

**Understanding undergraduate student perceptions of mental health,
mental wellbeing and help seeking behaviour**

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Abstract

Despite relatively high levels of psychological distress many students in higher education do not seek help for difficulties. This study explored undergraduate student understanding of the concepts of mental health and mental wellbeing and where undergraduate students would seek help for mental wellbeing difficulties.

Semi-structured interviews were carried out with 20 undergraduate students from five different subject areas. Interviews were transcribed and thematically analysed.

Results highlighted that the majority of participants viewed mental health and mental wellbeing as two distinct concepts but their views did not affect where they would seek help for mental wellbeing difficulties. Medical students reported public stigma relating to help seeking for mental wellbeing difficulties.

Undergraduate students are most likely to seek help for mental wellbeing difficulties from peers, but whether this experience is useful is less clear. How such an approach impacts upon the individual from whom assistance is sought is also not well understood.

Key words: mental health, mental wellbeing, undergraduate, help seeking

Introduction:

In the UK, there are around 1.9 million undergraduate students enrolled in higher education institutions (Higher Education Statistics Agency, 2013), and in the USA, there are around 21 million (National Centre for Education Statistics, 2013), accounting for around 3% and 6.5% of the populations, respectively.

Studying in higher education is a time of many transitions and challenges in students' lives.

They are often living away from home for the first time, learning how to deal with independence, forming more adult relationships, making financial decisions, all in addition to the pressure of exams and coursework. Adolescence is also a crucial period of psychological and biological change within an individual when many new health behaviours are being adopted or discontinued (Schulenberg, Sameroff, & Cicchetti, 2004; Viner et al., 2012).

Additionally, most psychological disorders present between the ages of 15 and 24 (Kessler, Berglund, Demler, Jin, & Merikangas, 2005) engendering this period key to the development of coping or help seeking strategies for mental health and wellbeing difficulties.

Levels of mental health and wellbeing difficulties have been found to be high amongst students, with up to 29% of students reporting clinical levels of distress (Royal College of Psychiatrists, 2011; Webb, Ashton, Kelly, & Kamali, 1996). Recent media coverage has highlighted the difficulties students may experience when starting university (Page, 2014).

The severity of such difficulties have been found to vary depending on the course the student is enrolled in, with Law and Medical students experiencing high levels (Benjamin, Kaszniak, Sales, & Shanfield, 1986; Surtees & Miller, 1990). Studies also suggest that these difficulties are on the increase (Gallagher, 2009). Difficulties associated with mental wellbeing often may not be disclosed to institutional services by students (Royal College of Psychiatrists, 2011). It is unlikely that this suboptimal use of institutional support services is due to students

seeking help from other health professionals as, in one study, only 36% of students who screened positive for major depression had received either medication or therapy in the year prior to the survey (Eisenberg, Golberstein, & Gollust, 2007).

This discrepancy could be due to several reasons, such as students not recognising either mental health or mental wellbeing difficulties in themselves, or the existence of barriers to students seeking help for such issues. Research has shown that amongst the general student population public stigma relating to mental health issues may not be a barrier to seeking help (Golberstein, Eisenberg, & Gollust, 2009), but personal stigma may be, such that an individual's own views relating to mental health may be a barrier to help seeking but they do not perceive that others would view them negatively (Lally, O'Conghaile, Quigley, Bainbridge, & McDonald, 2013). Amongst students training to be health professionals, perceptions of difficulties relating to professional regulations, such as fitness to practice and lack of confidentiality, appear to result in a reluctance to seek help for mental health difficulties or a public stigma associated with doing so (Chew-Graham, Rogers, & Yassin, 2003; Givens & Tjia, 2002). This would suggest variation in attitudes and possibly experiences among students studying different subjects. Indeed, there is some evidence that exposure to psychological issues through educational components of undergraduate courses may impact on attitudes towards mental health in medical students (Roth, Antony, Kerr, & Downie, 2000). The picture of how the general student population in the UK perceives mental health issues is far from clear and there has been little research to date relating specifically to perceptions of mental wellbeing rather than mental health.

