

Exploring the Impact of Perceived Stigma, Academic Pressure, and Non-Academic  
Responsibilities on College Students' Willingness to Seek Therapy

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## Introduction

Mental health is such an important part of college life, but it doesn't always get the attention it deserves. Between academics, social pressure, and personal struggles, it's easy for mental health to take a backseat. Taking care of mental health is just as important as physical health as it essentially helps with mental focus, setback recovery, and self-control through unexpected life events. Although mental health matters, most students don't reach out for help. Stigma is a huge reason why. Whether it's fear of being judged or feeling like they'll be seen as weak, so many students hesitate to seek therapy. For some, this comes from their own beliefs about what it means to get help. For others, it's the worry about what their peers, family, or professors might think.

Accessibility is another big roadblock. Sometimes students just don't know where to go for help. Even if they're aware of campus resources like counseling or helplines, figuring out how to use them can feel confusing or overwhelming. On top of that, long wait times or complicated processes can make it even harder to follow through. This study focuses on the relationship between perceived stigma and willingness to seek therapy among college students, examining how stigma affects help-seeking behaviors, particularly in the context of academic and non-academic pressures.

### *Theoretical Framework*

Physical and mental workloads negatively affect employees' well-being and safe behaviors, with employee resilience playing a crucial mediating role in mitigating the negative effects of these workloads (El-Sherbeeny, A. M., et. al, 2023). Extending this idea to the college student context, one could argue that the stressors associated with academic demands and

personal responsibilities may similarly impact mental health perceptions and behaviors, influencing their willingness to seek therapy. Thus, understanding how external stressors like academic pressure and non-academic responsibilities influence perceived stigma and accessibility is central to addressing the mental health needs of students in academic environments.

The barriers to mental health treatment among college students can be better understood through the Health Belief Model (HBM), which provides insight into how individual perceptions shape health-related behaviors. According to the HBM, health behavior is influenced by an individual's assessment of threat—perceived susceptibility to and severity of an issue—as well as perceived costs, barriers, and benefits of taking action (Czyz et al., 2013). For college students, these factors can significantly impact their decision to seek therapy or other mental health services. One key barrier identified in this study is stigma, which includes feelings of embarrassment, denial, and fear of being labeled as “crazy.” Research highlights that stigma often starts early, with gender differences in teens’ willingness to use mental health services (Chandra & Minkovitz, 2006).

Research found that denial plays a major role in preventing individuals from acknowledging their mental health issues, as they often hold negative attitudes about seeking help (Corrigan, 2004). In understanding how stigma affects therapy-seeking behavior, gender roles are a big factor as men tend to avoid mental health services because traditional gender roles discourage them from being open about their emotions (Vogel et al. 2014). Men who feel they can't show emotions or affection are more likely to see mental health issues as something to be ashamed of, which makes them less willing to seek help or even refer others to therapy. So, for college students, gender expectations can make the stigma around mental health even worse,

especially for men who feel pressured to keep their emotions in check. These findings align with the HBM's concept of perceived barriers—students may perceive acknowledging their struggles or accessing therapy as socially or personally costly, outweighing the perceived benefits. Efforts to address these barriers can be guided by the HBM framework, focusing on strategies that reduce perceived costs and barriers while highlighting the benefits of seeking mental health support. By doing so, interventions can target individual-level behaviors, helping to bridge the gap between students' mental health needs and their willingness to seek professional help.

### *Hypothesis*

The research question is: How do perceived stigma and perceived accessibility of mental health services influence the willingness to seek therapy among college students, while controlling for academic pressure and non-academic responsibilities? I hypothesize that male college students experiencing higher academic pressure and greater non-academic responsibilities are less likely to seek therapy. This is due to a higher perception of stigma and a lower perception of accessibility to mental health services.

