Original Research Paper

Awareness on Mental Health Problems and Help Seeking Behavior among College Students

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ABSTRACT

Mental health has become a thoroughly studied concept in developed countries. Accordingly, a significant amount of research has focused on the intentions of college students and adolescents to seek help for mental health problems. This study aims at assessing help-seeking behavior for common mental disorders among students from Narayana group of institutions. Multi stage sampling technique was employed. Help sources were assessed using the Actual Help Seeking Questionnaire and mental health status was assessed using the 10-item Kessler psychological distress scale. A total of 760 students were involved in the study. Instruments were self-administered; Multi regression analysis was used. From the respondents, 58.4% students were found to have current mental health problems and 7.9% of the students reported ideas of harming themselves. 78.4% students had sought help for their problems. 83.8% sought help from one or more of the informal help sources. Parents, friends and religious leaders were the source of help. This may be due to lack of information about availability of mental health services.

Keywords: *Mental Health Problems, Help Seeking Behavior, College Students*

According to World Health Organization (WHO) mental health is defined as a state of subjective wellbeing, in which an individual realizes his or her own abilities, can cope with the normal stressors of life, can work productively and is able to make a contribution to his or her community. In this sense, mental health is the foundation for individual well-being and the effective functioning of a community.

Mental health awareness activities are an important element of improving mental health because they help our community understand the impact on and important relationship to academics, workplace and personal success. Raising mental health awareness is a contributing factor to a healthy, supportive and inclusive campus environment because it acknowledges the relevancy and importance of mental health, continues to educate members of our community and reinforces the role we all play and encourages us to support one

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another. Carleton's 2009 Student Mental Health Framework included resources on how to recognize, respond, refer and report a student in distress and helped all members of our community notice indicators of distress. It is important to build campus capacity to recognize indicators of concern, not only for students in distress, but for those at risk to help prevent the student from reaching distress. Increasing this capacity should not only be targeted to faculty and staff but also to students, so they know how to recognize indicators for themselves and for their peers.

Research conducted by the National Alliance on Mental Illness on mental health on college campuses shows that:
- One in four students have a diagnosable illness
- 40% do not seek help
- 80% feel overwhelmed by their responsibilities
- 50% have been so anxious they struggled in school

Statement of the Problem:
Mental illnesses and psychological suffering are conditions that arise out of a complex mix of psychological, social, and biological influences that disrupt a person's thinking, feeling, mood, ability to relate to others and daily functions.

Most of the Mental health problems including depression, substance use, anxiety, eating and bipolar disorders have their peak period of incidence at young adult hood, of the major mental disorders; only conduct disorders have their onset earlier in life and the dementias later in life. At the same time young people are among those least likely to consult healthcare professionals during times of emotional crisis.

Mental illness is a broad descriptive category that can include conditions like major depression, schizophrenia, bipolar disorder, obsessive-compulsive disorder, panic disorder, and post -traumatic stress disorder. These conditions are not the result of personal weakness or lack of character or intelligence

In present study, the investigation is limited to students because most mental disorders have first onset by young adulthood and most students at Narayana group of institutions.

REVIEW OF LITERATURE

There are various factors that could contribute to depression on such cohort. University life marks a transitional period for students, during which some students move away from family home for the first time, lose the traditional adult supervision and the traditional social support. In addition, some students might have to deal with financial difficulties for the first time in their lives. These changes have been recognized as risk factors for developing depression. According to Porter, up to 60% of university students left university without finishing their studies due to inability to manage psychological conditions such as depression, anxiety and maladjustment. Therefore, understanding factors impeding academic

achievement would be critical in order to contemplate mechanisms to shield vulnerable student from succumbing into emotional distress that would have negative repercussion to their quality of life. In addition, such identification would lay groundwork for evidence-based prevention and contemplating strategies for effective management.

As such, university students span an age range in which a wide spectrum of mental illness is seen and pose specific problems with regard to epidemiology. In the USA, it has been estimated that mental disorders account for nearly a half of the disease burden for young adults (World Health Organization, 2008), and most lifetime mental disorders have first onset by age 24 years (Kessler *et al*, 2005).

Bewick *et al* (2008) carried out an internet-based survey of mental distress in students in four UK higher education institutions. Students were assessed using the Clinical Outcomes in Routine Evaluation 10-item measure (CORE-10). This was done as part of a study of alcohol use in students. The researchers found that 29% of students described clinical levels of psychological distress. In 8%, this was moderate to severe or severe.