The dual factor model defines mental health and mental wellbeing as being two distinct concepts, each of which has a spectrum of potential levels (Suldo & Shaffer, 2008; Tudor, 1995). Within this model, mental health refers to whether an individual is experiencing mental illness, with severe mental illness at one end of the spectrum and no mental illness at

the other end. Mental wellbeing within the model could be described as emotionally flourishing and resilient at the optimal end of the spectrum and languishing at the other end. In other words, someone may have good mental wellbeing but poor mental health (Tudor, 1995; Wang, Zhang, & Wang, 2011), see Figure 1. Keyes argues that this model of mental health and mental wellbeing requires differing approaches to treat mental illness or prevent poor mental wellbeing (Keyes, 2007). This model, therefore, could have implications for differing perceptions of stigma and help seeking behaviour for mental health and wellbeing issues. If individuals perceive mental health and wellbeing as different concepts they may seek assistance from different sources when experiencing difficulties in these areas.

Understanding whether higher education students perceive mental health and mental wellbeing as different concepts may improve our knowledge of why they seek help or choose not to do so for difficulties in these areas. Higher education institutions invest heavily in pastoral care and support, and this investment is increasing (Gallagher, 2009). Therefore, we need to understand student help seeking behaviour better in order to effectively target the resources.

This study aims to improve our understanding of student perceptions of mental health, mental wellbeing and help seeking behaviour for difficulties in these areas. To improve our understanding we asked four research questions:

1. What do students understand by the terms mental health and mental wellbeing?
2. What kind of mental wellbeing issues do students report experiencing?
3. Where do students seek help for mental wellbeing difficulties?
4. Are there any differences in the above questions among students studying subjects with components on mental health and wellbeing, e.g., medicine, biology and psychology, vs. those which do not, e.g., physics and English?

Methods and Participants:

We purposively recruited 20 students enrolled in either, medicine, psychology, biology, physics or English undergraduate degree programs at the University of St Andrews during the period April - May 2012 (4 from each degree programs, 10 male and 10 female participants) for a semi-structured interview. The average age of male participants was 21 (± 1.6), of female participants was 20 (± 1.6). We recruited from medicine, biology, and psychology as these subjects cover aspects of mental health and wellbeing from different perspectives within their core curricula. We recruited participants from physics and English courses as students of these subjects are unlikely to cover mental health or wellbeing within their courses. Potential participants were recruited via advertisements in University email lists and contacted the research assistant (JM), who then selected participants to ensure a balanced gender and course sample. JM then conducted the interviews in an office space devoted for data collection. The interviews lasted on average 24 minutes and were audio-recorded and transcribed verbatim. Participants were compensated for their time (£10). Each participant was allocated a project identification code which reported their course of study and gender e.g. FBiol1, for a female biology student participant.

Within the interviews the participants' perceptions of the terms mental health and mental wellbeing were explored, and whether students in general experienced issues relating to mental wellbeing. We asked participants to respond from the general student perspective rather than from their own experience (unless they wished to mention their own experiences). We employed this approach to ensure that participants did not feel pressured to reveal personal and confidential experiences but also we were mainly interested in finding out their perceptions of the experiences of the general student population. Further topics discussed included the subject of maintenance of positive mental wellbeing and where students would seek help for mental wellbeing difficulties. Participants were offered a follow-up telephone

call if they felt distressed subsequent to the interview due to discussing issues around mental wellbeing and it was highlighted to all participants that the information provided would remain confidential and would have no bearing on their academic work.

AL and GO analysed the transcripts (both of these researchers have experience in conducting and publishing qualitative studies and analysing such data). We used thematic analysis as described by Guest, MacQueen, & Namey, (2012). The transcripts were initially read through by both authors and codes were identified and cross referenced. Codes were collapsed into main themes delineated through an iterative process of reading and re-reading by both researchers so that consensus on themes could be reached. Once codes were decided upon the transcripts were coded and this coding further discussed between the two coders until agreement was reached.

This study was approved by the School of Medicine, Teaching and Research Ethics committee.

Results:

We identified four main themes within the transcripts and these are described in the sections below.

Differing concepts of mental health and mental wellbeing

Three different perceptions emerged in participants' understanding of the terms mental health and mental wellbeing. The majority of participants considered mental health as distinctly different from, and more clinical than, mental wellbeing. Participants with this perception commonly referred to mental health as 'serious,' 'psychiatric,' whereas mental wellbeing was described as 'feeling happy, confident, able to function/cope, feeling secure'.

