

THE ELEPHANT IN THE CLASSROOM: COLLEGE STUDENTS' PERCEPTIONS  
OF MENTAL HEALTH AND BARRIERS TO ACCESSING MENTAL HEALTH  
SERVICES ON COLLEGE CAMPUSES

by

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## **ABSTRACT**

One-quarter of all college students will experience a mental health problem throughout their college career. In response to this, colleges and universities have worked to improve mental health services on campuses. However, students still face barriers to accessing mental health services on college campuses. In this thesis, I focus on examining college students' perceptions of mental health and barriers to accessing mental health services on college campuses. A total of 46 students were surveyed using survey monkey and asked both closed and open ended questions. A number of variables were used to measure perceptions, such as stigma, campus attitudes toward mental health, and barriers to accessing mental health services. Results from this study indicate that while most college students have a personal experience with mental health problems and believe that mental health problems are prevalent on their college campuses, barriers to accessing campus mental health services exist. College students in this study had confidence in campus mental health services, but felt that these barriers, such as stigma and a lack of mental health knowledge, often prevented students from accessing services.

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## INTRODUCTION

The increasing prevalence of mental health problems is a current phenomenon in modern society. When looking into populations that are most vulnerable to experiencing mental health problems, it is evident that college students are at a particularly high risk. The National Alliance on Mental Illness (2012) reports that one quarter of total college students have or are experiencing some sort of mental health problem. However, this only presents the problem at its surface-level. Even more troubling is that only 40% of these students seek help for these problems. Because of this, the health and wellbeing of students has become a high priority for college programming. The rise of mental illness among college students has created growing concern particularly as the student population has diversified in recent years (Gallagher, Sysko, and Zhang 2001). Not only are students navigating pathways to balance the demands of schooling and other responsibilities, but also schools themselves are now faced with providing accommodations for students with mental illness.

Despite efforts made by college campuses to improve mental health services and supports, intervention for students experiencing mental health problems are not yet successful, mature, and sustainable. While some literature explains that this is caused by the struggle of balancing “the school for learning only” model and accommodating students experiencing mental health problems, others assert that shortcomings in college mental health services can be explained by a number of other contributory factors (DiPlacito-DeRango 2016). Specifically, research names several prominent barriers to accessing mental health services on college campuses, including funding limitations,

stigma, policies that are not yet developed, and a lack development and training opportunities for faculty and staff (DiPlacito-DeRango 2016). Based on reviewing literature and best practice models, suggestions have been made to resolve these barriers. Martin (2010) studied stigma and stereotypes of students experiencing mental health problems and concluded that increasing mental health literacy was key to resolving barriers. Hanlon (2012:2) stated that college and universities must continuously “define, communicate, and establish appropriate expectations” in regards to mental health.

Thus, the purpose of this study is to examine college students’ perceptions of health problems and barriers to accessing mental health services on college campuses, including student awareness of resources and accommodations provided by college health services. The study aims to answer questions such as what are college students’ perceptions of mental health? What barriers can be identified that may prevent students from seeking out mental health services on college campuses? How can college programming enhance student well-being, health-seeking behavior, and effective psychological services? And, how do potential misperceptions potentially create barriers for students experiencing mental health problems? While studies have looked at either college students’ perceptions of mental health problems or perceptions of barriers to accessing mental health services, few studies have examined the relationship between both. Furthermore, there are few studies that utilize a mixed-methods research design to study such topics, and this study aims to fill this gap.

As both the incident and severity of mental health problems rise on college campuses, studying college students’ perceptions of mental health is an increasingly significant and relevant topic of research (Gallagher, Sysko, and Zhang 2001.) It is

important to understand the perceptions of both college students who suffer mental illness and those who have not or are not experiencing mental health problems. College students have unique perceptions of mental health problems and the barriers that they or their fellow classmates face. The data generated from this research will aid in the understanding of the major barriers that college students may face in accessing mental health services, as well as provide an overall description of students' perceptions of mental health problems on the college campus. Ultimately, this study may help inform best-practice methods and policies for health service facilitators and school faculty and personnel.

## **REVIEW OF LITERATURE**

### **Mental Health Problems among College Students**

It is helpful to first consider the foundation of the issue or the reasons why a great deal of college students come to have mental illness and the subsequent rise of mental illness on college campuses. Primarily, the social determinants of health play a large part in persons having mental illness. Social determinants of health are conditions into which we are born and within which we live and eventually die. They exert powerful influences on our health as individuals, and they play important roles in shaping health disparities in human populations. The University College London Institute of Health notes that mental health and many common mental disorders are shaped to a great extent by the social, economic, and physical environments in which people live (World Health Organization 2014.) Subsequently, individuals afforded the experience to attend college may

experience the strain of pressure and stress to meet expectations. It is in this college setting that the social determinants of health may manifest into mental illness.

Furthermore, the college environment has undergone a major change in recent history. Once understood as a safe haven, a sort of promise for the future, college campuses are now seen in a different light. Author Joan Arehart-Treichel (2002:1) explains this phenomenon in the following way:

What is going on at American colleges? Where are those campuses that used to offer young adults, at least for a few short years of their lives, soothing ivy-covered brick walls and a chance to have some fun between tests and term papers? Gone, perhaps? For today, many colleges appear to be more cauldrons of mental perturbation and emotional turmoil than legendary ivory towers.

Accompanying this change modern day college students are extremely diverse: 46% are minorities, 57% are female, and 40% of undergraduates are over the age of 25 (National Center for Education Statistics 2016.) With this social and cultural diversity comes an increased amount of pressure and competition for success. Some have argued that this shift in the college environment has led not only to the increase in mental illnesses on college campuses, but the severity of mental illnesses as well. According to the National Survey of Counseling Center Directors at 274 institutions, 85% of university center directors reported an increase in “severe” psychological problems over the last 5 years, including learning disabilities (71%), self-injury incidents (51%), eating disorders (38%), alcohol problems (45%), other illicit drug use (49%), sexual assault concerns on campus (33%), and problems related to earlier sexual abuse 34% (Gallagher, Sysko, and Zhang 2001.)