## **Methods**

### *Participants*

I administered a survey to students from The University of Maryland, College Park, who were enrolled in various courses. I chose this population because college students are at a critical life stage, where the relationship between mental health perceptions and willingness to seek therapy is particularly relevant. Findings can have implications for understanding and improving access to mental health resources during and beyond their educational journey. The survey link

was shared in class, allowing students to participate voluntarily and provide their most honest responses. Initially, 42 participants took part in the survey ( $N=42$ ); however, 4 participants were removed due to incomplete data, resulting in a final sample size of 38 participants ( $n=38$ ) used for analysis. A convenience sample was selected due to the practical accessibility of students within the university, enabling efficient data collection to explore the connections between perceived stigma, accessibility, and therapy-seeking behavior. See Appendix A to see all survey items.

### *Measures/Variables*

#### *Perceived Stigma*

Participants answered a Likert-type question to measure perceived stigma. They responded to the statement, "I feel comfortable seeking out mental health services when needed," by selecting one of the following options: Strongly Agree, Somewhat Agree, Neither Agree nor Disagree, Somewhat Disagree, or Strongly Disagree. Scaling from Strongly Agree-1 to Strongly Disagree- 5, this helped capture their comfort level with seeking mental health support.

#### *Perceived Accessibility*

To gauge perceived accessibility of mental health services, participants rated their confidence on a scale of 1-10. The scale ranged from "I don't know where or how to find or receive resources" (1) to "I am well aware of where to seek the resources" (10). This question was designed to understand how informed participants felt about accessing mental health services on campus.

#### *Responsibilities and Academic Pressure*

Participants were asked whether they were involved in non-academic activities, such as jobs or student organizations. If they answered "Yes," they rated how well they balanced their responsibilities alongside academics on a scale of 1-10. A score of 1 meant, "It's difficult, I can't keep up," and a score of 10 meant, "I am doing well without a problem."

### *Gender Identity*

To account for potential differences in experiences based on gender, participants were asked to specify their gender identity. Options included Male (1), Female (2), Non-Binary (3), and Prefer Not to Say (4).

### *Outcome- Willingness to Seek Therapy*

To measure willingness to seek therapy, participants responded to the statement, "If you were experiencing mental health difficulties, how likely would you be to seek therapy or counseling?" using the following Likert-type options: 1- "Extremely Unlikely", 2- "Somewhat Unlikely", 3- "Neither Likely nor Unlikely", 4- "Somewhat Likely", and 5- "Extremely Likely." Those who were unlikely to seek therapy were prompted to provide an open-response explanation of their reasoning, offering qualitative insights into barriers they might face.

### *Procedure*

The survey was conducted online, and participants completed it in a comfortable, flexible setting as they were anonymous. Responses were collected through Qualtrics and imported into RStudio for analysis. Likert-type responses were aggregated, and averages or sums were calculated to create meaningful scores for each variable. Open-ended responses were analyzed for recurring themes. This approach helped me gather data that allowed for a detailed exploration

of how perceived stigma and accessibility influence willingness to seek therapy, all while considering responsibilities and demographic factors.

## Results

The outcome variable, willingness to seek therapy, was analyzed using a Generalized Linear Model (GLM). Descriptive statistics for the key variables are as follows: perceived stigma had a mean of 2.29 ( $SD = 1.33$ ), perceived access to therapy had a mean of 6.76 ( $SD = 2.58$ ), responsibilities had a mean of 1.16 ( $SD = 0.37$ ), community involvement had a mean of 5.47 ( $SD = 2.45$ ), and willingness to seek therapy had a mean of 3.37 ( $SD = 1.46$ ). A graphical representation of these variables can be seen in Figure 1, providing a visual summary of the data. The GLM results indicated that perceived stigma was a significant predictor of willingness to seek therapy ( $B = -0.96$ ,  $p < 0.001$ ). Specifically, for every 1-unit increase in perceived stigma, the likelihood of seeking therapy decreased by 0.96 units, with a 95% confidence interval (CI) ranging from -1.44 to -0.47.