Bipolar disorder usually begins in adolescence or early adulthood (commonly with an episode of depression) but the correct diagnosis is often delayed for up to 10 years. Recent epidemiological data suggest that exceptional intellectual ability may be associated with bipolar disorder, placing the student population at high risk of developing this illness. Individuals with excellent school performance had a fourfold increased risk of developing bipolar disorder compared with those with average grades (MacCabe *et al*, 2010). Students presenting with an episode of depression should be carefully assessed for the possibility of a primary bipolar illness. In a study of students with depression consecutively referred to a psychiatric clinic serving the Edinburgh Student Health Service, Smith and colleagues found that 16.1% of those referred had DSM-IV bipolar disorder (Smith *et al*, 2005).

Studies of the prevalence of eating disorders in students in different countries have highlighted interesting variations. A Spanish study found a total prevalence of eating disorders in a college student population to be 6.4% (Lameiras Fernández *et al*, 2002). A Mexican study showed eating. Disorders to have a prevalence of 0.49% in 1995 (0.14% for bulimia nervosa and 0.35% for eating disorders not otherwise specified) and 1.15% in 2002 (0.24% for bulimia and 0.91% for eating disorders not otherwise specified) (Mancilla-Diaz *et al*, 2007). No cases of anorexia nervosa were found at either time point.

Millions of college students – both women and men – develop eating disorders during their college years, and a vast majority does not seek help or don't realize the extent of their issues. Eating disorders are extreme behaviors, emotions and attitudes that revolve around food and weight issues. These disorders cause serious mental and physical problems that can result in life-threatening issues when left untreated. According to statistics provided by the National Association of Anorexia Nervosa and Associated Disorders (ANAD):

➢   People ages 12-25 represent 95% of those with eating disorders
➢   Anorexia is the third most common chronic illness in adolescents
➢   91% of college women attempt to control their weight through dieting
➢   25% of college women binge and purge to manage their weight

The Harvard School of Public Health College Alcohol Study surveyed students at a representative sample of colleges on four occasions between 1993 and 2001; more than 50 000 students in 120 colleges took part. Among those who drank alcohol, 48% reported that getting drunk was an important reason for consuming alcohol, 23% were drinking 10 or more times in the course of a month and 29% reported being intoxicated 3 or more times in a month (Wechsler & Nelson, 2008). Caldeira *et al* (2009) identified high levels of problematic use of alcohol and marijuana in a cohort of undergraduates in the USA. A further concern was that only a small minority of these students recognized that there was a problem or sought professional help.

College can be a stressful time. Feelings of guilt, hopelessness and despair can build when students don't take steps to cope with stressors. Suicide is defined as the act of deliberately taking one's own life, and it is the second leading cause of death among college students. In a 2011 report from Centers for Disease Control and Prevention, there were 39,518 suicides reported in the U.S., making it the 10th leading cause of death that year.

Statistics show that 10% of college students has thought about or made a plan to commit suicide. There are over 1,000 suicidal deaths on college campuses in the U.S. every year, as reported by Emory University. It's important to note that most students who are suicidal suffer from depression or other mental illnesses. Many students experience frustration and doubt, but sometimes those thoughts gain a frightening momentum, bringing students to a place where they seriously consider ending their lives.

Help Seeking Behavior: Help-seeking for mental health problems (and many other health conditions, for that matter) also seems likely to be related to time preferences. For many people, help-seeking entails an immediate cost or disutility, including some combination of time, money, and distress or discomfort. The expected benefits are delayed and uncertain; although psychiatric medication or psychotherapy can sometimes bring quick relief, more commonly the main therapeutic benefits come only after several weeks. 1 Given that depression and anxiety often impair concentration and other aspects of cognition, this uncertainty and delay in benefits might not only make the benefits of treatment seem less attractive but could also make it difficult to assess the benefits cognitively .

Fewer than half of people with mental disorders seek treatment. We examine conceptually and empirically how this lack of help-seeking might be related to time preferences and procrastination. Mental health might affect the general rate at which people discount future utility and also the degree to which people value the present versus all future periods, which could in turn lead to indefinite delay of help-seeking. Our empirical analysis, using survey

data from U.S. college student populations, generally supports these hypotheses. Additional research on interrelationships between time preferences, mental health, and behaviors could have significant implications for interventions and policy.

Adolescents and young adults frequently experience mental disorders, yet tend not to seek help. This systematic review aims to summarize reported barriers and facilitators of help-seeking in young people using both qualitative research from surveys, focus groups, and interviews and quantitative data from published surveys. It extends previous reviews through its systematic research methodology and by the inclusion of published studies describing what young people themselves perceive are the barriers and facilitators to help-seeking for common mental health problems.