Social stress theory also points out that individuals undergoing major life events are more vulnerable to mental health issues and illnesses than others. These major life



events, such as attending college, are associated with the onset of anxiety, depression, schizophrenia, and other mental disorders (Thawabieh and Qaisy 2012.) The events leading to mental illness tend to be undesirable ones, and based on prior research, the amount of pressure college students feel can certainly be, at times, considered undesirable.

It is also essential to discuss the college campus as a setting for giving mentally ill students resources at an extremely vulnerable point in their lives. Because a college campus encompasses so many aspects of a student's life (e.g. education, career, social, etc.), they have a number of avenues for providing resources to students. Hunt and Eisenberg (2009) conducted research on mental illness on college campuses and have studied the phenomenon of college campuses being a gateway to resources for the mentally ill. Their studies indicate that many students either do not know about these resources or feel the resources are not consistent with their needs. In their Healthy Minds Study, fewer than half of students who screened positive for major depression or anxiety disorders had received any mental health services in the previous year. These results are disconcerting, as "failure to seek early treatment is associated with a longer course of illness and more frequent relapses (Hunt and Eisenberg, 2009:6)."

### **Barriers for Mentally Ill College Students**

*Symptomology.* The literature points to specific barriers that exist for mentally ill students that may inhibit help-seeking behaviors on college campuses. An unseen yet seemingly obvious barrier that exists for mentally ill college students is their symptomology, or the symptoms they are experiencing. Collins (2000: 36) asserted that

symptoms themselves may “prevent students from asking for help, giving permission to speak with care providers, or making sound decisions about their care.” Given that helpseeking behaviors go under-utilized, facilitators, professors, and other leaders must subsequently wait until situations de-escalate to fully address them. This presents additional problems in terms of aiding students with mental illness on a university-wide level. To date, little has been done to settle these issues; however, suggestions have been made. Psychiatric advance directives (PADs) are legal documents that give individuals the ability to specify their preference for future psychiatric care and to list and legally authorize any person(s) that can make decisions for them during mental health crises (Van Dorn et al., 2010.) While used for adults with serious mental illness in psychiatric care, they are unused in the university setting. Scheyett and Rooks (2012:92) underline the benefits that utilizing PADs could give to mentally ill students:

With PADs, students could identify and give permission for the university to communicate with care providers and relevant support people (family, partners, and friends). Students could identify their early warning signs of relapse, the interventions that are most helpful, and give advance permission for interventions or administration of specific medications they know are helpful to manage their symptoms.

To be effective university faculty and administrators should become more familiar with the PADs strategy for it to be effective, and they also must become familiar with mental illness in students overall. This would require innovations regarding how personnel undergo training about mentally ill students, as well as reframing the overall training responsibilities for being familiar with mental illness. Brockelman and Scheyett (2015) found that the majority of university faculty claim they are familiar with mood disorders (e.g., clinical depression, bipolar disorder); however, familiarity decreases with

personality disorders (e.g., schizophrenia, paranoia). Thus while PADs may help decrease barriers for mentally ill college students, they will also require a variety of additional supports and knowledge.

*Personal Beliefs.* In relation to symptomology playing a part in resisting helpseeking behaviors, mentally ill college students may perceive treatments that a university is able to offer as ineffective, unneeded, or unavailable. In regards to ineffective or unneeded treatment, Eisenberg et al. (2011) found that mentally ill college students endorse several beliefs that exist among college students. They state that among these barriers a preference to deal with mental health problems through personal means, a lack of time to receive treatment, questioning the effectiveness of treatment, believing that stress is normal, and a lack of money were most significant (Eisenberg et al., 2011.) Mowbray et al. (2006) also reported similar findings, with the addition of mistrust of service providers. Given these findings it is likely that college students often endorse personal beliefs which prevent help-seeking behaviors. Applying a theoretical perspective, Ritzer (1983) utilized a Weberian framework to describe the phenomenon of the McDonaldization of society, or the increased rationalization of society. In modern societies, individuals are increasingly concerned with quick-paced and easy solutions to problems, including medical problems. For the mentally ill, this speaks volumes. College students live in a fast-paced, hectic setting, and often, may find long wait times for services as off-putting.

*Stigma and Lack of Knowledge.* Furthermore, among barriers, a lack of time, privacy concerns, lack of emotional openness, and financial constraints were found to be re-occurring and most prevalent (Givens and Tija 2002.) In regards to financial

constraints, researchers agree that students from lower socioeconomic backgrounds are often more reluctant to utilize campus mental health resources. It should also be noted that stigmatizing attitudes by students of their own mental illness, but not their perceptions of others' attitudes, were found to be associated with lower help-seeking behaviors. The most common consequences of feelings of stigma often revolve around anger, depression, fear, anxiety, feelings of isolation, guilt, embarrassment, and prevention from recovery or avoidance of help-seeking behaviors (Eisenbeg et al. 2009).

On a broader level, Day, Edgren, and Eshelman's (2007) research in developing and applying a stigma scale towards mental illness is effective in explaining and understanding stigmas assigned to mental illness and the mentally ill. The Likert-type scale involves seven focuses on attitudes and beliefs towards mental illness: interpersonal anxiety, relationship disruption, poor hygiene, visibility, treatability, professional efficacy, and recovery. This research is pertinent to the research at hand, as it provides categories and subcategories for data. In addition to this scale, Corrigan et al. (2001) examined two fundamentals of stigma: familiarity and social distance. They suggested a causal relationship where familiarity with mental illness influenced stigma, which in turn influenced social distance of the mentally ill. Looking at a sample of 208 community college students and their familiarity, perceptions of dangerousness, fear, and social distance of the mentally ill, their research suggests that this causal relationship is supported.

