individuals feel reluctant to express their feelings due to embarrassment and being unsure about mental health help seeking and mental health problems.

> *Like it's hard to get help immediately but also for kids who do have access to it. You know especially younger. You have to talk to your parents about it and maybe you don't feel comfortable talking to your parents about it. You know you have or you just it's just you are embarrassed too. You are for whatever reason the stigma*

around whatever mental illness you think you have, or you might have been just overpowering and you don't feel comfortable seeking help because you're not comfortable with yourself. And that's more of a you know it's you know self-confidence and insecurity issue. But I think that's probably the most common. And from what I've heard one of those common reasons why people don't seek help is just they're embarrassed. You know they don't want even a psychiatrist who's bound to confidentiality. They don't want them knowing because anybody knowing is embarrassing – Participant 10.

Insurance coverage in Nova Scotia may only coverage group counselling depending on the package. Therefore, if individuals want to receive professional mental health help their only option is group counselling. It can be very difficult to express emotions in general, the heightened exposure of being in a group counselling situation can be a large barrier to express emotion.

"Also, there's not a lot of therapists or psychiatrist or anyone just to talk to and no one wants to sit in a support group and basically be naked in front of everyone" – Participant 8.

In general, it can be difficult to express negative and upsetting emotions. Participant 9 explained that these new mental health problems that they were experiencing were difficult to put into words. Sharing emotions can intensify difficult feelings and in turn make an individual even more upset, *"I don't know. Like when I talk about stuff that makes me upset like I cry. So, like if I try to ever talk about it would be like I'd get too emotional – Participant 9.*

4.2.3. Barriers Related to the Perceptions of Mental Health Services

Another significant finding was the barriers related to perceptions of mental health services which made it difficult for participants to seek professional mental health help. This section will provide a visual theme web (Figure 3) for the initial thematic analysis of the barriers related to perceptions of mental health services and discuss the findings associated with the factors associated with perceptions of mental health services as barriers to accessing professional mental health help.

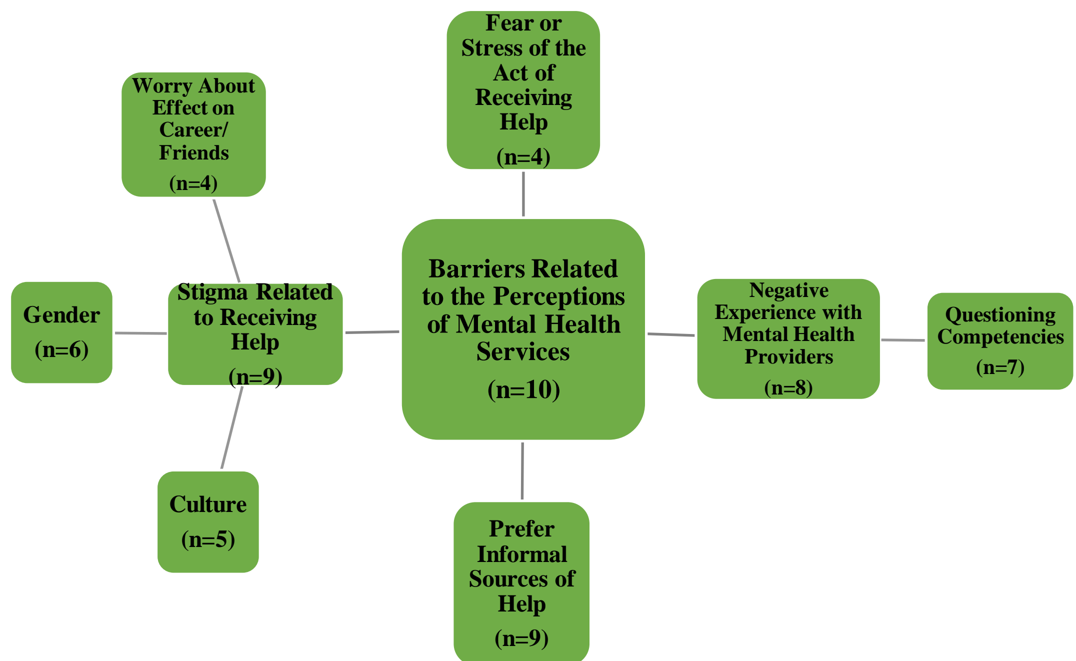

Figure 3. Barriers related to the perceptions of mental health services.

The green squares represent the barriers related to perceptions of mental health services with the themes subdivided into smaller sections.

4.2.3.1. Stigma related to receiving help

4.2.3.1.1. Worry about effect on career/friends. "Yeah like I really don't like people knowing my weaknesses and I would say that's definitely one of my weaknesses. So, I feel like that's the biggest reason like I don't really care I guess like people I'm worried about them treating me different because it's not. It's not like something that I like represents me and I don't want that person might be perceived as like 'oh she's always anxious you know that happened'. Which that's also like not rational" – Participant 7.

Participant 7 did not share their mental health problems with others because they feared that they would be treated differently as they had their own internal stigma about anxiety and it being a weakness.

"Well to show their weaknesses some people don't really like opening up maybe some people don't really know that it's bad enough that they should seek help. You are like worried that people are going to view them differently. It's pretty common" – Participant 7.

Participant 7 referred to their anxiety as a "weakness". This is a stigmatized attitude towards mental health problems and viewing anxiety in a negative way, as a weakness, can impede help seeking attitudes.

"The reasons why because I feel like not everybody can understand what I was going through. And like yeah maybe some people would not even want to understand what is going on and I don't know maybe the fear of being judged. Yeah because like I was saying before. Some people might just say that, like I felt like that before and some people might feel like I'm just weak minded, but I feel like anxiety is really a disease.

That's why I did not tell I don't want to be judged by people. That's why I did not tell it to somebody else" – Participant 4.

Participants in the study were asked "Have you told people about your experience?". Six participants responded no. When asked why not five individuals responded that it was due to the stigma surrounding mental illness. Individuals were worried they would be treated differently if others found out they had a mental health problem or disorder and that they sought professional mental health help.

"Probably because they feel they are going to get judged for it. Or that others might not understand. It's definitely scary because you're not sure how some people might react. If they haven't gone through what you've been through, then they don't really understand where you are coming from sometimes, but you know people try" – Participant 3.

4.2.3.1.2. Gender. Participants in this study were asked: *Do you believe there are gendered differences towards mental health and mental health services utilization?* All participants (n=10) indicated that yes there were gendered differences; nine (n=9) participants expressed that males experience more stigma and one (n=1) participant expressed that females experience more stigma.