Factors Which Influencing Help Seeking Behavior:

Personal, social and emotional challenges, rather than struggles related to academic performance may lead to college students' decisions to leave school. Yet, on college campuses, where students have the option to seek help at their campus counseling center, it has been shown that only a percentage of individuals who could benefit from such services, actually make use of them (Vogel, Wester, & Larson, 2007; Nam, Chu, Lee, Lee, Kim, & Lee, 2010; Bathe & Prior, 2011).

A number of factors can lead individuals within the general population and college students to avoid or use mental health services. Counseling and psychotherapy are viewed by many college students as uncomfortable, upsetting, risky, and generally tough for them to engage in (Kushner & Sher, 1989). These ideas can stem from a variety of internal and external factors. Students may be fearful about disclosing personal information about themselves with a stranger, or feel embarrassed if their social circle becomes aware that they are seeing a therapist (Komiya, Good, & Sherrod, 2000). Likewise, students may not want to discuss emotional subject matter for fear of re-experiencing deeply painful emotions (Vogel, Wester, & Boysen, 2005). For others, the anticipated risk of the perceived difficulty of the process and the stigma associated with it does not outweigh the usefulness, or benefits, associated with the services rendered (Vogel et al., 2005).

In addition to the effect of gender on potential clients' help-seeking behavior, researchers have also identified culture as an influence. Caucasian people are the most likely to use mental health services, and Latino individuals are least likely to seek services (Leong, Kim, & Gupta, 2011; Kearney, Draper, & Baron, 2005). Leong et al. (2011) and Kearney et al. (2005) found that Asian Americans are far less likely than white peopled or black peopled to engage in counseling. Other cultural factors such as messages received from family members, as well as faith and belief systems also play a role in avoidance or use of psychological services (Angermeyer, Matschinger, & Riedel-Heller, 2001; Cameron, Leventhal, & Leventhal, 1993; Johnson & Hayes, 2003).

Vogel et al. (2006) stated, "Self-stigma is the reduction of an individual's self-esteem or self-worth caused by the individual self-labeling herself or himself as someone who is socially unacceptable" As is the case with research on stigma associated with mental illness, studies about self- incorporated modified labeling theory as one explanation for the avoidance of help-seeking (Linket al., 1989; Wade et al., 2011). Link et al. (1989) applied modified labeling theory to the general adult population, with the hypothesis that the social stigma surrounding mental illness (label) would have a negative impact on a person's view of themselves leading to increased feelings of inferiority, inadequacy, and overall low self-esteem. Their findings confirmed their hypothesis (Link et al., 1989).

Objectives:
1. To assess the help-seeking behavior and mental health problems among College students
2. To identify help seeking behavior for mental health problems among students

Hypotheses:
3. There would be a significant impact of awareness on mental health problems
4. There would be a significant impact of help seeking behavior on mental health problems

Sampling Technique:
The study was done by using a multistage sampling technique. Since the study units are coming from college to specific departments, first group are formed using colleges, then 50% of the colleges were selected from the six colleges to increase the representativeness through lottery method, in the second stage again 50% of departments in selected colleges were used. Sample size for each group (departments) was allocated according to proportion to the number of students in the specific department.

RESULTS AND DISCUSSION

From those 760 students 71.2% (n=541) were male; the mean age of the students was 21.16 (SD ± 1.87) year with the maximum of 30 year and a minimum of 18 year. Majority of the sample were from college of Public health and medical science (54.9%).

Table 1: Socio-demographic distribution of the sample:

	Character	Frequency (n=760)	(%)	COR(95%CI)	P-value
Sex	Male	541	71.2	Ref 1.10 (0.67-1.79)	0.713
	Female	219	28.8		
Age	Below 20	131	17.2	1.04 (0.60-1.83)	0.885
	20-24	596	78.4	Ref1.00 (0.27-3.67)	
	25+	33	4.3		
Field	Life Sciences	417	54.9	Ref	0.080

Of Study	Social science	201	26.4	1.03(0.62-1.70) 11111.11.70)	
	Natural science	142	18.7	0.51(0.26-1.00)	

Among the total students, 55.7% (n=423) students reported moderate support. More than half of the students reported good (30.4%; n=231) and very good (30.1%; n=229) overall level of satisfaction during the month of the study period. Eleven point seven present (n=89) of the students reported having a history of mental illness within their family. More than half of the students (52.9%) reported that they were not aware of the availability of mental health services at the student clinic. From the total of 760 respondents 70.1% (n=533) student stated life stressors alone as a cause for mental health problems and 17.5% (n=133) reported that mental health problems may result from more than one of the stated reasons. Students with more than one of the studied physical complaint (i.e. headache, back pain and fever) during the study period account for about 18.7% (n=142) of the total respondents. But, 54.6% (n=415) of students on the study reported none of the above physical complaint in the month prior to the study. Seven point nine present (n=60) of students reported having an idea of hurting themselves with in study period.