Others' perceptions of the mentally ill often also set in place a barrier from utilizing help-seeking behaviors for mentally ill individuals. Holding beliefs that certain mentally ill individuals, if not all, are dangerous and to be feared increases one's

willingness to socially distance oneself from a mentally ill individual (Corrigan et al. 2001). These perceptions often stem from depictions of mental illness in the media, as well as a lack of knowledge in regards to mental illness. Corrigan et al. (2001) found fewer than ten percent of their participants reported having no experience with mental illness; however, more than 90 percent reported learning about mental illness from some type of media. This was most often from the film industry, which, unfortunately, promotes stigma of the mentally ill. Thus, stigma may depend on how mental health knowledge and familiarity with mental illness is gained. If individuals are acquiring this knowledge from media sources, it can often be inaccurate. If the mentally ill are portrayed in a dangerous light, mentally ill college students may fear discrimination in the face of disclosure. To expand on current knowledge of mental illness Kumar et al. (2015) sought to explore the knowledge of B. Ed students in regards to mental illness. They found that the majority (87%) only had moderate knowledge surrounding mental illness. However, this finding was not compared to how respondents treat students with mental illness, nor the ways in which they viewed mental illness leaving gaps in the literature for future research.

*Gender and Race.* Additional barriers exist regarding demographic factors, specifically gender and race. While literature is lacking in the field of the effects that demographic factors may have on college students' perceptions of mental illness and barriers to accessing mental health resources in the campus setting, there is a substantial amount of literature on masculinity and mental illness, as well as race and mental illness. Through a constructionist lens, it is evident that gender differences sway help-seeking behaviors for mental health issues. Social constructionists assert that social interactions

actively produce and reproduce gender differences, rather than gender differences being inherent (Pattyn et al. 2015.) In short, cultural conceptions about femininity and masculinity help to form individuals alongside psychological traits. In their qualitative research done on the gender gap in help-seeking behaviors for mental health issues, it was shown that males consistently under-utilized mental health resources. Yet they provided no clear explanation for the gender differences in health seeking behaviors. Drawing on a gendered perspective, they suggested that men may experience more role conflict when seeking help for mental illness, with consequent differences in treatment recommendations and stigmatizing attitudes (Pattyn et al. 2015). When adding in a critical race theory perspective, which seeks to describe the way in which race is “socially constructed across micro and macro levels and thus determines life chances, the social aspect of mental health can also be explored and become stronger when the male is of a minority race (Rogers et al. 2007:287).” Work done in public stigmatization and self-stigmatization of mental illness repeatedly shows that African-American males are less likely to utilize mental health resources and more likely to self-stigmatize when mentally ill. As explained by Latalova, Kamaradova, and Prasko (2014:1402), “selfstigmatization is frequently related to deep lifelong feelings of inferiority that were compensated for by diligence, carefulness, helping others, or other compensatory behaviors.” It most often leads to a loss of confidence and an increasingly fragile selfconcept. They further studied differences between Caucasian women and men and African-American women and men and found that African-Americans showed significantly higher levels of self-stigmatization than Caucasians (Latalova et al. 2014.) Subsequently, African-Americans

possessed more negative attitudes toward utilizing help-seeking behaviors. The explanations for these differences stem from the relationship between heightened masculinity and negative attitudes towards seeking help for mental health problems, and the effect of these differences is both direct and influenced by self-stigma (Vogel 2006.)

## **METHODS**

### **Data Collection**

Permission for this study was obtained from Middle Tennessee State University's Institutional Review Board. An online survey was administered to participants using the software, Survey Monkey. The researcher posted a link to the online survey on social media platforms popular among college students, including Facebook and Instagram, inviting them to participate in the survey. Data was collected over a 3-month period in late 2016 and early 2017. All survey participants were given a description of the survey, how findings would be used, and contact information before starting the survey. Additionally, participants were given the information for mental and emotional resources in the event that the survey caused any emotional discomfort. To confirm that participants met all inclusion criteria, they were asked to confirm that they were both 18 years of age or older and a current college student or had been a college student within the past year before beginning the survey. All participants consented that they voluntarily agreed to participate in the research.

### **Survey Items**

Several demographic questions were asked of respondents including age, race, gender, current college rank, commuter/campus status, and personal experience with mental health problems.

Respondents were also asked to indicate their experience with mental health problems including, (1) I have been treated for a mental health problem, (2) someone I personally know has been treated for a mental health problem, and (3) neither of these options apply to me. Stigma was measured using a modification of the Stigma Scale developed by King et al. (2007) using twelve statements, such as “People with mental health problems are often violent or dangerous” and “People with mental illness are a burden on society.” Agreement or disagreement with statements was measured using a four-point Likert-type scale with responses ranging from “Strongly Agree” to “Strongly Disagree.”

Participants’ perceptions of their campus’s attitude towards mental health problems was measured using a modification of the Community Attitudes Toward Mental Illness Scale (CAMI) (Dear et al. 1981.) Six statements, such as “My campus is friendly towards students with mental health problems” and “College campuses have a responsibility to provide the best possible care for students with mental health problems” were used to measure campus attitudes towards mental health problems. Agreement or disagreement with statements was measured using a four-point Likert-type scale with responses ranging from “Strongly Agree” to “Strongly Disagree.”

Participants were asked to rate whether they would be (1) “very comfortable,” (2)



“somewhat comfortable,” (3) “somewhat uncomfortable” or (4) “very uncomfortable” disclosing a mental health problem to six different groups. These groups included family members, friends, campus mental health counselors, fellow students, professors, and coworkers.

Based on previous research surrounding barriers to accessing mental health treatment, participants were given a list of nine potential barriers, such as “stigma/shame” and “lack of finances,” to accessing mental health services on campus (Mojtabai et al. 2011). Participants were asked to select any barriers that prevent students from using campus resources for emotional support and mental health problems from this list. In addition to the close-ended questions several open-ended questions asked for a description of mental health problems; the prevalence of mental health problems on college campuses; barriers to accessing mental health services on college campuses; college students’ coping strategies; and ways to improve mental health supports on college campuses. By asking these questions, respondents were given an opportunity to voice their opinions and feelings about mental health problems on their college campus. Additionally, they portrayed the shared, lived experiences of college students. This added both depth and meaning to the information obtained through the close-ended questions.

