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Institutional and psychological predictors of university students' mental health help-seeking intentions

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ABSTRACT

In this study, we review institutional and psychological predictors of university students' mental health help-seeking intentions, depression, anxiety, resilience, and perceived university support and structure. An online survey was completed by a convenience sample of 199 university students from the United States, the United Kingdom and Europe (age 18–56 years). A multiple regression analysis identified only depression and perceived university support and structure to be significant predictors of student help-seeking. Organisational structure and support facilities that may benefit student help-seeking and wellbeing are discussed.

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Introduction

The mental health of university students has occupied a vast degree of research interest, and for due cause. Research within the field of student wellbeing has not only reported that the amount of mental health problems within university student populations is significantly greater than that of the general population (Ryan et al., 2010; Stallman, 2010), but that there is also a relatively low percentage of university students who actively seek mental health support when experiencing mental health problems (Eisenberg et al., 2011).

Help-seeking has shown to be a complex process with many converging factors. Although frequently researched, the predictors of help-seeking remain unestablished. When assessing the determinants of help-seeking, there has been relatively little empirical engagement with institutional factors that may contribute to student help-seeking. Although accessibility to services and attitudes towards support receipt have been implicated as being relevant to help-seeking processes across settings (Bilican, 2014; Gold et al., 2014), the extent to which these factors translate to a higher education setting is relatively undetermined. Moreover, there is a substantial degree of uncertainty with contradictory findings for the predictors of mental health help-seeking.

University students' mental health

A mental health disability is an enduring condition with long-term and substantial effects (Equality and Human Rights Commission, 2010). In addition to longer-term mental health conditions, short-term episodes of mental health difficulties understood as psychological distress (PD), may also be experienced. There may be severe and extensive repercussions if PD is left untreated, as prolonged PD can result in mental disability (Eisenberg et al., 2011), suicide (Hawton & Heeringen, 2009), lower quality of life and impaired physical and social functioning, even at subclinical levels (Brenes, 2007).

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Academically, students who experience even moderate or less high-risk levels of mental illness are significantly more likely to drop courses, receive lower grades, and not complete their course (American College Health Association, 2017). High rates of PD can also have deleterious effects at a wider social level, influencing students' families, institutions and other people's lives (Beiter et al., 2015). Due to the severity of both categories of mental health problems, both mental health difficulties and conditions are worthy of consideration within the context of students' mental health.

When reviewing the factors which may contribute to student's ill health, it is important to consider the wide breadth of stressors students may encounter. Research on university student mental health ascribes high levels of PD to intensity of workload (Evans & Kelly, 2004), examination periods (Evans & Kelly, 2004; Jiménez & Vera, 2018), difficulty of academic work (Evans & Kelly, 2004), transitional periods (Dvořáková et al., 2017), financial stressors (Richardson et al., 2017) and race-related encumbrances (Morales, 2020). Given that excessive stress levels play a pivotal role in the aetiology of mental disorders (Creedy et al., 2017), it is, therefore, unsurprising that depression and anxiety often present comorbidly within university student populations (Beiter et al., 2015; Cvetkovski et al., 2012).

Multiple studies have reported mental health problems to be exceedingly prevalent within university student populations (Universities UK, 2015; Zochil, 2013), to the extent that it has been suggested that, in comparison to their non-student counterparts, university students experience higher levels of PD (Cvetkovski et al., 2012). Whilst British, German and Turkish studies have conservatively reported that between 20 and 40% of students meet the criteria for a psychological disorder (Bilican, 2014; Wadman et al., 2019), studies in Australia and the United Kingdom have suggested that clinical to subclinical levels have been prevalent in 65–80% of university students (All-Party Parliamentary Group on Students, 2015; Stallman, 2010). On this basis, there is a need to determine the extent to which students may be experiencing mental health problems in comparison to the wider population.

Help-seeking in higher education

Help-seeking refers to the behaviour of actively eliciting support from other people (Rickwood et al., 2005). Within the present study, help-seeking is understood within a psychological context, whereby help-seeking is an adaptive coping process in which an individual elicits and utilises social relationships to help with a mental health problem (Rickwood & Thomas, 2012). Consequently, help-seeking is understood to be a dynamic relationship between an individual's intimate world of thoughts and feelings alongside the interpersonal sphere of social relationships. As in this study, we are interested in psychological predictors of help-seeking, the appraisal process before the execution of behaviour is of primary consideration. Therefore, help-seeking is reviewed within the context of help-seeking intentions (HSIs), an individual's reported future commitment to seek support, as opposed to help-seeking behaviour.