Fewer participants stated that they viewed these concepts as a continuum with mental health at one end of the continuum and mental wellbeing at the other. Students in this group tended to perceive mental health as more severe clinical mental illness whilst mental wellbeing was the absence of such illness.

A few students (one male student and one female student) viewed the terms mental health and mental wellbeing as being the same thing, although they often appeared uncertain in this view. See Table 1 for example quotes of these three different perceptions.

Students experiencing mental wellbeing difficulties: The role of stress

Stress was seen as an issue experienced widely among students. Two sources of stress emerged: Short-term academic stress, e.g., prior to or during an exam or coursework submission deadline, or long-term stress associated with the transition to independent adult life.

Short-term academic stress was often perceived as something that came with being a student. Indeed, there was an expectation that students would naturally experience stress during their study period. Being stressed was viewed as normal for students:

‘Yeah, it’s just accepted as being part of what we have to do, but I think people need to take it more seriously and realise that you do need to be careful with stress, because it can lead to worse things.....and people can, in, particularly, in a student population, don’t really notice the crossover point from, when it goes from being good stress to being bad stress.’ [FBiol2]

Transition to independent life and development of student identity that included looking after themselves and being responsible for themselves for the first time overlapped with the expectations placed upon them, mostly from their families, of being an adult.

‘You’re earning, or you’re renting your own house with friends, you know, you’re doing all the things on your own, whereas when you’re at home, you had a lot of things done for you, whereas now you’ve got all these different like factors and new friends, friends that are leaving, got work, different styles of work, like looking ahead to the future, what you’re doing there, sports and everything’ [MBiol2].

Achieving positive mental wellbeing

We asked participants their views about ways of achieving positive mental wellbeing during their university years. Participants identified being a part of the student community giving them a sense of belonging and a sense of structure and in return a secure base. The various societies and clubs seem to serve this purpose in their lives, for example this participant:

‘To some extent like if you’ve got bad times this is a place to have them because there is so much support and it is so easy to get into like a society and get into like, if you feel disengaged it is quite easy to engage, if you find the right kind of people you can get on with and stuff like that.’ [MM2]

Students also frequently commented on the University environment within this context. The University attended by all participants is situated within a small coastal town in the UK. Within this context students make up a large proportion of the population. Some participants perceived this cohesive environment as being useful in achieving a positive mental wellbeing, in that support and social contacts were easily available.

‘...it’s very small you tend to know everyone, it’s probably better that way, if you were in a big city you wouldn’t necessarily have as many people looking out for you as there is here. Like I’ve had just random people in my class be like oh hey how’s it going, are you feeling all right today, you look a bit down...’ [FPhys1]

Participants also commented that the rural setting was also important for them.

‘I think the countryside being here is a big one that people use to really feel good. A person can take a stroll along the cliffs or down the estuary and there’s a lot of like, you can get out and just like breathe basically..’ [MBiol2]

Other participants, on the other hand, viewed the small student community as creating a claustrophobic atmosphere.

‘...but I think that St Andrews being such a closed environment has an impact on mental wellbeing itself. For me sometimes it just makes me feel claustrophobic, well there’s not much to St Andrews and there’s just students and [unclear] old people so there’s not much of a variety, it’s pretty but after three years it’s kind of so small.’
[FM1]

Help seeking for mental wellbeing difficulties

We were also interested in finding out how students initiate help seeking for mental health or wellbeing issues. We asked participants about where they thought *students* would go to get help if they had any mental wellbeing issues. The participants often alternated between reporting what they would do as well as what they thought their peers would do to get help. They also relayed how they would behave if a peer expressed distress to them.

It emerged that students carefully consider who to speak to when they are experiencing problems. The majority said that they would initially speak to someone they knew well.

While some of these participants reported that students would go to their families, some said that they would refrain from doing so as they would not want to worry their parents.

Participants also often identified friends, particularly those made at University, as a source of

help when they are distressed but also as a way of confirming the appropriateness of seeking professional assistance.