> *Oh yeah and very much so. Again, with the stigmatizing. It's almost unheard of to hear of a man who has mental illness who struggles with it who actually seeks help because they're like 'hey guy toughen up drop your balls like you're a man'. Like you don't have a right. Girls are emotional and they have to. But it's not true. And it's really sad to see that even in the twenty first century like you would think that because of all the new rules and laws that men would be more open about*

struggling with mental health or like having issues. Everything has to do with society judging everything like it's you can't do anything you can't even walk out the door without being judged for something. – Participant 8.

Participant 8 indicated that there are gendered differences towards mental health and the way that each gender is allowed to deal and express their emotions. *"I'm not really educated on that very much. I'm sure there is. Well I guess feel like men and they probably find it a little harder because they want to be like strong and they don't want to be perceived as like we can't go to see mental health help" – Participant 7.*

Participant 7 revealed that they were unsure if there were gendered differences however, they assumed that there were and that men struggled with seeking help more due to masculine stereotypes.

"Yes, I feel like people are more accepting towards girls having mental health problems than guys. Yeah." – Participant 9.

Participant 9 felt people are more accepting of girls having mental health problems than boys.

"Men don't tell their problems they keep them to themselves. That is why they don't live a long-life. Only women live a long life because they don't keep to themselves. I'm not being sexist or anything but women on the other hand do not carry all their troubles and as a result they have a good and happy life. A woman can cry right now but the next minute she's laughing. A man can be grumpy for the full year" – Participant 1 (Male).

Participant 1 felt very strongly that there are gendered differences. Their response was generalized towards gendered differences. They felt since women express all of their

problems and let their emotions out that they live longer. Men do not express their emotions and hold onto them and therefore they do not live as long as women.

Participant 10 was the only participant who felt that females have more stigma than male for mental health. They felt that females experience more negative reactions than men if they have a mental health problem or disorder. Instead of perceiving that females experienced more stigma, they related to their own personal experience as to why they felt that females had it worse.

"You just can't look like there's a lot I think mental health in general is harder for females. I don't want to say girls because you know look, I have a lot of friends who are LGBTQ and I like saying that there are two genders like personally I don't agree with that. But because sex is sex that is scientific. Gender is a social construct. But in terms of just like anatomy and brain chemistry there are going to a lot of ways girls have it worse than the guys and seeking help can be you know more stress provoking more carries more stigma. And it can be looked down upon a lot more than a guy which is sad that's been my experience. Now I don't know everything about all girls. I don't profess to but just from what I know." – Participant 10 (Male).

4.2.3.1.3. Culture. "Yeah and cultural difference. I think the cultural differences is the big spectrum, but I would say there are too many variables. Relationships. Making friends. Feeling lonely. The food." – Participant 1.

Participant 1 expressed that being an international student and having an onset of mental health problems was much more difficult to deal with than if they were not an international student. They indicated that this was because there were so many barriers

and variables, they had to overcome that had to do with their culture and being from away.

Participant 1 was asked if they felt there was a cultural difference in help seeking behavior and they answered yes. From their own experience they felt it was easier to seeking help in western countries because the importance mental health is more prominent, and the assessment is more developed.

> *"It is because of where I come from. We don't have adequate mental health assessment like you have here. And at some point when I did do a survey it said do you feel bad or depressed in some extent I've been feeling that of late, but it is not all that significant, but you know knowing that you can access mental health here is an added advantage right" – Participant 1.*

Participant 10 who is not an international student had a strong opinion about there being cultural differences in help seeking behavior,

> *"But so many other cultures don't have any regard for it because they as we used to don't value it is its existence. And that's terrible. Like that to me is terrible. But then again there are some countries in other cultures that aren't bombarded with media the way we are where life is hard, and you know you know depression isn't looked at as a serious issue because everybody struggles everybody is struggling. Why is your struggle worse than ours. You know it's like OK yeah I get that might like that mindset in a way I get how you can how you how you could think like that but that's still not the right way to think about it because you're not sad or you're not depressed because of the hardships you must go through. You are depressed because a chemical imbalance in your brain you know for you know*

you're depressed for no. You are depressed for no particular external factor right. No particular reason. And it's like that's so much different. Even if people don't think it is and even if it's not regarded as it's so much fucking different. Yeah, I think that you know in a lot of ways a lot of the world is behind kind of Western culture in terms of you know a lot of aspects of health including mental health. And yeah that's due to you know like being underdeveloped or developing nations and not having the resources but also just being traditional old fashion and not even trying to like not just complete dispelling it." – Participant 10.

Participant 4 explained their experience with seeking help as an international student and felt that there was a language barrier in trying to explain their symptoms and their problems to the health professional. However, from my experience with talking to the participant I felt that they spoke clearly. Therefore, I can infer that potentially the doctor did understand the participant, they were just choosing to address their mental health issues physically and mentally incase the participant did not follow through with reaching out to the Counselling Centre.

"I was all the time crying thinking the exact words what I would say to him in English, so he knew what I mean it was really hard. And when I was with him in the small room, I tried hard very hard not to cry because I that I don't know. The tears just come out when I have to explain the problem that I have. It's really hard. Yeah. He did not really get it but I'm okay now" – Participant 4.

***4.2.3.2. Prefer informal sources of help*.**

Nine out of ten participants in this study indicated that they sought a form of informal help before seeking professional mental health. The three main forms of

informal mental health that the participants sought were from friends (peers), family, and academic professionals or coaches. Seeking informal help is both a facilitator and a barrier to seeking professional mental health help. If the individual giving informal mental health help has experience with professional mental health help or has a high mental health literacy, they can be a facilitator to get the individual suffering to seek professional mental health help,

> *"Yeah. He's the only one I told this story about. Yeah. I tell him this story. And also, my friends who is here since last year when I couldn't bear it anymore, I just told her the whole story. And she told me to go. Yeah. She encouraged me to go to the doctor. Yeah. And when I told her that I went to the doctor. She was here waiting for me to be done. So, she. knew what happened She was a great help. Even my boyfriend. He advised that I go to a psychologist. Even if I have difficulty accepting the fact that I needed help. Yeah. You see what he said was very motivating to me. Yeah. And I have another friend too here. She didn't know anything about the whole story even though she's a very good friend. But later on, when I felt like I was okay. I told her the whole story what happened. So yeah. And that's how that's how I knew that my anxiety was almost gone because I could tell her the whole story without crying. I felt comfortable telling her my story" – Participant 4.*

However, if the individual giving informal mental health help is unfamiliar with professional mental health help, they could be a barrier by not being supportive. Or they could burden themselves with trying to help the individual on their own without a professional, *"And then [my mom] just kind of like diagnosed me but she's obviously not*

a doctor. I just I wouldn't say I have a serious case of anxiety, but I do get anxious. I don't have anxiety but there's times in my life where I get anxious. Yes. And she's a she's a teacher. So, I think part of her training had a lot to do with mental health" – Participant 4.