In terms of measuring HSIs, there is no existing "gold standard" as progress in help-seeking research has been obstructed by varying inconsistencies in conceptualisation and measurement (Rickwood et al., 2005). Nonetheless, HSIs have been measured in several studies with university student populations using the General Help-seeking Questionnaire (GHSQ; Goodwin et al., 2016; Ryan et al., 2010). Accordingly, in the present study also we have utilised the GHSQ as it is a widely accepted measurement tool that provides an in-depth account of help-seeking, through measuring HSIs across as well as between support connections.

A diversity of sources can be utilised for help-seeking which are categorised in their respective levels of formality: informal or formal. Informal help-seeking includes engaging with social relationships whereas formal help-seeking involves contacting a trained professional for providing help and advice (Rickwood et al., 2005). Through access to peers, friends, and staff and professional support provisions, the university environment encompasses myriad informal and formal sources and, consequently, both merit consideration.

The transactional model of stress and coping (TMSC)

In the present study we endeavour to make an empirical contribution by investigating environmental and psychological predictors of student help-seeking and as such, the TMSC (Lazarus & Folkman, 1984) was considered. According to the TMSC, coping is a dynamic process between an individual and the environment whereby an individual appraises a person-situation encounter and chooses a coping outcome relevant to their present situation (Lazarus & Folkman, 1984). Environmental factors are considered in this process twice: as a potential source of stress and as a resource for stress management.

Stress is conceptualised within the TMSC as a relationship between an individual and their external setting appraised as exceeding one's resources and thus, perceived as endangering to one's wellbeing (Lazarus & Folkman, 1984). Should there be insufficient resources to cope with stress, the agent activates either an adaptive coping style or a maladaptive coping strategy (Lazarus & Folkman, 1984). The help-seeking process is conceptualised as a form of adaptive coping which encompasses aspects of both problem-focused and emotion-focused coping (Lazarus, 1991; Lazarus & Folkman, 1984).

Conceptually, there is a substantial overlap between help-seeking and resilience, as both processes are adaptive coping styles precipitated by stress. Within this framework, resilience, which is fundamental to shielding an agent from the deleterious effect of stressors (Fletcher & Sarkar, 2012) should, therefore, be highly indicative of an individual's disposition to apply adaptive coping styles, such as help-seeking, when facing PD. Therefore, as coping strategies are employed to reduce or avoid negative emotions that arise from a stressor (Lazarus, 1991), higher levels of perceived university support and structure and resilience should be positive predictors of help-seeking, whereas higher levels of anxiety and depression symptoms would, instead, be indicative of lower HSIs.

Depression and anxiety

Within the mental health literature, depression and anxiety are collectively known as common mental health problems due to their comorbidity (Andrews & Chong, 2011). Although these two conditions can occur separately, they very often occur together and can be measured in tandem (Kessler et al., 2002). Common mental health problems have been conceptualised as substantially detrimental to help-seeking processes primarily due to functional impairment (Gorgczynski et al., 2017) as well as compromised social ability, even when detected at subclinical levels (Brenes, 2007). Depression has a significant inhibitory effect on HSIs due to symptoms of hopelessness and reduced motivation to engage with active coping (Nagai, 2015). Accordingly, previous studies which have investigated the severity of anxiety and depression concerning help-seeking have implemented instruments such as the Warwick-Edinburgh Mental Wellbeing Scale (Goodwin et al., 2016) or the Kessler 6 Scale for PD (Kessler et al., 2002; Wadman et al., 2019).

Although common mental health problems are widely understood to be disadvantageous to help-seeking, there have been contradictory findings across studies. Several studies have shown that greater severity of depression and anxiety within university student populations corresponds with lower HSIs (Goodwin et al., 2016; Ryan et al., 2010; Ward-Ciesielski et al., 2019; Zochil & Thorsteinsson, 2018), whereas other studies have indicated that mental illness and experiences of suicidal thoughts or ideation were positively related to help-seeking behaviour (Grella et al., 2009). In the present study, we measured symptom severity using the Depression Anxiety Stress Scale (DASS; Lovibond & Lovibond, 1995) as it demonstrates high clinical and research utility and may suitably discriminate between each of these two conditions (Lovibond & Lovibond, 1995).