‘I guess it would be, like, friends first, erm, 'cause like you said, they, they, they all, kind of, they're under similar pressure to. But, I guess, you go to a GP, once your friends had, kind of, suggested, I think, that, em, what you're experiencing is, kind of, worthy to see a GP about.’ [ME2]

However, there was a sense they would choose carefully which friend they would approach as some students were more tolerant of listening to experiences of distress than others. In fact, some participants who were approached for help reported that they were initially tolerant but lost that tolerance after a while:

‘I know I am sometimes insensitive about them getting over it, kind of... Well I've gotten over it, you should too.’ [MPhys2]

A further point, related to utilising peers as sources of help which also relates to the small, rural setting of this university, was that several students commented on how difficult it was to maintain privacy within the student community. This was viewed as a negative by most students as they would want any mental wellbeing difficulties they were experiencing to remain a confidential matter. This suggests that there is still a perceived personal stigma attached to experiencing mental wellbeing difficulties.

‘I suppose it's kind of, if you have a health problem I suppose you want to keep anonymous, especially if it's a social one....’ [MPsy2]

Some participants noted that they would seek assistance from someone they did not know in a social capacity, for example the institutional Student Services or health care professionals such as primary care practitioners. Some students viewed these sources as professionals

whose job it was to both ensure they provided the correct advice to students seeking help from them and who would maintain professional confidentiality. Participants also reported not wanting to burden those they knew with their difficulties or being worried that it might impact on their relationship with them.

‘Definitely, I think my personal view of being a student is you’re supposed to be independent and if I’d got mental health issues or any kind of thing I don’t know if I’d want my parents to know that because I wouldn’t want to worry them for a start but I’m not sure how I’d feel about revealing that to someone I was close to.’

[FE2]

‘I guess specifically not want to talk about family members because you wouldn’t like to drag them into your own personal mess.’ [MPsy1]

Differences depending on course of study

We did not detect any systematic differences among participants who have mental health or wellbeing issues covered in their curriculum (biology, medicine, psychology) compared to those who do not (English, physics) in their perceptions of mental health and mental wellbeing. However, we did find that there were perceived differences in terms of the role of stress in students’ lives in relation to the degree program they enrolled in. Specifically, there was a perception in students studying non-medicine subjects that workload was considerably higher for medical students and in return the experience of stress would be higher too.

‘I live with a medic and the amount of work he puts in is unreal. I mean, I read stories for a degree, so I wouldn’t, I would have said I’m not as stressed out about my, about my work. But, I think, if I was a medic, I can, I can imagine I would be

completely different..... if I had to commit, like volumes of information they do to memory, I, I think I'd be a lot more stressed.' [ME1]

More importantly, participants from medicine perceived public stigma for help seeking for mental health and wellbeing issues:

'...if they find out I have these stress problems, if I can't handle this kind of stress what if they think I can't handle things in the future. So I think it's a bit of an issue like I don't think people would want to openly speak about it.... I think at the back of someone's head it would be like okay if I do come out with it and if my professors find out somehow or even if my friends find out and somebody gets it leaked to the authorities then it can become an issue. I think it's a lot worse in medicine just because you're like what if they don't trust me with people. A lot of medics they've worked so hard all throughout their school to get into med school so it's kind of like I've put my life into this and if this is taken away from me I'll be nowhere.' [FM2]

Additionally, the level of competitiveness among medical students emerged as a reason for less strong bonding among students with potential deleterious effects on maintaining positive mental wellbeing:

'... especially if you don't get along with people like that are closest to you, you need to have people like your year or in your group then it might impact quite severely having [unclear] around them and by yourself as well.....people in my year are definitely quite competitive amongst each other so even the issue of borrowing notes sometimes you know [unclear] but, I don't know it just doesn't seem like people manage to merge really strong relationships in our year at all..' [FM1]

Discussion:

In this study, we found that the majority of undergraduate students perceive mental health and wellbeing issues as multidimensional. While a few participants thought of these concepts as the same thing, the rest perceived them as either different concepts or as continuum, with the majority viewing them as different concepts. There was a trend towards seeing mental health issues as more 'clinical' and 'psychiatric' whereas mental wellbeing was perceived as related to positive aspects of confidence and ability in coping with life's demands.

The majority of participants' understanding of mental wellbeing and mental health, therefore, fits with the dual factor model (Suldo & Shaffer, 2008; Tudor, 1995), with the clinical mental health dimension perceived as being separate from the more everyday mental wellbeing dimension. Moreover, mental wellbeing issues reported by participants related to aspects of confidence and ability in coping with life's demands. This suggests consistency in responses between their concepts of mental health and mental wellbeing and the types of issues they categorised as mental wellbeing difficulties.