4.2.3.3. Fear or stress of the act of seeking help.

"With seeking help I started to dread going to those psychology things like I was not a fan. Probably just that like that I didn't like going to talk to somebody about it. That's probably just my personality" – Participant 5.

Four participants indicated that the thought of seeking help gives them fear and/or stress. It is difficult for some individuals to express their emotions and having the added stress of having to discuss their mental health symptoms with a professional can impede the act of seeking help. Individuals preferred to not discuss their feelings allowed to a health professional because they say them as a "stranger" (P07). Participants indicated that the health professional did not know them and therefore they could not help them. They saw them as an outsider who could not understand their mental health problems.

"I was all the time crying thinking the exact words what I would say to him in English, so he knew what I mean it was really hard. And when I was with him in the small room I tried hard very hard not to cry because I that I don't know. The tears just come out when I have to explain the problem that I have. It's really hard. Yeah. He did not really get it but I'm okay now." – Participant 4.

4.2.3.4. Negative experience with mental health providers

"I had a couple breakdowns before I was on medication. I went one time I went to emergency because I really wasn't breathing well, I was like very hypochondriac. And I

went there, and I was like I'm having a mental breakdown and they didn't help at all. They just sent me on my way. And that was really shitty. I didn't like how that felt. And then it happened again one time and I didn't want to go to emergency I didn't know what to do. My parents were like we don't know how to help you. like there's nothing we can do if you can't go to emerge so I just. like had a breakdown and that kind of goes away. But that definitely didn't help with trying to seek help. Feeling like you wouldn't be validated" – Participant 5.

Eight participants indicated that they had a negative experience when seeking out professional mental health help that hindered them from wanting to continue to seek help. Six participants indicated that this was due to not receiving a treatment or "solution" during the initial consultation appointment. Two participants had experiences where they were having a mental health emergency and went to the emergency department for help. However, when they arrived the were treated abruptly by the mental health professional and were sent home with little to no treatment, *"One of the many times I was in hospital the on-call therapist was there when I tried to kill myself. She had to come in and talk with me before I got released and all she said are you going to do this again. I said no. And she said okay your good that was it. That was it. No talking just making sure like I wouldn't try it again or something because they don't want to be reliable. There are some really shitty therapists out there" – Participant 8.*

Participants expressed that they were treated very briefly and were sent on their way after a quick conversation. They felt as if they were not being taken seriously and that they were sent off because they felt that the mental health professional did not believe that there was anything wrong with them.

4.2.3.4.4.1. Questioning competency of mental health providers. Students expressed that they often questioned the competency of their mental health provider due to factors such as receiving standardized treatments. *"And they were trying to diagnose me like assuming they just have a protocol I think they do what they like. You have to do a questionnaire about like depression and stuff, and I knew I wasn't depressed like I knew for a fact. I just I knew there's something else there. And I think that just really bugged me. I was like even though that's just what they have to do. And so, then I just go back like I can't help I guess in the moment but then I was realizing like my mom would make another appointment and I would do everything in my power to get out of it. And then my mom was like we're not going. There's no point if it's going to make you feel worse" – Participant 7.*

Many participants expressed that they felt their treatment was standardized and not specific to them and their needs. 6 participants expressed that they felt their mental health professionals were just going through protocol and not listening to their needs.

A participant who accessed The Counselling Centre at Saint Mary's University was given a link to online courses on mental health and then sent on her way, *"And she did not say anything special. She just said that she just suggested I register for special courses for mental health. She told me to register for that and after I go through it, I will be OK. And yeah that's the only thing she told me" – Participant 4.*

A few participants expressed that they feel that mental health professionals are not equipped with the skills to handle young adult's problems due to practices being outdated and generalized.

"I feel like therapists and psychiatrists are not fully equipped to deal with what's going on today and like the culture and the demographic like kids. I don't think anyone's really capable of dealing with it professionally or not like. I know people say seeking help is really easy. All you have to do is ask. And that's not the case" – Participant 8.

Two participants indicated that they were afraid that if they sought help the mental health physician could give them the wrong treatment and/or diagnosis and then they could end up worse off than they were before. They were worried they would change in a negative way.

"So, I'm like constantly on the fly reorganizing my thoughts and I'm just like I really don't have time to try like especially if for example someone wanted to try putting me on medication suggesting I don't have. I cannot deal with that. It's one or the other because that kind of medication. I like what I've seen it do to my friends and my family when it goes badly. Like not necessarily that it would destroy it. I just couldn't do it. I'm barely. I feel like I'm barely doing this right now. And if I can handle more like I don't mean that I can't handle any more challenges because that's not the case. I'm good. But I know what happens in my head when my motivation it's just like a switch gets turned off. And it took me a long time to be able to have it like to be like this as I am now. So, if I take the wrong medicine and then I'm screwed. And like my buddy one of my buddy is I'm sorry I just refer to everyone as my buddy. Is on a lot of medication and is just constantly adjusting this. And having a bad reaction to that. And I'm just sitting

here watching and I'm like I could not do what you do. I just couldn't do it" –

Participant 6.

Chapter 5: Discussion

5.1. Chapter Outline

The analysis of this thesis reveals three overarching themes: structural barriers, the barriers related to perceptions of mental health problems, and the barriers related to the perceptions of mental health services. This section will discuss these themes as a whole and theories on how they can be overcome.

5.2. Research Aims

The primary research objectives of this thesis were to explore the barriers that students at an undergraduate post-secondary institution had to overcome in order to seek professional mental health help. To approach this question, a modified theory of planned behaviour was used to develop the interview protocol which explored individuals attitudes, subjective norms, and behavioral controls in the form of a semi-structured interview. Rickwood et al.'s (2005) multi-step model for young people’s help seeking for mental health problems was used to guide the thematic analysis in this thesis.