Resilience

Psychological resilience, which refers to one's aptitude to positively adapt and recover from significant stressors (Sinclair & Wallston, 2004), is crucial for lessening a student's vulnerability to the

vicissitudes of the university environment. Resilience has been reported to having an inverse relationship with low levels of mental wellbeing, (Schaal et al., 2011), particularly depression (Ziaian et al., 2012), and has been shown to be indicative of improved academic performance (Gerber et al., 2012) and higher self-esteem (Santosh & Ngullie, 2017). Despite being firmly linked to a host of positive health and life outcomes, it has not been empirically recognised as to whether higher levels of resilience facilitate help-seeking or inhibit access to support.

In the present study, resilience was measured by the Brief Resilient Coping Scale (BRCS), which measures an agent's propensity to adjust to stress in a highly adaptive manner (Sinclair & Wallston, 2004). The BRCS considers both emotional and problem-focused coping styles, as individuals who score high on the BRCS demonstrate a tendency to reframe stressors, align to emotional coping, as well as describe their active problem-solving coping pattern. To provide a more nuanced understanding of how resilience and help-seeking factors may interact, we reviewed resilience alongside psychological severity across common mental health problems and students' perceptions of their university environment.

Perceived support and structure

Organisational structure and support within the university setting may significantly influence help-seeking. Studies which review access within the university environment have reported that barriers to accessing support services are related to higher levels of stress and depression (Bilican, 2014; Gold et al., 2014), whereas more abundant ranges of accessible services have been linked to lower levels of PD and substance use (Eisenberg et al., 2016). It is, therefore, likely that greater accessibility to services will lead to improved help-seeking.

In addition, the appraisal of trust within the support received has been implicated as a determinant of help-seeking decision-making due to perceptions of familiarity, trust and comfort (Rickwood et al., 2005). For students with mental health difficulties, there may be undesirable ramifications for choosing to disclose their mental health condition to their university as the quality of a student's mental health and wellbeing may affect fitness to undertake a professional placement or to qualify in a particular profession due to concerns of potential risk to harm to members of the public (Lawton-Smith, 2008). Students may, as a result, be hesitant to be forthcoming about any potential mental health difficulties if it could potentially compromise their placement of choice. Consequently, how an individual perceives university support receipt should they disclose their PD may significantly determine service utilisation. The student's perception of university support and structure (SPUSS) scale, which considers accessibility as well as supportiveness of both informal and formal sources within a university setting, was designed to measure whether students' perceptions of the university experience are supportive and structured or whether it is instead appraised to be overly punitive, demanding or neglectful (Wintre et al., 2009). Consequently, institutional support when measured via the SPUSS scale within the current study may determine the extent to which institutional support may predict student HSIs.

Aim

Research indicates that a substantial percentage of university students exhibit higher levels of PD in comparison to the general population and relatively low help-seeking and engagement with formal support. Although there is undeniably a wide range of stressors throughout the student experience, there remains a need to assess the levels of student mental health in comparison to the wider population, and to review help-seeking within the scope of both formal and informal sources. Furthermore, from the literature it appears that students may show a tendency for lower HSIs as symptoms across common mental health disorders worsen; albeit, there have been contradictory findings. Moreover, the influence of resilience on HSIs warrants investigation within a university

student population. Finally, student's perceptions of the structure and support receipt may also influence HSIs.

Therefore, in the present study we aim to examine levels of university students' anxiety and depression in comparison to published general population and non-clinical sample means. Additionally, we will review individual predictors of university students' mental health HSIs, specifically depression, anxiety and resilience, alongside organisational predictors to students' mental health HSIs: SPUSS.

We hypothesise that, firstly, on average, students will be experiencing symptoms of depression and anxiety in above normal ranges when compared to published general population and non-clinical sample means. The second hypothesis is that, in line with the TMSC, higher levels of anxiety and depression will be negative predictors of student's HSIs, whereas SPUSS and resilience will be positive predictors of student HSIs.