Table 2: Mental Health Awareness of the Students:

	Charecc Character	**Frequency (%) (n=760)**	**COR(95%CI)**	**P-value**
Social support	Poor	193 (25.4)	1.27(0.76-2.12)	0.288
	Moderate	423 (55.7%)	Ref	
	Strong	144 (18.7%)	0.89(0.48-1.67)	
Family history	Yes	89(11.7)	1.28(0.70-2.34	0.419
	No	671(88.3)	Ref	
Mental health information	Yes	358(47.1)	1.02(0.65=1.60)	0.936
	No	402(52.9)	Ref	

The highest prevalence of seeking help was found in male students (78.8%; (n=246)), in students above 24 years of age (78.6%; (n=11)), in students from college of natural science (86.3%; (n=82)), and in second year students (81.4%; (n=127)). In the same manner, help seeking is found to be high among none single students (78.6%; n= 66), in students with strong social support (81.0%; n=68) and in students who have very good overall level of satisfaction in life (90.3%; n=84). Even though it is not statically significant (p>0.05), help seeking were found to be higher among students who have no family history of mental illness (79.0%; n=298) and in students who have no information about the availability of psychiatric service in the student clinic (78.5%; n=183). Finally, help seeking was found to be higher in those with previous history of seeking help (93.4%; n=128), who visited the informal sources of help (93.9%; n=93) and who have few previous visits (94.4%; n=67). But the logistic regression analysis shows that only level of satisfaction on life (p= 0.008) and having previous history of seeking help (p<0.001) to have significant statistical association with seeking any form of help. Moreover, students who believed that mental illness may be result from genetic alone were 4.7 times more likely to seek help than those who believed that

mental health problems may be result from stressors alone. (p= 0.036, AOR 4.73, 95% CI (1.11, 20.19)). Finally, students who have previous history of seeking help were 0.16 times less likely to seek help than those who have no history of previous consultation (p< 0.001, AOR 0.16, 95% CI (0.08, 0.34).

The study aims to assess, Awareness on Mental Health Problems and we have got that 58.4% of students as having significant psychological distress by using K10 scale at a cut-off limit of 6/7 for case. The possible explanations why our finding is higher than the report from other researchers are, this research used K 10 scale as a screening tool. While those reports uses different screening tools to detect psychological distress. So this may create difference on the result obtained.

FINDINGS OF THE STUDY

Very important finding from this paper is that, 7.9% students reported idea of hurting themselves during the study period. Therefore, this may lead to difference in copying strategies. That is, students with poor copying mechanisms plans to hurt themselves rather than explicitly trying to search for solution to the problems they are experiencing.

The second finding of this paper was, to assess the magnitude of help seeking for mental health problems. And the main findings are summarized as follows. Among the total students with mental health problems 78.4% had sought some form of help either from formal or informal sources while the remaining 21.6% had not sought any form of help.

The third finding of this paper was to identify associated factors with seeking any form of help for mental health problems. The study identifies that help seeking is associated with, one the level of satisfaction of the students; Other variables which are found to have association by other study like sex, age, educational level, relationship status, economical status, social support and presence of co morbid physical illness fails to have association.

LIMITATIONS OF THE STUDY

There is a need for long-term prospective research covering a range of higher education institutions to obtain a full picture of mental disorder in students. One development that may assist this process is the use of internet-based survey methods. Nearly all students now have a university or college email address and access to the internet. Campus-wide email systems have already been used to recruit cohorts of students. Students seem to be willing to participate in surveys using this method and response rates have been highly satisfactory.

CONCLUSIONS

The result highlights that the prevalence of mental health problems 58.4%. Around 8% of student reports idea of hurting themselves which needs immediate action. In another way only 16.2% of those who seek help, sought help from the professionals help sources. This means that the vast majority of the cases are not utilizing the already available help and that they are situating themselves at risk of developing a more chronic and severe condition of the

problem they had. Study finding highlights that interventions are needed to improve the help seeking tendency of students from formal help sources.

Conflict of Interests: The author declared no conflict of interests.

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