5.3. Overview of Main Research Findings

Overall, after utilizing professional mental health services, most participants (n=5) indicated that they had a positive experience and that they continued to use professional mental health services. 2 participants indicated they had a neutral experience; however, they did not continue to use services after their first visit. From Participant 2’s statement, even though they indicated their experience was neutral, it is inferred that it was a negative experience in general. “It wasn't negative, and it wasn't positive. it's just neutral. Like sure I know you're just trying to get paid right now”

(Participant 2). The remaining three (n=3) participants indicated that they had a negative experience and would not use professional mental health services in the future.

From these results of participants with experiential attitude, the majority of them did in fact have a positive experience and continued to use professional mental health services after their initial help seeking behavior.

The expected outcomes of the participants after seeking professional mental health services was that they would feel better. This was the outcome for most (n=7) participants. They indicated overall that after seeking professional mental health help they felt better. The 2 participants who indicated that they had a neutral experience felt that even though they did not continue to use mental health services that initially going to talk to someone one time made them feel better.

5.3.1. The Theory of Planned Behaviour. Utilizing the Theory of Planned Behaviour and an understanding of the three constructs of attitude, social norms, and perceived behavioural control can assist mental health services on university campuses to tailor programs and messages that will successfully encourage students to recognize potential mental health problems and seek professional mental health help while addressing the barriers.

This research focused on gaining an understanding of the perspectives and experiences of undergraduate university students when seeking professional help for mental health problems. The findings have shown that a predictor of intention to seeking professional mental health help are the attitudes towards seeking mental health help and perceived behavioural controls. The barriers overcame to seeking professional mental health help included negative attitudes towards mental health services such as the stigma

associated with receiving professional mental health help (n=9) and the factors associated with lower mental health literacy (n=7). Implications from these findings show that the most effective method for increasing the intention to seek professional mental health services for post-secondary students would be to change their attitudes about mental health problems and mental health services through increasing education and mental health literacy about mental health services and the effectiveness of using services through presentations during welcome week. Another implication would be to increase the information across campus about mental health services available for students. If universities focused on enhancing knowledge and attitudes about mental health and the effectiveness of treatments and increasing awareness about available services, these could be efficient ways to increase intention to seek mental health services and also assist in changing peer norms.

5.3.2. Structural Barriers. Structural barriers were indicated as a barrier that individuals had to overcome in order to seek professional mental health help (n=8). Lack of access, including cost, wait time, location, and navigating the system were the prominent barriers that the participants indicated that they had to overcome in order access professional mental health services as an undergraduate student.

Navigating the system was one of the structural barriers for individuals as they were trying to seek professional mental health help (n=4). One participant spoke specifically to navigating mental health services at Saint Mary’s University and how the Counselling Centre’s website was overwhelming and confusing. The act of seeking professional mental health help is a difficult on its own and when individuals chose to

make that leap, services available to them should be clearly stated and organized with no added barriers to overcome when trying to book their appointments.

Students at Saint Mary's University can add health insurance as part of their tuition at the beginning of the fall semester each year and receive 100% coverage for psychological services with a cap of $1000 per year. That being said, each appointment is approximate $180 in nova scotia, so approximately 5 appointments are covered, and two participants indicated that as soon as their coverage ended, they stopped their treatment as they felt the out of pocket cost was too substantial to continue treatment. Students are a very privileged population to have this extensive coverage; but efforts from Saint Mary's University should be made to enable students to use the free services offered on campus.

Wait time is another barrier that individuals had to overcome in Nova Scotia if they chose to receive free mental health services. Wait times for seeking public professional mental health treatment was a large factor in a delay of seeking help or the decision to pay for private professional mental health treatment. Many participants waited considerably long times for referrals and appointments with a mental health professional. Participants also expressed that wait times worsened their condition. Participant 10 received a referral in June and their first appointment with a mental health professional occurred the following February. Participants expressed that most people wait until they are at their worse to seek help therefore with the wait times they are at an extreme risk because they have reached the peak of the condition and then waiting months after that to receive treatment.

The structural barriers that participants had to overcome in this study stem from factors outside of Saint Mary's University other than navigating the website. Future

directions from the interviews would be to create a more accessible Counselling Centre website that had very clear instructions on how to access the mental health help at Saint Mary's University as well as providing insight to students on the private health care coverage they have with being a student as individuals may not be aware of the extent of the coverage. Saint Mary's University should improve their website to show clearly their mental health services, extended health coverage for private mental health services, and have an online scheduling hub.

5.3.3. Barriers Related to the Perceptions of Mental Health Problems. All participants (n=10) indicated that there are barriers associated with perceptions of mental health problems including others not recognizing their need for help and mental health literacy being the biggest factors.

Mental health literacy has been extensively covered in relation to perceptions of mental health problems. The *Transitions @ SMU* project has heavily focused on students' mental health literacy and increasing it among students on campus. Students indicated that mental health literacy was a barrier they had to overcome in the form of not understanding their own symptoms, having a lack of emotional competence, and being reluctant to articulate emotions to others. Almost all the participants indicated that stigma was a perceived barrier to accessing mental health services (n=9). Continuing to make efforts to improve mental health literacy using initiatives such as *Transitions* will help to combat these barriers by educating students on mental health and recognizing symptoms in themselves and their peers. Increasing mental health literacy will also help individuals be able to articulate their emotions to others by giving them the knowledge to

understand mental health symptoms. There is compelling evidence in literature showing the impact of improving mental health literacy to increase help seeking behaviours. Armstrong & Young's (2015) research showed that almost half of the post-secondary students had difficulty recognizing mental health illnesses. The participants in their study also indicated that they wanted to learn about symptoms of mental illnesses and coping strategies and that they had difficulty identifying their own symptoms and lack of an emotional competence. Students indicated that they would like to receive information about mental health literacy in the form of public presentations, the Internet, and media outlets (Armstrong & Young, 2015). Therefore, Saint Mary's University should use the evidence from this study and previous research to increase awareness and mental health literacy through public presentations during frosh week and throughout the academic year to help increase students' mental health literacy. If there were public presentations it would help educate the student population as a whole and would take the responsibility off the students of having to find information about mental health literacy themselves by promoting positive mental health at a community level instead of an individual level. Policy could even go as far to introduce mental health interventions strategies, such as the *LIST* project to students during their final year at high school before they transition into post-secondary institutions in order to have an upstream approach for mental health before they enter a new environment.

5.3.4. Barriers Related to the Perceptions of Mental Health Services. The main barriers related to the perceptions of mental health services were stigma, preferring informal sources of help, fear or stress of the act of seeking help, and past negative experiences with mental health providers.