Methods

Design

Data for this cross-sectional study was obtained online using self-report online questionnaires to measure four predictors (SPUSS, resilience, depression and anxiety), as well as one criterion (student HSIs).

Participants

An opportunity sample of 239 students voluntarily responded to the survey advertisements, of which 199 participants were retained after removing responses of participants who did not complete the survey and also removal of responses from participants who did not meet the inclusion-exclusion criteria of being a current university student over 17 years of age. Participant demographic data are provided in Table 1. The age range was 18–56 years ($M = 26.31$, $SD = 5.94$).

Table 1. Participant demographic data (N = 199).

Characteristic	*f*	%
Gender		
Female	142	71.4
Male	56	28.1
Other	1	0.5
Age range, years		
18–21	22	11.1
22–25	98	49.2
26–35	64	32.2
>35	15	7.5
Ethnicity		
African	9	4.5
Caribbean	2	1
Chinese	12	6
British	75	37.7
Indian	9	4.5
Pakistani	5	2.5
White & Asian	8	4
White & Black Caribbean	1	0.5
Other	78	39.2
Previous mental health diagnosis		
No	126	63.3
Yes	66	33.2
Prefer not to say	7	3.5

Measures

Demographic questionnaire

The demographic questionnaire asked the participant to share their gender, age, ethnicity, marital status, education, employment status, level of education and religious beliefs. Participants were also requested to disclose whether they had received any previous diagnosis of one or more psychological disorders.

Help-seeking intention

The GHSQ measures HSIs for personal and emotional problems as well as suicidal ideation (Rickwood et al., 2005). The GHSQ has 10 items for both suicidal and non-suicidal help-seeking, measured on a 7-point-Likert scale. The GHSQ can be scored as a single scale which includes all help sources for suicidal and non-suicidal problems ($\alpha = .85$, test-retest reliability after 3-week period = .92).

Resilience

The BRCS is a 4-item measure that is utilised to measure participants' adaptive coping abilities in the face of adversity. According to the instrument manual (Sinclair & Wallston, 2004), the BRCS has good reliability ($\alpha = .69$, test-retest reliability after 6-week period = .71) and adequate validity.

University support and structure

The SPUSS scale measures students' perceptions of how supportive and structured their university environment is, with consideration of both informal and formal support sources (Wintre et al., 2009). The SPUSS scale has 21 items and has shown to demonstrate excellent reliability, with Cronbach alphas of .87 and .89 (Wintre et al., 2009).

Depression and anxiety

The DASS-21 is a 21-item scale which measures the symptoms of depression and anxiety experienced over the past week (Lovibond & Lovibond, 1995). Both scales on the DASS have high internal reliability: depression ($\alpha = .88$) and anxiety ($\alpha = .82$; Henry & Crawford, 2005). Please see Table 2 for the theoretical range for depression and anxiety.

Procedure

Before the surveys were circulated, harm minimisation measures were approved by an ethics committee. Students were invited to voluntarily participate in a questionnaire study on student help-seeking and informed consent was obtained. Failure to agree to all consent questions resulted in the termination of the survey, whereby the participant would be notified, debriefing material would be provided and results would not be recorded. Participants had the opportunity to not respond to questions, as "prefer not to say" options were made available and survey instruments were non-mandatory. Upon survey completion, debriefing material was provided, including the researcher's contact email and a contact number for a mental health support telephone helpline. Data analysis was performed using SPSS version 26.

Table 2. Depression and anxiety range for the DASS-21.

	Depression	Anxiety
Normal	0–9	0–7
Mild	10–13	8–9
Moderate	14–20	10–14
Severe	21–27	15–19
Extremely Severe	28+	20+

Note. DASS-21 = Depression, anxiety and stress scale-21 items.

Results

Formal and informal help-seeking intentions

As presented in Table 3, the means and standard errors of students' help-seeking intentions indicate that students were more inclined to utilise informal mental health support sources as opposed to professional help options. Students reported they were most likely to seek mental health support from intimate partners ($M = 5.32$, $SE = .12$) and friends ($M = 4.89$, $SE = .11$) over all other options. Help-seeking intentions were third highest for mental health professionals ($M = 4.44$, $SE = .11$).