Stress, unsurprisingly, was a commonly experienced mental wellbeing issue among the participants, indeed it was viewed as a normal student experience. This has been reported previously in students in a US university who noted that this perception of normality was a barrier to help seeking (Eisenberg et al., 2007). This perception of the normality of student stress being a barrier to help seeking was also highlighted in the current study. While the exam period and pressure of coursework were experienced as stressful, participants also identified stressors relating to the transition to adulthood. Undergraduates are aware of the requirements of these two identities (student and adult) and juggling these acts as a stressor. Participants felt that they were expected to be responsible for their own welfare and life in general now that they were university students. However, they felt they did not have the

experience of managing their life as adults since the majority of their needs were taken care of by their families before arriving at university. This supports work in a US University (Ross, Niebling, & Heckert, 1999) where in a survey of students, increased workload and new responsibilities were reported as significant sources of stress by the majority of respondents. Participants in the current study also had a desire to successfully achieve this transition into adulthood, which for some meant reluctance to seek help from their families to avoid concerning them. This barrier to help seeking from family members has not been previously reported and highlights a potential gap in support for some students.

There was a perception that participating in university life and extracurricular activities were a good way of establishing positive mental attitude and wellbeing. The need for structure in their lives, lacking because of being away from their families, was met by taking part in various clubs and societies. Clubs and societies also provided a sense of belonging and eased the loneliness that could be felt by the participants. Previous work found that social support from friends made at University has been implicated in the decision making process when students are considering whether to leave University (Wilcox, Winn, & Fyvie-Gauld, 2005). Although this finding suggests that encouraging active participation in extracurricular activities can be powerful tools to achieve resilience, this may not be the solution for all students.

It seems likely that students' view of the concepts of mental health and mental wellbeing might influence their help seeking behaviour for mental wellbeing difficulties. Keyes outlined different public health approaches to the treatment of mental health issues and the prevention of poor mental wellbeing (Keyes, 2007). We explored whether individuals who viewed mental wellbeing and mental health as different concepts may potentially be more likely to seek different sources of support for difficulties in these two distinct areas. However, we found that participants understanding of these two concepts did not appear to influence their

views relating to where to seek help for mental wellbeing issues, with participants mainly opting to speak to someone they knew, usually a friend, about such issues first. This suggests that the ways a student views the relationship (if any) between mental health and mental wellbeing does not necessarily inform help seeking behaviour for mental wellbeing difficulties. What factors do influence such help seeking decisions for mental wellbeing is an area for future investigation.

The use of friends for support for mental wellbeing difficulties was reported by many participants. Friends and family were categorised together in a previous study (Brimstone, Thistlethwaite, & Quirk, 2007) which explored the behaviour of medical and psychology students when seeking help for physical or mental health difficulties. That study found both groups of students were more likely to seek assistance from friends and family for mental health difficulties than use other sources of help. Our study extends these findings to undergraduates of other subjects and suggests that friends are utilised by students to determine the severity of their mental wellbeing difficulty and to assess what the appropriate course of action would be. However, participants may be approaching someone whose view of distress is different from theirs and therefore, suggestions for help seeking may not be appropriate, or their distress met with intolerance. Currently, we do not have information on how students who are approached for their views on their peers' distress feel about this responsibility - whether they feel equipped to respond appropriately and whether they find it distressing. As previous work shows that few students reporting clinical levels of psychological distress are receiving treatment for it (Eisenberg et al., 2007), this use of peers as a screening tool for determining whether to seek professional help may not be adequate. In one study, the main reasons for those classified as vulnerable to psychological distress not accessing support services was 'not needing to' (Cooke, Bewick, Barkham, Bradley, &

Audin, 2006) and the current study gives potential insight into why these students may not perceive a need for help.

There is a further difficulty raised by this study relating to students who fail to make close friends whilst attending University. Some participants noted that their desire to cope with the transition to adulthood successfully would preclude them from seeking support from family. If students unwilling to seek family support failed to make close friends whilst at University, they may find themselves lacking in social support to assist them with mental wellbeing difficulties. Lack of social support has been highlighted as being important in the decision making of students who were considering leaving their course (Wilcox et al., 2005) therefore, it is crucial to understand the decision making process relating to seeking help in students who experience mental wellbeing difficulties as it may play a role in retention.