5.3.4.1. Stigma. Mental health stigma has been a major factor to impede help seeking behaviour in previous research (Barney et al., 2006; Bharadwaj, Pai, & Suziedelyte, 2017b; Corrigan & Watson, 2002; Gaddis et al., 2018; Lally et al., 2013; Martin, 2010; Thornicroft et al., 2016; Wrigley et al., 2005). The participants were asked in this study what they thought was the main reason that individuals choose not to seek professional mental health help. 90% (n=9) of participants indicated that it was due the stigma surrounding mental illness and receiving help. Further, most (n=6) participants indicated that they did not tell anyone that they sought professional mental health help and five of these participants stated that they did not tell anyone due to the stigma surrounding mental illness. Individuals were worried that if others found out they would be treated differently. One participant indicated that they told their parents that they felt the needed to seek professional mental health help however they did not feel that they had a mental health problem. At the individual level, stigma was identified as a large factor and barrier for not seeking professional mental health help. All participants (n=10) endorsed that a pervasive stigma exists and contributes towards negative attitudes associated with seeking mental health help. The internalization of the societal stigma was described by three (n=3) of the participants in this study. The three participants in this study indicated that they did not share their experiences with seeking professional mental health help in fear of being treated differently.

Another stigma that was described by individuals that effects the individual level was intersectional stigma. There were intersections within the different identities such as culture and gender with stigma. Almost all of the participants (n=9) indicated that males experienced more stigma with seeking mental health help than females. Participants in

the study specifically noted that there are gendered differences in the way that they are supposed to react to mental health problems. This is consistent with Pederson & Vogel's (2007) findings on how men experiencing greater gender role conflict were more likely to self-stigmatize and less likely to self-disclose. High self-stigma and less disclosure then led to less positive attitudes and subsequently less willingness to seek professional mental health services. In particular, Participant 8 indicated that masculinity is associated with mental health and that masculine traits and behaviors do not include expressing feelings/emotions and seeking help for their problems. Participant 8 expressed that females are emotional and that it is acceptable These findings are consistent with previous research on the stigma associated with mental health help seeking. Young people have a high fear of the stigma associated with mental health problems. Rickwood et al.,'s (2005) previous research on help seeking and young people found that the impact of gatekeepers, which are people in the community who are in a position to assist distressed people to access appropriate professional support services, can facilitate positive support and prevention outcomes for young people. This study provided evidence that students prefer informal sources of mental health help (n=9). The peer supporter program at Saint Mary's University is an ideal program for students as they indicated the prefer informal peer support. The Counselling Centre website provides a brief description of the role:

> Peer Supporters are students who have lived experience dealing with mental health concerns. These students are trained with the Stay Connected Mental Health Project and The Counselling Center support their peers by offering active listening, goal-setting, and resource referral. As students, Supporters understand how stressful university life can be. Peer Supporters are here to help with a lot of mental health concerns including managing stress, coping strategies, relationship problems, and referrals to other important resources. Peer Support focuses on health, self-care and recovery rather than on illness. Peer Support focuses on

health and recovery rather than on illness (Saint Mary's University & The Counselling Centre, 2019).

Currently, there are three individuals listed on the website as peer supporters, two females and one male. More students should have the option to have informal peer support training due to the high number of participants who prefer informal support. It is evident from the literature review and the research in this thesis that individuals are more likely to seek informal help through their peers. Providing all students with a form of training in peer supporting can be effective for promoting individuals to seek help for others. Research has shown that young people are more likely to seek help for their friends than for themselves (Rickwood et al., 2005). This can help future outreach efforts at undergraduate universities by alternating the focus on efforts to educate students on how the effectively seek help for their friends and providing this information can educate them on resources and increase their help-seeking behavior.

5.3.4.1.1. Gender. Participants in the study were specifically asked if they felt there were gendered differences towards mental health problems and seeking help. All participants but one (n=9) indicated that males are more likely to be stigmatized for having a mental health problem and seeking help. This is consistent with previous research conducted on gendered stigma with males and mental health. This is due to the imbedded ideology of masculinity and male gender role conflict. When males describe problems they are usually functional problems, such as issues at work, as opposed to emotional problems. One participant spoke specifically to his experience with male gender role conflict and discussed how there are socially prescribed "rules" on how men should act with their emotions, specifically keeping to themselves about their problems, "Men don't tell their problems they keep them to themselves. That is why they don't live

a long-life. Only women live a long life because they don't keep to themselves" (Participant 1). Therefore, in order to promote males' help seeking behavior, professional mental health services can improve help seeking attitudes by decreasing the detrimental effects of gender role conflict through easing men's discomfort with disclosing personal struggles and men's self-stigmatizing for needing help. Pederson & Vogel's (2007) found that men with higher gender role conflict had more positive attitudes toward alternative counselling methods such as classes, workshops, and seminars compared to traditional counselling methods such as one-on-one talk therapy. Outreach efforts to increase a male's likelihood to seek mental health help should combat masculinity ideologies and the male gender role conflict and changing men's views of help seeking by reducing restriction related factors of male gender roles and to also use the alternative counselling methods mentioned.

The following worth noting is the one person who was in opposition of men receiving more stigmatized attitudes. This male participant felt that females were worse off when dealing with stigma and mental health problems. He felt that females have it worse due to the gendered nature of how they treat each other.

> From what my sisters told me girls if they have a problem with the other one, they're going to pretend they still like that person and then just endlessly talk crap about them behind their back. And so many so many girls you know from what I've been told are disingenuous are not are not real to each other. They feel they need to put on this persona to be liked. Whether that's acting dumb or you know you know really being over sexualized and oversight you know kind of making yourself into that you know stereotype. You just can't look like there's a lot I think mental health in general is harder for females (Participant 10).

5.3.4.1.2. Culture. This study aimed to gain insight on international experiences and the potential cultural barriers they may encounter when seeking professional mental

health help. One male international participant indicated that they did in fact experience a cultural barrier when accessing professional mental health help.

> But so many other cultures don't have any regard for it because they as we don't value its existence. And that's terrible. Like that to me is terrible… Yeah, I think that you know in a lot of ways a lot of the world is behind kind of Western culture in terms of you know a lot of aspects of health including mental health. And yeah that's due to you know like being underdeveloped or developing nations and not having the resources but also just being traditional old fashion and not even trying to like not just complete dispelling it (Participant 10).