The t-value for this predictor was -3.68, suggesting that perceived stigma has a strong negative effect on therapy-seeking behavior. Other predictor variables—perceived access to therapy ( $B = -0.13$ ,  $p = 0.46$ ), responsibilities ( $B = -0.16$ ,  $p = 0.37$ ), and community involvement ( $B = -0.10$ ,  $p = 0.17$ )—did not have statistically significant effects on the outcome variable. For perceived access to therapy, the t-value was -0.75, with a 95% confidence interval (CI) of -0.36 to 0.09. Similarly, responsibilities had a t-value of -0.90, with a 95% CI of -0.52 to 0.21, and community involvement had a t-value of -1.39, with a 95% CI of -0.61 to 0.12. These predictors did not reach statistical significance at the conventional level ( $p > 0.05$ ). The overall fit of the model was assessed through the residual deviance, which decreased from 62.84 (null deviance) to 29.46 (residual deviance), with an AIC value of 110.17. The residuals were also assessed for

normality through a Normal Q-Q plot, which indicated that the residuals followed a roughly normal distribution, supporting the assumption of normality for the model. McDonald's omega was calculated for the perceived stigma, access to therapy, responsibilities, and involvement items. The omega estimate was 0.44, indicating moderate reliability among the selected predictor variables.

As for gender identity, male participants reported a higher perceived stigma ( $M = 3.25$ ,  $SD = 0.87$ ) compared to female participants ( $M = 2.85$ ,  $SD = 0.79$ ). Finally, participants provided open-ended responses to the question, "If you wouldn't seek therapy, what would be your main reason?" The most frequent reasons included cost-related barriers, such as "Money" and "Cost," and a reliance on social support, with answers like "I have friends to help me through it" and "I use other resources, such as speaking to family and GOD." Other responses highlighted barriers related to time and motivation, including "Lack of time" and "Would take too much time out of my day." Some participants also expressed concerns about therapy's effectiveness or a lack of trust in the process, such as "I wouldn't want to open up to a stranger" and "I don't think my issues are serious enough to seek therapy." These open-ended question is found in Appendix B.

## **Discussion**

This study was about figuring out how perceived stigma and accessibility to mental health services affect students' willingness to seek therapy, with academic pressure and non-academic responsibilities as factors too. The results support the hypothesis that perceived stigma is a big deal—it really holds people back from seeking therapy ( $B = -0.96$ ,  $p < 0.001$ ). This aligns with previous studies that show stigma as a major barrier to mental health care, so addressing stigma should be a priority when encouraging therapy-seeking behavior. However, the hypothesis about academic pressure and non-academic responsibilities didn't hold up as

expected. These factors didn't significantly affect students' willingness to seek therapy, which was a bit surprising. Maybe it's because stigma is such a strong factor that it overshadows academic and non-academic pressures. Also, the small sample size could be why we didn't see any clear effects here. In future studies with larger groups, we might get a better understanding of how these factors play into therapy-seeking behavior.

In terms of gender, the analysis found no significant differences between male and female participants in their willingness to seek therapy ( $p > 0.05$ ). However, there was a trend suggesting that male students reported higher perceived stigma compared to female students, though this difference did not reach statistical significance ( $B = 0.25$ ,  $p = 0.12$ ). This suggests that while gender may influence perceptions of stigma, it did not significantly affect overall therapy-seeking behaviors in this sample.

The moderate reliability of the predictors ( $\omega = 0.44$ ) suggests that the way academic pressure, non-academic responsibilities, and accessibility were measured could use some improvement. That could help clarify how these factors really impact therapy-seeking behavior. The open-ended responses showed that barriers like cost and time are still a major issue. A lot of students mentioned not seeking therapy because they didn't have the time or money, or they felt they could rely on friends for support instead. This highlights that while stigma is a key barrier, practical issues like finances and time are still huge obstacles to therapy.