Qualitative data was analyzed using open coding and axial coding. First, open coding was utilized to pull emerging categories and concepts out of the data. This was done by using Microsoft Word to find re-occurring keywords and phrases in each openended questions, which were inserted into separate matrices to form categories and

concept. Once open-coding was completed, axial-coding was used to relate categories and concepts to each other through a combination of inductive and deductive approaches. This ultimately formed the themes found in the data.

## **FINDINGS**

A convenience sample of current college students, ages 18 and older was obtained through the use of social media platforms, including Facebook and Instagram. The online survey link was posted to these social media platforms, and 46 college students across the United States participated in the survey. Table 1 presents the demographic profile of college student participants.

The sample consisted of college students ranging in age from 18 to 55 years of age or older, with 70% of the total participants being in the 18-25 age range, currently attending colleges or universities in the United States. The majority of respondents (80%) were white and 20% were nonwhite. Eighty percent of respondents identified as female, 13% identified as male, and 7% identified as trans/gender variant/nonconforming. Nearly half of respondents (47%) were graduate students, 7% were professional school students, 22% were seniors, 18% were juniors, 4% were sophomores, and 2% were freshmen. Almost all (89%) of the respondents commuted to campus and the remaining respondents (11%) lived on campus. Out of the total respondents, 51% indicated that they had been treated for a mental health problem, 76% indicated that someone they personally know had been treated for a mental health problem, 39% indicated that both of

these statements applied to them, and 16% indicated that neither of these statements applied to them.

**Table 1. Demographic Profile of College Students Total Sample**

(n = 46)	
Characteristic	%
<b>Age (Mean)</b>	
18-25	68.9
26-35	22.2
36-45	4.4
46-55	2.2
56+	2.2
<b>College Rank</b>	
Freshman	2.2
Sophomore	4.4
Junior	17.8
Senior	22.2
Graduate-level	46.7
Professional School	6.7
<b>Sex</b>	
Female	80.0
Male	13.3
Trans/Gender variant/ Nonconforming	6.7
<b>Race or Ethnicity</b>	
Caucasian/White	80.0
Nonwhite	20.0

## **Perceptions of Mental Health Problems**

*Defining a Mental Health Problem.* Responses to the open-ended question *Define what you think a mental health problem is* showed that respondents viewed mental health problems as a restriction placed on an individual. Using words such as “bars,” “interferes,” and “prohibits,” respondents depicted the perceived restriction that a mental health problem puts on an individual from reaching his or her potential physically, mentally, and socially.

First, several respondents asserted that mental health problems have physical consequences that prohibit stability between the mind and body that may “require counseling to reach homeostasis.” While a mental health problem was described as stemming from the brain, the mental and physical were viewed as separate entities. A senior, female respondent stated that mental health problems are “conditions where the mind betrays the body,” indicating that a mental health problem causes the mind and the body to be in a constant struggle against each other. Because this “makes it difficult for the brain to operate at optimum levels,” a mental health problem was described as hindering thought processes by both causing the inability to form realistic thoughts and think clearly. This, in turn, interferes with carrying out daily tasks and adhering to social

norms. As one respondent stated, a mental health problem “impedes their (individuals experiencing mental health problems) ability to ‘function’ per societal standards.”

Another stated that a mental health problem causes “abnormal behaviors.”

Through their descriptions, respondents depicted mental health problems as pervasive; virtually every arena of an individual’s life is affected, including the physical, mental, and social. While some respondents mentioned mental health problems as existing on a continuum, ranging from acute to chronic and mild to debilitating, the theme of restriction was present in almost all responses. A condition did not “have to be big to be a mental health problem,” as it will almost always affect some, if not all, aspects of the individual’s life.

*The Prevalence of Mental Health Problems.* The majority of respondents (82%) were aware of students with mental health problems on their campus. This varied between respondents who commuted to campus and respondents who lived on campus. Specifically, twenty percent of respondents who commute to campus were unaware of students with mental health problems on their campus, and no respondents that live on campus were unaware of students with mental health problems on their campus.

Responses to the open-ended question *How prevalent are mental health problems for students on your campus* further revealed that mental health problems are perceived as prevalent on college campuses, with several respondents mentioning witnessing mental health problems firsthand. Respondents shared their experiences with mental health problems. One student stating that the problem is prevalent noted:

Several students in my graduate class have been diagnosed with a mental health problem, and have sought help through campus resources as well as outside sources.

Another student wrote:

I think it's more prevalent than it is thought to be. In my time at Southern University, I've had many (numerous) students tell me they have mental health issues just in passing because I am vocal about my back story and they have approached me with life circumstances for advice or just support.

Nearly all of respondents (92%) believed that mental health problems in college students are on the rise. There was a relatively strong correlation between believing that mental health problems in college students are on the rise and being aware of students with mental health problems ( $r=.359$ ,  $p < .01$ ). Regarding this perceived rise in mental health problems, several respondents expressed the belief that almost all college students are experiencing some sort of mental health problem. One noted for example, "I wouldn't be surprised if everyone had a slight variation of a mental health issue." Similarly another stated, "I feel they are very prevalent. Most students, I feel, suffer from a minimal amount of anxiety from just the schoolwork plus whatever is going on in their personal life." And another student emphasized both the common occurrence and lack of openness, stating, "I believe almost everyone has some issues, but most are just not willing to discuss it openly."

*Disclosure: Who Has Time for That?* Using a four-point rating scale, respondents were asked how comfortable they would be disclosing a mental health problem to the following six groups: (1) family members, (2) friends, (3) fellow students, (4) professors, (5) campus mental health counselors, and (6) co-workers. As Table 2 illustrates, the majority of respondents reported that they would be either very comfortable or somewhat

comfortable disclosing a mental health problem to family members, friends, and campus mental health counselors. When asked how comfortable they would be disclosing a mental health problem to professors, fellow students, and co-workers, the majority of respondents reported that they would either be somewhat uncomfortable or very uncomfortable.

There was a strong correlation between being uncomfortable disclosing a mental health problem to fellow students and being uncomfortable disclosing a mental health problem to professors ( $r = .721$ ;  $p < .01$ ). Notably, there was also a relatively strong correlation between campus friendliness towards students with mental health problems and being comfortable disclosing a mental health problem to professors ( $r = .419$ ,  $p < .01$ ). Furthermore, respondents who indicated that they had never been treated for or knew someone with a mental health problem reported higher rates of being very comfortable disclosing a mental health problem to professors.