Participant 10 had a double advantage due to living in a western society which had resources for mental health problems and being able to access these sources on their campus free at cost. However, Participant 10 indicated that international students that are not from a western society are more likely to dispel their problems and therefore not use these availing services. This is aligned with Hyun et al.'s (2006) research on international students having less acculturation to western cultural norms are barriers to international students seeking counseling. Participant 1, who was an international student, mentioned that things would have been easier for them to seek professional mental health help if Saint Mary's University brought peer supporters to the international students when they first arrive to help them navigate their new lives in a foreign country. Research has provided evidence that international students are at a greater risk for mental health problems due to the demands for cultural adjustments. Making mental health resources readily accessible by bringing them to international students through peer supporters or gatekeepers will help to address their needs for mental health.

Students also indicated that they had a fear or stress about the act of seeking help. A solution to increasing the likelihood of students accessing mental health services would be to offer mental health help online. Participant 4 mentioned that after they visited the

Counselling Centre that they were given access to online courses on mental health, but they did not use them because it felt like more schoolwork. Students have access to a plethora of information about mental health online, what students need are professional mental health counselling services to be available online to them. Having the option to have a phone or video chat with a counsellor through the Counselling Centre will allow individuals to stay in their safe familiar environment as opposed to having them go and seek help in a new space. This can also be a solution for students who had a negative experience as they can have the opportunity to try different mental health professionals without having to continually go into different offices. Participant 8 mentioned that one of their barriers to seeking help was having to be “naked” in front of everyone and exposing their feelings. Participant 4 mentioned how they did not like the feeling of being in the office of the mental health centre due to vulnerability and being in a strange environment. To have the option to initially seek help over the phone or on an app as opposed to having to come in for the appointment can help to reduce these barriers. Ryan et al.'s (2010) and Yorgason et al.'s (2008) research already provided evidence that having access to online counselling and online interventions increase the likelihood of students seeking professional mental health. Therefore, future policy and interventions at the universities should utilize this research and evidence to help create online access to mental health services.

5.3.4.2. Negative experience with mental health providers. Eight participants indicated that they had a negative experience with a mental health provider. Six of these participants indicated that this was due to not receiving treatment or a “solution” during their first appointment. If students received education on the mental health treatment

process, they would understand that in most cases the first appointment allows for the provider to understand the problems, feelings, and emotions of the patient and therefore the patient does most of the talking while the mental health professional takes notes. The following appointments are usually where the professional introduces treatments and behavioral interventions to help the patient. From this research it is clear that some participants had the perception that during their first appointment they would receive treatment to help with their problems. However, if individuals were more informed about the mental health service process they would understand that treatment does not occur immediately, and therefore they would not have felt that their experience with a mental health provider was negative because they did not receive an immediate solution.

5.4. Considerations for Findings

This thesis proposes that there are three major barriers that undergraduate students have to overcome in order to seek professional mental health help. The first is structural barriers, which are barriers related to the perceptions of mental health problems, and barriers related to the perceptions of mental health services. Participants of this study expressed that their experience seeking professional mental health help was not easy, and that there were specific barriers that delayed their help seeking. The themes from this thesis highlight concern around outreach efforts at Saint Mary’s University and the need to focus on stigma reduction, increasing mental health literacy, and increasing mental health outreach efforts to make services more accessible to students.

Mental health policy should focus on helping youth navigate the complex mental health systems through both public and private avenues in order to provide treatment to students before symptoms become critical.

A limitation of this research is that it did not have an equal number of males and females, and domestic and international students as initial recruiting efforts had hoped for. As Saint Mary's University has a high population of international students, future research should focus on help-seeking experiences of international students as they are a greater risk for mental health problems.

Another limitation of this research was the inclusion criteria was any act of professional help seeking as participants were interviewed if they selected that they sought professional mental health help on the *LIST* survey. Receiving professional mental health help solely from campus resources would help to find solutions for the barriers specific to help seeking on Saint Mary's University campus. If the inclusion criteria were specific to receiving professional mental health help solely from campus resources would help to find solutions for the barriers specific to seeking mental health services specifically on the Saint Mary's University campus.

One of the strengths of this research was gaining insight on the demand-side of help seeking by interviewing students to understand the barriers they overcame to seek professional mental health help specifically within Atlantic Canada. It outlines the major factors that can impede help seeking as a student and includes their personal recommendations.

Another strength of this research is that it is a part of the larger *LIST* project, which helped to create the guiding research question and facilitate connections and recruitment to the Saint Mary's University population through the *Transitions @ SMU* survey. I had the opportunity to contribute to the larger *LIST* project by answering the guiding questions: What are the significant barriers to accessing these services?

5.5. Dissemination

A summary of the findings for the larger *LIST* study will be sent to participants. I aim to publish and present this research at various conferences related to mental health and education. The *LIST* study provides online information about the thesis projects that are a part of the study and also distributes information through videos and written publications. Distribution at this level will also occur with appropriate academic personnel, decision-makers and government officials, which is intended to assist with dissemination of the research report.

5.6. Contributions and Directions

The purpose of this research was to contribute to the *LIST* study (Learn, Identify, Support & Treat): The Impact of a Comprehensive Mental Health Literacy Intervention for Postsecondary Settings – The implementation and Evaluation of Transitions among 6 Campuses in Atlantic Provinces, by gaining an understanding of the barriers and pathways to care in order to create campus environments that promote better mental health and increase the likelihood that students will access services when needed. This thesis provided a review of sources of help, stigma, and other factors associated with mental health service use and provided a qualitative exploration of complex student experiences and pathways to mental health services by the development of a theory-informed interview protocol. This research sought to gain insight on how to improve help-seeking behavior among undergraduate students by interviewing students who had the help seeking behaviour to learn the barriers that they had to overcome and the barriers that they felt their peers had that impedes help seeking. This contributes to the understanding of the individual and social barriers to help seeking among post-secondary

students by exploring the demand-side barriers that effect help seeking among students. Future research should look to provide evidence on how post-secondary level interventions, policies and resources effect help seeking. This thesis, a part of aimed to fill this gap by exploring the barriers in access to youth mental health services.