Levels of anxiety and depression

Analysis of the severity distribution for each subscale of the DASS-21 indicated that many students displayed symptoms of depression ($M = 12.74$, $SE = .64$) and anxiety ($M = 8.92$, $SE = .57$). According to the general population and nonclinical sample means for the DASS-21, mean scores for depression and anxiety were above normal and in the mild range. This finding supports Hypothesis 1, suggesting that students were experiencing symptoms above the normal range for both depression and anxiety. Indeed, descriptive analysis illustrated a substantial proportion to be experiencing clinical to subclinical levels of depression (40.7%) and anxiety (39.7%). Please see Table 4 for a breakdown for the frequency of depression and anxiety severity amongst participants.

Although most participants had not previously received a mental health diagnosis (63.3%), 32.2% of students reported a confirmed diagnosis of at least one mental health condition. The two most widespread confirmed diagnoses were depression (20.1%) and anxiety (16.1%).

Predictors of university student help-seeking intention

A multiple regression analysis was conducted to test the second hypothesis, which explored the relationship between depression, anxiety, resilience, SPUSS and HSIs. Before conducting the multiple regression analysis, we checked whether the test assumptions were met. Multicollinearity was absent as the correlations between all pairs of predictors were below 0.8. The absence of multicollinearity was also confirmed as none of the variance inflation factor (VIF) values exceeded the value of 10 and none of the tolerances were below the value of 0.1. Normality ($W_{[199]} = 0.99$, $p = 0.9$) was present and the assumptions of linearity and homoscedasticity were also satisfied after inspection of the residual plots. Additionally, the analysis showed that the data contained no outliers (Std. Residual Min = −2.15, Std. Residual Max = 2.49).

The variance explained by the regression equation presented as significantly different from zero, accounting for 15.3% of the variance in HSIs ($R^2 = .153$, $F_{1, 194} = 8.730$, $p < .05$). To address Hypotheses 2, the standardised beta coefficients were examined (see Table 5). Before considering the results, the

Table 3. Means (M) and standard errors (SE) of help-seeking intentions (GHSQ)* for different sources of help.

Source of help	*M*	*SE*
Intimate partner	5.32	.12
Friend	4.89	.11
Parent	4.31	.13
Relative/other family members	3.22	.13
Mental health professional	4.44	.11
Telephone helpline	2.85	.12
Doctor/GP	3.79	.12
Minister or religious leader	1.68	.09
Other not listed	1.86	.09
Would not seek help	2.63	.11

Note. Help-seeking intentions were measured on a 7-point scale (1 = extremely unlikely, 7 = extremely likely").
*GHSQ refers to the General Help-Seeking Questionnaire.
M = Mean, *SE* = Standard Error, GP = General Practitioner.

Table 4. Depression and anxiety scores and severity range for the DASS-42*

	Depression		Anxiety	
Severity Level	*f*	%	*f*	%
Normal	87	43.7	101	50.8
Mild	31	15.6	19	9.5
Moderate	38	19.1	38	19.1
Severe	27	13.6	12	6
Extremely Severe	16	8	29	14.6

Note. DASS-42 = depression, anxiety and stress scale-42.
*Values for DASS-21 employed in the present study must be doubled to be comparable to DASS-42.

Bonferroni adjustment to the alpha level was carried out to prevent the possibility of making a Type I error. The alpha level used to compare the *p*-value against was, therefore, reduced to .01. At this conservative level, the strongest predictors of help-seeking were depression ($\beta = -0.286$, $p < .01$) and SPUSS ($\beta = 0.200$, $p < .01$). Resilience ($\beta = 0.167$, $p > .01$) and anxiety ($\beta = 0.183$, $p > .01$) were both positive significant predictors of help-seeking at the non-adjusted level of .05; however, neither remained significant at the adjusted level of .01. The findings pertaining to resilience and anxiety could suggest a trend. Due to the presence of deviation from the expected outcome, the second hypothesis was only partially supported.