**Table 2. Level of Comfort in Disclosing a Mental Health Problem (n=45)**

Group	Percent reporting being Comfortable
Campus mental health counselors	77.8
Family	75.6
Friends	75.6
Professors	37.8
Fellow students	27.3
Co-workers	22.2

An open-ended question prompted respondents to elaborate on why college students may not feel comfortable disclosing their mental health problems. Almost all

respondents indicated the stigma associated with having a mental health problem as the key reason for not disclosing a mental health problem. However, respondents explained that, in the college setting, being stigmatized takes on a number of additional consequences. College was described as “a time of discovery and wanting to find your place in the world.” Respondents stated that having a mental health problem often caused college students to be labeled as “weak,” “lazy,” “dangerous,” or “attentionseeking.” One respondent specifically mentioned the view that employers may hold on individuals with mental health problems, stating that they “see mental health as an end all be all with no help and no productive qualities.” During a period that is largely perceived as a time of self-discovery, college students strive to avoid these negative labels. Respondents indicated that, for students with mental health problems, this was especially true; thus, college students may not feel comfortable disclosing a mental health problem.

Additionally, several respondents described the college setting as fast-paced, regarding both activities and interactions, where “if you’re not the ‘norm’, you’re out.”

One graduate-level, female respondent stated:

Society has a skewed view of what ‘mental health problem’ really means. Therefore, a lot of fellow students take a negative view of an individual who says they have one without knowing a full backstory and who has time for that in the course of a classroom setting?

Furthermore, having a mental health problem was described as “personal in nature,” which was perceived as a reason for not disclosing. Respondents suggested that college students often have “too much pride” and feel that they can handle a mental health problem on their own. Similarly, respondents described the personal nature of mental health problems as producing a sense of being uncertain and alone. Thus, college



students experiencing mental health problems may not disclose because they are unsure if others would understand, accept, or be able to relate to their mental health problems. A college junior, who indicated that she has been treated for a mental health problem, explained this in the following way:

Because even though you consciously know other students have these problems, you feel alone. There's also just a fear that comes with having a mental disorder and not knowing what's going on inside your own mind...

*College Students and Coping Strategies.* Respondents were asked to answer the openended question, *To your knowledge, how do students with mental health problems cope with negative perceptions from others?* Two styles of coping strategies emerged from responses: (1) positive coping strategies or (2) negative coping strategies.

Respondents included having a strong support system, focusing on one's own self, and advocacy as positive coping strategies. Having a support system was viewed as a more social coping strategy, which involved the participation of others. However, focusing on one's own self and advocacy were described as coping strategies that centered on the self. Focusing on one's own self involved finding a sense of "centeredness" and becoming "comfortable." Advocacy for individuals experiencing mental health problems was described similarly. One respondent drew on her own experience with a mental health problem to explain advocacy as a self-centered coping strategy,

Some will become outspoken on their mental health issue, almost to the point that this becomes their whole identity. This is how they cope with people being negative by saying this is who I am instead of allowing themselves to be a multilayered individual. I have had this issue myself, so I am speaking from experience.

Most respondents also indicated that discussion of mental health problems was at the core of all positive coping strategies. Opening discussion of mental health problems with one's support systems, with one's own self, and with the public were described as outlets for coping. However, these types of discussions served different purposes. For example, one respondent stated that "some people are very open about it (mental health problems), which serves to weed out or ward away people who have negative feelings about mental illness." Another respondent indicated that individuals utilize discussion as a coping strategy "by talking it out with someone or other peers that can help bring more knowledge to the situation." Thus, discussion either served to bring in support or eliminate negative influences.

Negative coping strategies included self-destruction, distancing and isolation, and internalizing the mental health problem. First, several respondents listed forms of selfdestruction as a coping strategy, including drug use, alcohol use, and self-mutilation. One respondent stated that these behaviors were ways that students experiencing mental health problems could "take it out on themselves." The majority of respondents listed social distancing and isolating oneself as the major coping strategy for students. One respondent stated that:

Most (students experiencing mental health problems) become severely isolated and tend to shut people out. They can want numerous friends, but they worry about how they will be perceived so they shut them out.

The effects of social distancing and isolating oneself were also mentioned. These included adding "more emotional labor to an already unwell person," being labeled as

“loners,” and turning one’s mental health problem into a “joke.” One respondent specifically described the ultimate effect of distancing and isolating oneself:

Students may cope with the others perceptions of their mental health problems by recluseing and staying to themselves instead of talking about it. Unfortunately, sometimes, those struggling with mental health issues do not know how to cope and end up committing suicide.

Social distancing and isolating oneself as a coping strategy was viewed as complementary to internalizing the mental health problem. Internalizing the mental health problem was described as avoiding disclosure of a mental health problem, either by not seeking out mental health resources or attempting to hide the mental health problem by “acting normal.” Respondents indicated that internalizing the mental health problem helped to avoid negative perceptions from others, although it often increased negative perceptions one holds of oneself. A female respondent that has been treated for a mental health problem stated that, while she has never met anyone else with a mental health problem, she hides her mental health problem to “avoid any perceptions at all.” Another respondent described internalization as “putting on a smile, fake happiness, or even lying when you are around others, so they don't know the issues you are dealing with.” Thus, appearing normal to others was a crucial aspect of this coping strategy for college students.

### **Perceptions of Barriers to Accessing Mental Health Services on College Campuses**

*Significant Barriers.* Respondents were given a list of nine potential barriers that prevent students from using campus resources for emotional support and mental health problems and asked to select which they perceived as barriers. As Table 3 exhibits,

stigma/shame, lack of knowledge surrounding campus resources, and not knowing what to expect were the most frequently selected barriers.