Chapter 6: Conclusion

There are increased reports among universities of mental health issues and the difficulty for many students to access the services they may need. This is a concern for public policy because current resources and programs cannot sustain students' needs. Post-secondary institutions should create resources to prepare their students with the self-help seeking skills they may require in the future, while also identifying current mental health needs of their students and addressing them immediately. The *Transitions @ SMU* project is taking the initiative by being the first evidence-based publication of its kind. It is designed to help students be successful on campus, focusing on time management, relationships, identity, finances, sexual activity, mental illness, suicide, addictions, and more. It also includes coping strategies and tips to help students through challenging times and provides recommendations on where students can go to get additional help. Improving mental health will take more resources like the *Transitions* initiative. Initiatives should include information to increase awareness and reduce stigma, develop tools and resources for best and enhanced practice, teach coping skills, focus on recovery, and provide comprehensive training for faculty, staff and student leaders. Existing policy focuses on accommodation policy; however, policy should shift away from this individualistic approach toward more inclusive learning environments that take mental health sensitivities into consideration and policy that promotes inclusive design such as having protocols for accommodating mental health. Shifting the focus from treating individuals to promoting positive mental health at a community and population level will create a more inclusive learning environment at universities and will provide every student who needs help with access to high-quality supports and services free of cost. The

purpose of this research was to build a case for an increase in systematic approaches to help support student mental health on campus and for health professionals by gaining an understanding of the barriers and pathways to care in order to create campus environments that promote better mental health and increase the likelihood that students will access services when needed. Implementing policy and interventions such as peer support programs, gatekeeper programs, and a mental health literacy workshop will lead to a decrease in mental health stigma and an increase in mental health literacy. These programs have provided evidence towards improving help seeking efforts and can be self-sustaining within the universities. Continued research needs to focus on finding the most effective and efficient ways of making sure students can receive the support they need by working with mental health researchers, post-secondary institution faculty, and students.

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Appendix A: Participant Recruitment Email

Dear potential participant,

My name is Róisín (Rose) Walls and I am a master's student in Applied Health Services Research at Saint Mary's University. As part of my Master program requirements, I am conducting my thesis research under Dr. Michael Zhang.

You are being invited to participate in research related to the lived experience of having available mental health services at Saint Mary's University. We are inviting first year Saint Mary's University students who recently filled out a survey in relation to *Transitions* @ SMU. **You will receive a $25 gift card for about a 60-minute interview.**
Participation in this study is voluntary. You can choose the location of interview at your convenience. You may decline to answer any of the interview questions if you so wish. Further, you may decide to withdraw from this study at any time without any negative consequences by advising the researcher. With your permission, the interview will be audio recorded to facilitate collection of information, and later transcribed for analysis. Shortly after the interview has been completed, I will send you a copy of the transcript to give you an opportunity to confirm the accuracy of our conversation and to add or clarify any points that you wish. All information you provide is considered completely confidential. Your name will not appear in any thesis or report resulting from this study, however, with your permission anonymous quotations may be used. Data collected during this study will be retained for two-year period in a locked office in my supervisor's lab. Only researchers associated with this project will have access. There are no known or anticipated risks to you as a participant in this study.
This study has been reviewed and received ethics clearance through a Saint Mary's University Research Ethics Committee **(REB # 14-222).** If you have questions for the Committee contact the Chief Ethics Officer, Office of Research Ethics, at 902 420 5728 or ethics@smu.ca.

For all other questions or if you would like additional information to assist you in reaching a decision about participation, please contact me at 902 403 7007 or by email at roisin.walls@smu.ca. You can also contact my supervisor, Dr. Michael Zhang at 902 491 8676 or email michael.zhang@smu.ca

I hope that the results of my study will be of benefit to those organizations directly involved in the study, other voluntary recreation organizations not directly involved in the study, as well as to the broader research community. I very much look forward to speaking with you and thank you in advance for your assistance in this project.

Yours Sincerely,
Róisín (Rose) Walls
MAHSR Candidate | Saint Mary's University
T: 902 403 7007 | E: roisin.walls@smu.ca

Appendix B: Interview Checklist

Prior to the interview

- Digital recorder (in full working order) [take 2 if available]
- Laptop
- Laptop charger
- Honoraria
- Participant ID code
- Consent forms (x2 – one copy for us, one for participant)
- Interview protocol
- List of Services (if applicable)

After the interview

- For participant: Provide them with the List of Services.
- For participant: Provide honorarium

Appendix C: Interview Protocol

Undergraduate Students Seeking Mental Health Help

Note: Use developmentally appropriate language and a conversational approach.

Remind them what they share is valuable to others.

Questions and Probes:

Early Signs

- What was happening in your life when you felt that you needed some support with your mental health and chose to seek help?
- How did it start? When did it start? What was going on?

Entering the System

- Who was involved in your support?
  - family, friends, professionals, community, spiritual

- Can you tell me about your experience seeking help?
  - Access, quality, timely appointment, follow up, cost, one or more referrals?

- If diagnosed: How did you go about getting a diagnosis? What happened that way?
-
- Have you told people about your experience?
  - Who and why/why not?
  - Treated differently? (Stigma)

- After your experience, what are your attitudes towards seeking mental health help?
  - What were the positives for you of seeking help?
  - What were the negatives for you of seeking help?
  - What made it easy for you to seek help?
  - What made it hard for you to seek help?
  - Why do you think some people chose not to seek help?

- Has there ever been a time where you felt you may have a mental health problem or disorder, but you chose not to seek help and why you chose not to?

- Do you believe there are gender or cultural differences towards mental health services?

Recommendations and directions

- If you could speak to your support what would you say to them/what would you like them to know about your experience? (family, friends, professionals, community, spiritual)

  - Good/bad
  - What worked/did not work for you

- If you could change 1-3 things improve the quality of your experience what would they be?
- Did you read transitions? How did you feel about the transitions project? What was good/bad about it?

Appendix D: Informed Consent

SMU REB # 14-222
Applied Health Services Research
Saint Mary's University, 923 Robie Street, Halifax, NS B3H 3C3

Version Date: October 25, 2018

Title of Research Project:
UNDERGRADUATE STUDENTS' EXPERIENCES SEEKING AND RECEIVING PROFESSIONAL MENTAL HEALTH HELP

Project Website: http://teenmentalhealth.org/transitions//

Principal Investigators– SMU

Róisín Anne Walls	(902) 403-7007	roisin.walls@smu.ca
Dr. Michael Zhang	(902) 491-8676	michael.zhang@smu.ca

We would like to invite you to participate in a voluntary research project about your experience with mental health services as an undergraduate student. Participation in this study will not affect you as a student at Saint Mary's University and this interview will be anonymous.

INTRODUCTION
My name is Róisín (Rose) Walls and I am a master's student in Applied Health Services Research at Saint Mary's University. As part of my Master program requirements, I am conducting my thesis research under the supervision of Dr. Michael Zhang.
This research is part of the *Transitions @ SMU* study.

DESCRIPTION OF RESEARCH
The purpose of this study is to gain an understanding of undergraduate students' experiences seeking and receiving professional mental health services. I am using interviews in order to gain a qualitative understanding of the facilitators and barriers you may have had seeking professional mental health help.