Discussion

Main findings

Overall, students showed relatively high levels of PD and a greater preference for informal help sources of intimate partner and friends over professional mental health support. Ranges of clinical to subclinical levels of depression and anxiety were consistent with the more conservative reports of between 20 and 40% of students (Bilican, 2014; Wadman et al., 2019). Over a fifth of students reported to be experiencing severe depression (21.6%) and anxiety (20.6%) symptoms. These findings align with the Wadman et al. (2019), who suggested approximately one in five students to be experiencing severe PD when using the Kessler Psychological Distress Scale (Kessler et al., 2002). Within the current study, there was a noticeable disparity between receipt of formal support in comparison to symptom severity across common mental health problems. The number of students experiencing subclinical to clinical depression (40.7%) and anxiety (39.7%) symptoms was substantially higher than the number of students who reported that they had had a mental health diagnosis for depression (20.1%) and anxiety (16.1%). In line with previous research, (Lally et al., 2013; Wadman et al., 2019), these findings indicate that students may not be utilising formal support measures despite treatment need. Additionally, students reported a greater inclination to utilise informal mental health support over professional help sources, with mental health professionals trailing in ratings of help-seeking intentions after intimate partner and friends. A preference for informal support measures has been consistently reported within this demographic (Eisenberg et al., 2011; Rickwood et al., 2005). It is conceivable that university students may be primarily managing their PD by relying on support from their social sphere of peers rather than by accessing professional mental health support options.

Table 5. Multiple regression analysis of predictors of help-seeking Intentions (N = 199).

Variable	*β*	*t*	*p*
Anxiety	.183	2.174	.031*
Resilience	.167	2.357	.019*
SPUSS	.200	2.952	.004**
Depression	-.286	−3.268	.001**

Note. $R^2 = .153$.
*$p < .05$. **$p < .01$.

The second hypothesis about anxiety and depression being significant negative predictors of HSIs, was only partially supported. Links between higher levels of depression and poor help-seeking have been previously reported (Bilican, 2014). The relationship between depression and help-seeking was illustrated within the data, but not for with anxiety. Within the present study, anxiety was instead reported as a near-significant positive predictor of help-seeking. This is contrary to the expectation of anxiety showing a negative association with help seeking behaviour, but still aligned with Harris and colleagues' (2016) findings, which reported females with an anxiety disorder to be more likely than men to want counselling or talk therapy. Indeed, it has been frequently reported that women exhibit more favourable intentions to seek help from mental health professionals than men (Mackenzie et al., 2005). Therefore, the near-significant positive association finding within the present study could possibly be related to the greater representation of women in the sample (71.4%), along with above normal symptoms of anxiety (49.2%) – a finding well worth exploring further.

We hypothesised that resilience was a significant positive predictor, but this finding was not significant after carrying out the Bonferroni correction aimed at reducing the chance of committing a Type I error. This finding slightly deviates from previous studies which firmly indicated that resilience is a significant positive predictor of help-seeking (Ward-Ciesielski et al., 2019). It could be likely that, as suggested by Czyz et al. (2013), that individuals who consider themselves to be highly resilient and confident in their coping repertoire may instead value their independent ability to cope with stress and perceive help-seeking for outside help as unnecessary. We examined resilience using a unitary scale; future research on help-seeking will benefit from examining resilience in greater depth using a more comprehensive instrument in an even larger sample.

Lastly, SPUSS was a significant positive predictor of help-seeking intentions as expected. SPUSS was found to be the second strongest predictor of help-seeking within the present model. These findings align with previous literature which illustrates the importance of the availability and accessibility of support resources in help-seeking (Bilican, 2014; Gold et al., 2014), particularly as barriers to accessing formal support have been shown to be highly correlated with stress, burnout and depression (Gold et al., 2014). Furthermore, as SPUSS potentially moderates student's academic, social and psychological adjustment to university (Lijadi & Van Schalkwyk, 2017), the findings of our study buttress the relevance of organisational factors within student help-seeking processes.

In summary, through utilising the TMSC to analyse HSIs of university students, in the present study we produced a model that explained just over 15% of the variance of help-seeking, illustrating how both psychological factors and institutional factors may both meaningfully relate to students' help-seeking. Students who do not seek help seem to show higher levels of depressive symptoms and to appraise their university environment to be deficient in support and structure.