**Table 3. Barriers that Prevent Students from Using Campus Resources for Emotional Support and Mental Health Problems (n=44)**

Barrier	<i>n</i>	Percentage in Agreement
Stigma/shame	40	90.91
Not knowing what to expect	36	81.82
Lack of knowledge surrounding campus resources	36	81.82
Lack of mental health knowledge	34	77.27
Lack of time	28	63.64
Lack of finances	23	52.27
Lack of confidence in services	22	50.00
Lack of privacy	12	27.27
Other	5	11.36

A lack of knowledge surrounding campus resources was specifically related to a lack of advertising to spread awareness of resources. Thirty-six percent of respondents were not aware of mental health resources on their college campuses, and nearly half of all respondents (48%) indicated that their college did not promote mental health awareness and knowledge. There was a relatively strong correlation between students not being aware of mental health resources on their college campus and their campus not promoting mental health awareness and knowledge ( $r = .354, p < .05$ ).

*The Pressure of Stigma and Gospel of Perception.* Ninety-eight percent of respondents either agreed or strongly agreed with the statement, *There is still a lot of stigma attached to mental health problems.* Additionally, nearly half of survey respondents indicated that stigma was the most important barrier that prevented students from utilizing campus resources for emotional support. Respondents described stigma as being associated with the fear and shame from public judgment, as well as the internalization of stigma, which can steer students from utilizing resources. Being labeled as “the crazy person” and perceiving oneself as a burden to others were described ways in which stigma manifested as a barrier. Several respondents also mentioned the specific importance that college students place on preserving their image and managing others’ perceptions of them and the effect stigma has on this. One female, graduate student respondent stated that stigma prevented college students from utilizing campus resources because “they (college students) are in an environment where they are forced to compete, stand out, get the guy/girl.” Other respondents also mentioned the risks of receiving mental health resources on campus, including judgment from others, as outweighing the possible benefits. Stressing the importance that college students place on others’ perceptions of them, a senior student asserted that “how others perceive you, whether they know you or not, is gospel.” One respondent further described this by stating:

Many people with mental illness want to be a part of the social norm so badly they choose not to get help for their mental illness for fear of judgment or shame.

Although stigma was perceived as the largest barrier to accessing mental health services, respondents tended to report answers that indicated more tolerance and

acceptance of mental health problems and individuals who experience mental health problems. Table 4 shows the percentage of agreement in statements measuring stigma. These findings indicate that while college students' perceived stigma as the greatest barrier to accessing mental health resources on college campuses, respondents themselves typically did not possess stigmatizing attitudes and beliefs towards individuals experiencing mental health problems. Respondents did not adhere to the beliefs that individuals experiencing mental health problems were dangerous or violent, lacked willpower, or were showing signs of personal weakness. Rather, most, if not all, respondents indicated that individuals experiencing mental health problems are not a burden to society (97.8%) and that they deserve our sympathy (100.0%).

**Table 4. Frequencies for Stigma (n=46)**

Statements	Percent in Agreement
Virtually anyone can have a mental health problem.	97.8
Having a mental health problem is not a serious problem.	6.7
Most people with a mental health problem do not get better.	11.1
People with mental health problems often violent or dangerous.	are 8.9
Having a mental health problem a sign of personal or emotional weakness.	is 0.0

Receiving treatment for a mental health problem, such as medication or therapy, is a sign of personal or emotional weakness.	4.4
Less emphasis should be placed on protecting public from people with mental illness.	60.0 the
One of the main causes of mental illness is a lack of self-discipline and will-power.	0.0 is
There is still a lot of stigma attached to mental health problems.	97.8

**Table 4 (cont.)**

It is possible to have lasting and fulfilling relationships with a person who has a mental health problem.	95.6
People with mental illness are a burden on society.	2.2
People with mental illness don't deserve our sympathy.	0.0

*Men and Minorities.* Most respondents described gender, specifically men, and belonging to a minority group as barriers to accessing mental health services on campus. In regards to gender, most respondents mentioned the additional stigma that men face when they are experiencing a mental health problem, labeling them as “weak.” They explained that women are expected to receive help for a mental health problem while men are scrutinized for receiving help for a mental health problem. An African, female respondent explained how she perceived gender as a barrier:

It is more difficult for a man to admit to mental illness because society expects men to power through their difficulties. A male student with depression will not be empathized

with compared to a female student with the same. Men are expected to be tough on their own, while women are expected to 'need' help.

Others defined gender as a barrier by noting the perceived differences of men and women one student commenting, “Women with mental health problems would probably be more likely to get help because they would be more likely to make it known that they need it.”

Describing men in contrast a common theme included, “I think it is harder for men to talk about their feelings and admit they need help in general, so this probably plays out on my campus in this situation.”

While most respondents indicated that gender was a barrier to accessing mental health resources, some respondents indicated that gender had no effect on accessing mental health resources. This was due to the increased openness of millennials and the same access to mental health resources on campus being given to all individuals, regardless of gender. A female respondent expressed her view on gender as a barrier:

I do not see how this is a gender issue in the slightest. Men and women are given the same opportunity to utilize campus resources.

Additionally, most respondents also indicated that being a minority is a barrier to accessing mental health resources on the college campus. Both race/ethnicity and being a member of the LGBT community were mentioned as significant barriers to accessing mental health resources for college students. Respondents stated that minority groups are often alienated, specifically in the college setting, and the fear of further alienation can prevent them from utilizing mental health resources on campus. A Hispanic/Latino respondent drew on her own experience as a member of a minority group, stating that she “can imagine that minorities would hesitate even more to seek help in this area for fear of



more alienation.” Respondents also indicated that mental health staff on campus may not be equipped to handle mental health problems in minority groups because of language and cultural differences, as well as a lack of training in working with special populations. A trans/gender variant/ nonconforming respondent described a personal experience with campus mental health services:

Those in the LGBT community are often referred out to other counseling services because the University does not feel they are adequately trained to work with this population. I was one such person referred out. I was told that another facility could better manage my issues.