We did not detect substantial differences among participants' views and experiences depending on their degree programs (e.g., those which cover mental health issues as part of their curriculum vs. those that did not). Therefore, academic course content relating to mental health or wellbeing does not seem to change the views of students towards the concepts. The main sources of mental wellbeing difficulties for students also remained the same, with exam and coursework stress and transition to adulthood-related stress being reported by all.

Interestingly, non-medical students perceived the workload for medical students to be significantly greater and therefore, they presumed stress would be higher. Medical students, on the other hand, did not raise workload as an issue. This differs from previous research where fifth year medical students identified the course as a source of stress (Radcliffe & Lester, 2003). However, it may be that this group is not comparable to the 'preclinical' medical students interviewed in the current study.

The medical student participants were the only students in the present study to raise competitiveness in their education environment and potential public stigma if they sought help as sources of stress. Competitiveness between medical students is high (Chew-Graham et al., 2003) and we have previously found that it impacts their attendance at workshops designed to provide them with anxiety coping skills (Dennis, Warren, Neville, Laidlaw, & Ozakinci, 2012). Stigma relating to admitting to mental health or wellbeing problems has been reported before amongst medical students in the UK (Chew-Graham et al., 2003) and USA (Givens & Tjia, 2002; Grant, Rix, Mattick, Jones, & Winter, 2013; Roberts et al., 2001) and the current study supports this work. This stigma can be linked to competitiveness as medical students report admitting to mental wellbeing difficulties may lead to them being viewed as 'weak' by others (Dennis et al., 2012; Givens & Tjia, 2002; Grant et al., 2013).

Although these types of views may impact on help seeking behaviour, in our study, medical students did not differ from other participants in *where* they reported seeking support for mental wellbeing difficulties. But we cannot tell from our results whether these views would impact on *how likely* medical students would be to seek help. Previous work which has investigated help seeking for stress amongst medical students reported that they would be more likely to seek assistance for stress from friends and family rather than services provided by the University (Chew-Graham et al., 2003). This was also found in the current study but we have shown that this is the main course of action for all students, not just medical students.

This study was carried out at a single institution, therefore limiting its generalizability.

Although the two subject areas (English and Physics) selected which were perceived to not cover mental health within their curricula, it is possible that participants in these two groups had prior experience of mental health or wellbeing issues and support services which would influence their views. Future studies could specifically enquire this aspect.

Conclusion:

It is clear that undergraduate students experience mental health and wellbeing difficulties and that differences exist within this population in the conceptualisation of these two terms.

We found that students commonly approach other students they trust for their assessment of the severity of mental wellbeing difficulties and the opinions of their peers will influence distressed students' behaviour. It may be worthwhile to investigate students' experience of what it means to be approached for assistance by peers and whether they feel equipped enough to respond. There are various campaigns and programs in the UK that aim to enhance understanding of mental health difficulties and build confidence in responding to others' distress (e.g., Mental Health First Aid: <http://youngpeople.smhfa.com/>) and the importance of building resilience among undergraduate population (e.g., NUS Scotland Think positive campaign (<http://www.nus.org.uk/thinkpositive>)). More rigorous assessments of these programs are necessary to determine their impact, particularly on help seeking behaviour in the vulnerable population.

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Table 1: Example quotes of how students perceived the terms mental health and mental wellbeing.

Perception	Quote
Different	Well I guess mental health, I'm not a native person but I would like mental health is being, I guess it's more like being sane and normal so it's, you correlate these words and mental wellbeing is more that you feel happy [FPsy2]
A continuum	'I think that's something that mental health maybe is more of a serious sort of like side of it, maybe like if wellbeing more like unstable, then maybe it becomes the term mental health. It's more of a severe thing.' [MBiol2]
The same	Erm, I guess, mental health is how you are in terms of, emotionally, and psychologically and I guess, wellbeing is just, like, I don't know, that, they sound the same to me. [FBiol1]

Figure 1: The dual factor model (Tudor, 1995) of mental health and mental wellbeing. *
represents an individual with good mental wellbeing and good mental health.