Limitations and future research

Several strengths and limitations should be acknowledged within this study and findings should be interpreted in consideration of these. Firstly, the findings are suitable only to those who have similar demographic characteristics as the students in our sample. Moreover, abbreviated scales (BRCS and DASS-21) were employed due to concerns of boredom effects from completing multiple questionnaires in succession. As such, studies that wish to review resilience in terms of mental health help-seeking would benefit from employing a scale with greater scope for detailed responses. Finally, the present study measured HSIs, rather than help-seeking behaviour. Although this is considered acceptable within the help-seeking literature (Deane et al., 2001; Gorgczynski et al., 2017; Rickwood et al., 2005; Zochil & Thorsteinsson, 2018), the strength of the relationship between help-seeking behaviour and intentions as reported by Armitage and Conner (2001) is not necessarily high ($R = 0.47$). Consequently, experimental research into help-seeking behaviour would offer a more thorough understanding of predictors, as these may show to significantly differ between intention and behaviour.

Despite these limitations, this study provides valuable insight into the help-seeking predictors of university students. As students across several international universities participated in the current study, the present findings are more generalisable than previous studies which included students from only one university (Drew & Matthews, 2018; Goodwin et al., 2016; Gorgczynski et al., 2017; Richardson et al., 2017).

The present study illustrated that whilst resilience may be protective for mental health, it may not be beneficial to HSIs. Moreover, as depression was a negative predictor and anxiety a near-significant positive predictor, the relevance for psychological factors to be reviewed independently is crucial to effectively ascertain the various mechanisms involved in help-seeking. This finding informs future studies that may review symptom severity within the context of help-seeking. Additionally, within the current body of literature, environmental factors that contribute to the help-seeking process have previously received less empirical attention. Therefore, our study is especially important in highlighting the role of the university environment in help-seeking intentions of students.

Implications

This study indicates that university students demonstrate a predisposition to poor mental health help-seeking and are increasingly unlikely to seek support if experiencing higher levels of depression symptoms or if the university environment is considered unstructured and unsupportive. Consequently, higher education providers should focus on employing a diverse range of accessible support measures to enhance help-seeking and elevate wellbeing among students.

The suitability of online support has been discussed and acknowledged across several recent studies as an increasingly valuable mechanism for help-seeking, particularly for individuals with depression (Ryan et al., 2010). Furthermore, technology-based interventions for mental health disorders have received favourable reviews due to the increased accessibility of after-hours support and the ability to provide private help, reducing or avoiding stigma (Chan et al., 2016; Ryan et al., 2010). Research has also indicated that practical considerations which could overcome cost, time and accessibility barriers to help-seeking include the implementation of moderated web-based forums, offers for self-help programmes, and access to professional support, peer and tutor support tools (Chan et al., 2016).

Within the present study and from literature to date, depression consistently shows to be a significant barrier to student help-seeking (Gorgczynski et al., 2017; Nagai, 2015). Consequently, a targeted approach for informing students on depression may encourage help-seeking among depressed individuals. Whilst studies have indicated that a reluctance to disclose depression and mental health problems to be due to perceived stigma (Soorkia et al., 2011), experimental studies by Han et al. (2006) indicate that providing information about the physiological aspects of depression leads a significant improvement for help-seeking willingness two weeks later, whereas destigmatisation education does not. Consequently, educational approaches that prioritise the legitimisation of depression as a disease entity are paramount in encouraging student help-seeking.

Conclusion

Student mental health help-seeking is a multifaceted process with many converging factors. This study illustrated how students exhibit a relatively high severity of PD akin to levels published in previous studies, affirming the need to prioritise student mental wellbeing. Additionally, our findings suggest that a treatment gap exists between clinical and subclinical symptoms and professional support receipt, which warrants further empirical attention. It is also apparent that depression and university organisational factors both significantly contribute to student help-seeking. Given the relevance of depression but not anxiety in the regression model in our study, it is imperative that future studies explore the independent contributions of multiple psychological factors. Finally, given the substantial influence and reliance on institutional support as well as the

concerningly high levels of psychological symptom severity across the student body, higher education providers should review existing processes to facilitate help-seeking for this at-risk population.

Disclosure statement

No potential conflict of interest was reported by the author(s).

Notes on contributors

Stacey Clements is a researcher and student welfare advisor at the University of Birmingham, UK. Her research focuses on factors influencing university student wellbeing and investigating the lay understanding of stress.

Petia Paramova is a visiting lecturer at Roehampton University, UK. She has expertise in advanced statistical analysis, occupational health psychology and leadership.

Data availability statement

The data that support the findings of this study are openly available in figshare at http://doi.org/10.6084/m9.figshare.19967615.

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