*The Chain of Barriers.* Barriers to accessing mental health resources on college campuses were not viewed as existing in a vacuum, but rather described as intertwined and leading to each other. Respondents indicated that this often began with stigma as an initial barrier. The stigma surrounding mental health problems leads college students to remain silent about their mental health problems. This then discourages conversation around the topic of mental health problems, leading to a lack of knowledge of mental health problems. Because of this, there is a lack of knowledge surrounding mental health resources on college campuses and a lack of utilization of mental health resources on college campuses. As one graduate student stated, “if someone doesn’t understand or know what the illness looks like they sure as heck aren’t going to be able to seek guidance, help, or support.” Another respondent described this chain of barriers in the following way:

If there isn't enough accessible information or open conversation about mental health a person might not ever seek out help because they might not recognize that they need it. They won't put time, thought, or effort into seeking help and improving their mental health if they are afraid they won't be understood, afraid they will be judged, or even aware that there is an issue.

Thus, respondents often believed that stigma/shame, a lack of mental health knowledge, and a lack of knowledge of campus mental health resources were all significant barriers individually, but together, they created a wall of barriers that was seemingly impossible to penetrate.

### **Improving Mental Health Resources on College Campuses**

When asked what colleges can do to improve their mental health resources and services, respondents offered numerous suggestions. Table 5 presents perceived campus friendly towards mental health problems. The most common suggestions for improving mental health resources and services fell into one of the three following categories: (1) normalizing mental health problems, (2) broadening the range of services available, and (3) increased advertising.

**Table 5. Frequencies for College Attitudes toward Mental Health Problems (n=46)**

Statements	Percent in Agreement
My campus is friendly towards students with mental health problems.	74.4
College campuses have a responsibility to provide the best possible care for students with mental health problems.	88.9
I am aware of mental health resources on my college campus.	64.4
If I had a mental health problem, I would be comfortable receiving services from my campus.	77.8
My college promotes mental health knowledge and awareness.	52.3
Mental health problems in college students are on the rise.	90.7

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*Normalizing Mental Health Problems.* Most respondents agreed that the college campuses do not strive to normalize mental health problems, with one respondent stating that there is “an opportunity to really change the outlook on the perception of it (mental health problems) that is not taken advantage of.” The power of conversation was perceived as increasingly important in normalizing mental health problems. Respondents suggested that conversations should include letting students know that they are not alone in their experience and that they are not defined by stigma. Respondents further suggested that colleges should specifically consider the use of campaigns, seminars, and required courses to promote knowledge and awareness of mental health problems to normalize mental health problems. One graduate student respondent recommended the following:

I would like to especially see something where students had to attend a short seminar regarding these types of services. It makes sense to somehow require the attendance of such an event when it is a difficult issue and the information could possibly raise awareness to those who otherwise would not seek out the information whether they needed it at the time or had the seminar/class to fall back on at a future time of need.

Most respondents indicated that colleges need to put more effort into normalizing mental health problems. However, some respondents stated that their college works continuously to normalize mental health problems. Notably, these respondents mentioned that they are currently attending a professional school. Respondents attending professional school described the services on their campuses. One respondent noted, “at my professional school, I believe we have the proper resources provided to us.” Similarly a student wrote that awareness was common in the medical field:

In a medical field professional school, our resources are much more advertised and accepted because of the high stress of the program. It is almost expected for many of us to have a mental health issue at some point in the curriculum and the staff and faculty are very aware and spread awareness to the students.

*Broadening the Range of Services Available.* The mental health resources on college campuses were often described as either unappealing to students or not compatible with college students' needs or time schedules. Respondents listed a number of additional mental health resources and services that should be incorporated into the college campus, as well as changes that could be made to current resources and services. There was a stressed importance of increasing the range of services, so that students feel comfortable and confident with the services they are receiving. Some examples student provided of potential services and resources needed included support groups, one student noting "weekly support groups for students that may be struggling to cope with things that are going on in their lives." Another addressed proximity noting, "offices spread across campus so it is convenient and people can feel more comfortable going into the office/building." Finally a student suggested "an option for an online chat with a mental health professional" again emphasizing the importance of easily accessing services using a convenient method of contact. Similarly, respondents suggested that changes should be implemented in current mental health resources and services on campus. Making services more readily available and accessible to students was viewed as important. One respondent stated that, on her campus, it is "almost impossible" to see a mental health counselor because they are booked for months. Finances were also perceived as a barrier to receiving mental health services on campus, and respondents asserted that offering services for free or at a lower cost is key to improving mental health services on campus.

One sophomore respondent stated that each appointment at his college's mental health center costs ten dollars, and another stated, "providing more options for therapy that are free to the student. Poor struggling college kids are not going to pay for services they don't think they need."

*Increased Advertising.* Advertising of mental health resources on college campuses was viewed as lacking, if not completely absent. Some respondents mentioned never receiving information regarding mental health resources on their campus, while others mentioned only receiving this information once. Thus, respondents suggested that to improve mental health resources on campus, colleges must first improve the advertising of them. Providing students with information from the time they are freshmen and on was a key recommendation made. Advertising, respondents asserted, should also increase students' knowledge and awareness of the services provided. One student recommended,

If there are services, I think each student should somehow be given more resource information so they can make informed choices. As it is, I only heard about the services in passing during a class or two in psychology.

In a similar vein, this student emphasized the lack of public knowledge on campus, stating,

I do know of some students with self-disclosed mental health problems but I am unaware of campus resources available for mental health problems. So yes, there is at least a need for more open access and public knowledge of these resources.

## **CONCLUSIONS**

While this study is valuable to exploring the perceptions of mental health problems and barriers to accessing mental health services among college students, it did

have limitations. Foremost, participation in this research was voluntary, and the perceptions of those willing to participate may not be representative of the entire college student population. There may be a selection bias in this research. Participants in this research voluntarily completed the online survey, and because the majority of participants had a familiarity with mental health problems, participants may have had more knowledge of the topic than the general population. However, this also suggests that participants had a heightened awareness of mental health problems and services on their campus; thus, their experiences may be representative of students experiencing mental health problems. This research was also limited by the small sample size and the disproportionately large representation of females. Because the majority of college students in the United States are female (57%), this was expected (National Center for Education Statistics 2016.) Future studies would benefit from larger samples and with samples that include more gender groups, if possible.