### *Future Directions*

Looking forward, this study suggests that reducing stigma is crucial, but universities should also think about ways to lower financial and time-related barriers. Making therapy more affordable, easier to access, and reducing the stigma around seeking help could make a big difference in encouraging students to get the help they need.

*Limitations*

One limitation is the small sample size (only 38 participants), so we can't generalize these findings to the larger college population just yet. Plus, because the data was self-reported, there might be some bias. Future studies should try using larger, more diverse samples and maybe look at actual therapy usage rather than just self-reported willingness to seek therapy. Overall, while stigma clearly plays the biggest role in whether students seek therapy, addressing practical issues like cost and time, as well as making mental health services more accessible, could help remove some of the other barriers.

## References

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## Appendix A

Select the answer that resonates to you with this statement:  
"I feel comfortable to seek out for mental health services when needed"

Strongly Agree

Somewhat agree

Neither agree nor disagree

Somewhat disagree

Strongly disagree

Within your academic institution, on a scale of 1-10, how confident are you knowing how to retrieve mental health services?

1

2

3

4

5

6

7

8

9

10

From 1 - "I don't know where or how to find or receive resources" to 10 - "I am well aware where to seek the resources"



Are you involved in non academic involvements (organizations and/or jobs)?

Yes

No

If yes, how is your experience with balancing responsibilities and/or involvement in addition to academics within your daily routine?

0      1      2      3      4      5      6      7      8      9      10

1 – "It's difficult, I can't keep up!" 10 – "I am doing well without a problem!"



Please specify your gender identity.

Male

Female

Non-binary

Prefer not to say

## Appendix B

### Outcome

If you were experiencing mental health difficulties, how likely would you be to seek therapy or counseling?

Extremely unlikely

Somewhat unlikely

Neither likely nor unlikely

Somewhat likely

Extremely likely

### Outcome Response

If you wouldn't seek therapy, what would be your main reason?



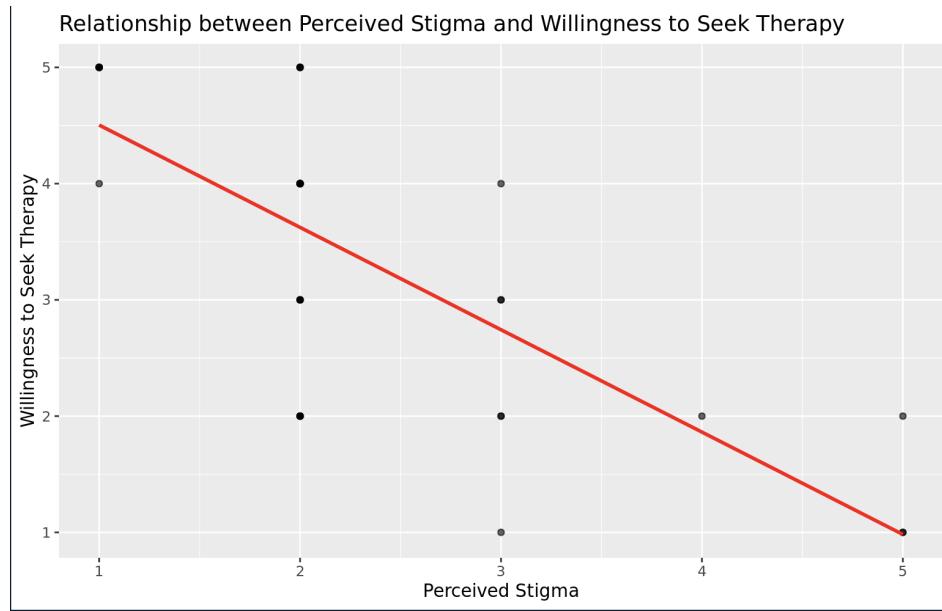
**Figure 1**

Fig. 1

Scatter plot showing the relationship between perceived stigma and willingness to seek therapy.

The red line represents the linear trend, indicating a negative correlation where higher levels of perceived stigma are associated with lower willingness to seek therapy.