If you choose to participate in this research project, it will take 60 minutes of your time. You will be asked to participate in an interview of 60 minutes to talk about your experiences with mental health services. The interview will be audio-recorded.

POTENTIAL HARMS
We know of no harm that taking part in this study could cause. Researchers have been trained regarding the mental health conditions they are studying as well as techniques to encourage participation while limiting the risk of an emotional exit from interviews. Counseling services can be made available to participants who require them.

POTENTIAL BENEFITS

You may not benefit directly from this study. There is no guarantee that your participation will directly lead to changes in mental health services or changes in your experiences in the mental health care system. A summary of the results will be available for participants. If you are interested in receiving the summary, please provide your contact information on the attached Consent Form. We will also ask you about the best ways to provide the study results to you. We are committed to sharing our research findings with our participants and those who are in a position to make positive changes for young people.

CONFIDENTIALITY
We will keep all information that we collect during this project confidential and anonymous. We will ensure that you will not be identified from any of your responses. We will destroy the audio-recording of your responses 15 years after the end of the study. All study material will be secured in a locked cabinet at SMU. We will identify you only by a number or a code name in the final transcript.

EXCEPTIONS TO CONFIDENTIALITY
Due to legal and ethical requirements, the research team must break confidentiality if:

1) The interviewer becomes aware of child abuse or neglect of someone who is under the age of 16 in NS;
2) The interviewer becomes aware of sexual abuse perpetrated by a health care professional toward an identified adult or child; or
3) The interviewer becomes aware that the participant is threatening harm to oneself or another identified person.

PARTICIPATION
Whether or not you take part is completely up to you. If you do decide to be interviewed, you may stop participating in the project at any time and without any consequences.

SPONSORSHIP
The funder of this research is the Canadian Institutes of Health Research (CIHR).

CERTIFICATION
The Saint Mary's University Research Ethics Board has reviewed this research. If you have any questions or concerns about ethical matters or would like to discuss your rights as a research participant, you may contact the Chair of the Research Ethics Board at ethics@smu.ca or 420-5728.

I understand what this study is about, appreciate the risks and benefits, and that by consenting I agree to take part in this research study and do not waive any rights to legal recourse in the event of research-related harm.

I understand that my participation is voluntary and that I can end my participation at any time without penalty.

I have had adequate time to think about the research study and have had the opportunity to ask questions.

Participant

Signature : ____________________________
Name (Printed) : ______________________________
Date : ___________________

Principal Investigator

Signature : ____________________________
Name (Printed) : _______________________________
Date : ___________________

Appendix E: Interview Debriefing Script

That is all the questions that I have for you. Do you have anything else you like to add or any questions for me?

Thank you very much for sharing your experience seeking professional mental health help with me. It is very important to us that we hear from undergraduate students to learn more about what it is like to experience mental health challenges and the mental health system.

[consult completed consent form]

We know that talking about these things can be difficult. Here is a list of resources in case you'd like to talk to someone. [provide laminated card with list of resources tailored to province, including local CMHA information]

Thanks again for your time. Here is some compensation for your time/funds to cover your costs. [provide gift card]

After the interview is transcribed would you be okay with me contacting you to check it to make sure your content is correct and that your messages were conveyed properly.

Please let me know when you are finished and if you have any notes to give me. Or if there are any problems with it and you have changes that need to be made or if you have any questions or concerns.

Remember that your participation is completely confidential, and no one has access to your name or to these transcripts other than you and I.

We will send you information about the study at a later time according to what you put on your consent form. In the meantime, if you ever have any questions about the research, feel free to contact us using the information on the copy of the consent forms that you have.

Appendix F: Feedback Letter

FEEDBACK LETTER

UNDERGRADUATE STUDENTS' EXPERIENCES SEEKING AND RECEIVING PROFESSIONAL MENTAL HEALTH HELP
SMU REB File # 14-222
Principle Investigator: Róisín Walls – roisin.walls@smu.ca – 902 403 7007
Supervisor: Dr. Michael Zhang – michael.zhang@smu.ca - (902) 491-8676
Master Applied Health Services Research
Saint Mary's University, 923 Robie Street, Halifax, NS B3H 3C3

Version Date: October 28th, 2018

Dear [PARTICIPANT NAME],

I would like to thank you for your participation in this study.

As a reminder, the purpose of this study is about your experience with mental health services as an undergraduate student. The data collected during interviews will contribute to a better understanding of undergraduate students' experiences seeking and receiving professional mental health help.

Please remember that any data pertaining to you as an individual participant will be kept confidential. Once all the data are collected and analyzed for this project, I plan on sharing this information with the research community through seminars, conferences, presentations, and journal articles.

If you are interested in receiving more information regarding the results of this study, or if you have any questions or concerns, please contact me at either the phone number or email address listed at the top of the page.

If you would like a summary of the results, please let me know. When the study is completed, I will send it to you. The study is expected to be completed by September 2019.

As with all Saint Mary's University projects involving human participants, this project was reviewed by the Saint Mary's University Research Ethics Board. Should you have any comments or concerns about ethical matters or would like to discuss your rights as a research participant, please contact the Chair of the Research Ethics Board at 902-420-5728 or ethics@smu.ca.

Appendix G: Nova Scotia & Saint Mary's University Resource Sheet

Thank you for participating in my research!

Please do not hesitate to contact us if you have any questions or comments:

Roisin (Rose) Walls - roisin.walls@smu.ca

Dr. Michael Zhang - michael.zhang@smu.ca

Mental Health Resources at Saint Mary's University

For Saint Mary's University students requiring immediate assistance, please contact Morneau Shepell at 1 855 649 8641 or Mental Health Mobile Crisis Team at 902 429 8167

The Counselling Centre	**Peer Support at SMU**
Website: http://www.smu.ca/campus-life/the-counselling-centre.html Email: counselling@smu.ca Tel: 902 420 5615	Email: peer.support@smu.ca Facebook: SMU Peer Support

Nova Scotia Mental Health Resources

Please call 911 in the case of an emergency.

Nova Scotia Mental Health Crisis Line: 1 888 429 8167

Kids Help Phone:

Phone: 1 800 668 6868

Website: www.kidshelpphone.ca

Additional resources: www.kidshelpphone.ca/ResourcesAroundMe/

Canadian Mental Health Association - NS:

Phone: 902 466 6600

Toll Free: 1 877 466 6606

Website: www.novascotia.cmha.ca