This research explored college students' perceptions of mental health problems and barriers to accessing mental health services on the college campus. Overall, most respondents perceived mental health problems as prevalent on the college campus, with over half of them being treated for a mental health problem themselves. Despite the prevalence of mental health problems on college campuses, respondents agreed that there was still a great deal of stigma attached to mental health problems. Findings suggest that because college students place a large amount of importance on others' perceptions of them and fitting in, the presence of stigma is unavoidable. Thus, although mental health problems were perceived as prevalent and rising in college students, the fear of judgment was pervasive.

Notably, respondents in this research tended to show more acceptance and empathy towards individuals experiencing mental health problems in their responses. Research in predictors of stigma among college students show that increased familiarity with mental health problems led to decreased rates of stigma (Feeg et al. 2014). Thus, this pattern could help to explain the low rates of stigmatizing beliefs towards individuals with mental health problems in this research. However, the qualitative aspects of this research also offer additional explanations. Respondents acknowledged that mental health problems are often stigmatized because the absence of discussion surrounding them often leads to public misperceptions. This suggests that college students have awareness that individuals experiencing mental health problems are not all dangerous, violent, unmotivated, and lacking self-control. Rather, these labels were seen as products of traditional and uninformed views of mental health problems. Responses suggest that college students expressed the belief that by bringing discussion of mental health problems to the forefront, they can become normalized, and the college setting was seen as an ideal place for this to happen. Overall, more accepting and understanding views of mental health problems are reflective of college students as a whole.

Despite colleges having unique resources to bring awareness to and normalize mental health problems, findings suggest that college students experiencing mental health problems still face numerous barriers to accessing mental health services on campus, with stigma and shame being the most significant. Previous research similarly indicates that personal stigma is the number one barrier to accessing mental health services for college students (Kosyluk et al. 2016.) However, the research at hand suggests that perceived stigma is as powerful as personal stigma. This highlights the importance that college

students place on others' perceptions and being perceived as "normal." Another key finding suggests that men and minorities experiencing mental health problems are faced with an additional pressure to appear normal. While seeking help for mental health problems was expected for some groups (e.g., white female students), men and minorities were expected to avoid help-seeking behaviors. While this mirrors research in the stigma attached to men experiencing mental health problems there should be additional research conducted in exploring minority students experiencing mental health problems, specifically for LGBT students (Gulliver et al. 2010). Specifically, this study indicated a lack of campus mental health services for LGBT students and training for campus staff to accommodate LGBT students experiencing mental health problems, and further research should examine this.

As expected, findings suggest that college students would be comfortable disclosing mental health problems to family and friends. Notably, they also expressed being comfortable disclosing mental health problems to mental health counselors on campus. This indicates that college students are trusting of campus mental health counselors. Thus, not utilizing campus mental health services was not necessarily due to a mistrust of services (lack of confidence in services was one of the least selected barriers to accessing mental health services), but rather it can be explained by a lack of knowledge that the services exist and not knowing what to expect from the services. In fact, the National Alliance on Mental Illness (2012) reports that the majority of college students who have accessed mental health services and supports on their campus would either rate them as good or excellent, but nearly one-quarter (24.7%) of college students experiencing mental health problems have not accessed them because of a lack of



information regarding them. Interestingly, the current research suggests that this was different for students attending professional school. Respondents attending professional school reported confidence in their services on campus, as well as being aware and informed of these services. Studies of mental health problems among college students often focus on college students as a whole, rather than focusing on types of school and college ranking. Thus, this offers room for further research that could lead to best practice models.

In regards to disclosure, another key finding was that college students reported that they would be uncomfortable disclosing a mental health problem to professors and fellow classmates. Wood et al. (2014) explains that college students experiencing mental health problems may be reluctant to self-disclose to other students and professors because they were worried that it will cause others to be concerned, cause discomfort in others, or cause discomfort in themselves. They also suggest that self-disclosure in the classroom has positive benefits, such as enhanced understanding, respect, and interest, and they offer the following suggestion to foster these benefits:

These findings suggest that educators must help facilitate the class discussion through the discomfort that may emerge from mental health self-disclosures...If the disclosure is germane to the topics being discussed it has the potential for deepening respect, empathy, and understanding. This is essential in courses that integrate interpersonal exploration and learning (Wood et al. 2014: 90).

In line with these findings, respondents in the current research indicated that educators should be more adept in working with students experiencing mental health problems. Offering training for educators was viewed as essential in creating more welcoming environments for students experiencing mental health problems.

Results of this study show that respondents believed that college campuses have a responsibility to provide the best possible care for students experiencing mental health problems. Because of this responsibility, there was a perceived disjunction between what colleges *can* do and what colleges *are* doing to improve support for students experiencing mental health problems on college campuses. However, respondents were eager to provide recommendations to improve support for students experiencing mental health problems on college campuses. Based on these recommendations, the following suggestions may help to improve mental health services on college campuses:

- Continuous advertising of mental health services to all students beginning at the time of their orientation.
- Create more opportunities for the open discussion of mental health and mental health problems to normalize mental health problems and decrease stigma.
- Broaden the range of mental health supports available to students, including but not limited to, online services, support groups, and multiple locations across campus.
- Reduce costs of mental health services to provide affordable supports for college students.
- Increase training in working with special populations, specifically male students, LGBT students, and international students, for both educators and mental health counselors.

More research in college students' perceptions of mental health problems and barriers is needed. This study predominately included white, female students under the age of 25. Research that increased the number of male respondents, age groups, and minority races/ethnicities could help to create a more accurate depiction of perceptions, as well as

further the understanding of gender and being a minority as barriers. However, this study has been a valuable tool for understanding how college students perceive mental health problems and barriers to accessing mental health services on the college campus.

Subsequently, it helps to understand how college students' perceptions may affect the maintenance of certain barriers. These findings should be used to inform future studies in mental health problems on the college campus, and colleges and universities should consider them to improve the scope of mental health services offered to students.

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## **APPENDICES**

## APPENDIX A: SURVEY LINK

<https://www.surveymonkey.com/r/8RJ2PVS>