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The Influence of Living Situation on Help-Seeking Behaviors of Undergraduate Students

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Abstract

Mental health issues, psychological distress, and suicidal ideation in college students have been on the rise in recent years. As a result, student intention and utilization of mental health services has dramatically increased, and many college and university campuses are unable to keep up with the growing demand. There are many variables that may influence the help-seeking intentions and behaviors of undergraduate college students, and previous literature on the subject has primarily examined the role of attitude, stigma, mental health literacy, and perceived need. Very few studies have specifically examined the role of living situation, campus culture, and connectedness to campus on help-seeking intentions and behaviors. The goal of the present study was to examine the relationship between living on or off campus and help-seeking behaviors among undergraduate college students. Help-seeking is often indicative of underlying psychological distress, so the secondary goals of this study aimed to examine various relationships between demographic variables (like sexual orientation and age), perceived stress, perception of coping mechanisms, help-seeking, and perception of barriers to psychological resources. Findings suggest that living on or off campus has no effect on help-seeking; however, the results indicate relationships between help-seeking, barriers to resources, and coping mechanisms.

Literature Review

In recent years, student use of college counseling services has increased by 30% and an increasing number of students are presenting with “threat-to-self” characteristics (Center for Collegiate Mental Health [CCMH], 2017). Much of the literature to date indicates that suicidal ideation and other mental health issues in college students are on the rise and the symptoms these students display appear to be more acute than in previous decades (Hess & Tracey, 2013; Westefeld et al., 2006). However, nearly 80% of students who need psychological services do not seek help, citing low perceived need, concerns about how effective treatment will be, lack of awareness of available options, and confusion about insurance coverage (Eisenberg, Gollust, & Golberstein, 2009; Eisenberg, Hunt, & Speer, 2012). There are many variables that influence help-seeking intentions and behaviors, such as social support, psychological distress, and anticipated risk (Downs & Eisenberg, 2012; Hefner & Eisenberg, 2009; Li, Dorstyn, & Denson, 2014). Although literature on the subject of help seeking in college-aged students is fairly extensive, a majority of it focuses on the role of stigma as a barrier to seeking psychological help and does not consider how a student’s relationship to the campus culture (the unique campus environment based on shared beliefs, values, and meaning) impacts from whom a student seeks help (Clement et al., 2015; Cheng et al., 2017; Chen, Romero, & Karver, 2016; Hess & Tracey, 2013; Morse & Schulze, 2013; Naslund et al., 2016; Thornicroft et al., 2016). In addition, there are inconsistencies in the existing research: some studies report significant relationships between variables like attitudes toward help seeking and psychological difficulties, while other studies found no such relationship (Nam et al., 2013). Many published studies on the topic of help seeking in college-age students are descriptive in nature and do not provide information on possible interventions to reduce the growing disparity between student utilization and demand of on campus mental health services (Eisenberg et al., 2012; Thornicroft et al., 2016). To fill this gap in current research, we sought to examine the effect of living situation on help-seeking behaviors of undergraduate students and the possible reasons why they may or may not utilize available resources. To do so, we evaluated participants’ help-seeking behaviors, their perception of coping mechanisms for psychological distress, and their perception of barriers to resources.

Help-Seeking, Perceived Need, and Utilization of Services

The literature on psychological help-seeking has documented that the process of seeking help can begin when a person recognizes their symptoms and their need for help

(Wilson, Bushnell, & Caputi, 2011). A variety of factors influence help-seeking behavior in university students. Eisenberg et al. (2007) identified several reasons: students were unaware of service options; students believed that therapy and medication would only be somewhat helpful or not at all helpful; growing up in a low-income family was associated with lower service use; lack of perceived need; and lack of time. Finally, the vast majority of the population in this study reported having health insurance but were unsure whether their insurance covered mental health appointments.

A few studies have used the theory of planned behavior (TPB) to inform their understanding of help-seeking behaviors (Chen et al., 2016; Hess & Tracey, 2013; Li et al., 2014). The TPB, an extension of the theory of reasoned action (Fishbein & Ajzen, 1975), is a model that predicts behavior based on intention, a direct antecedent that is preceded by attitude, subjective norm, and perceived behavioral control. These three variables are affected by an individual's beliefs and experiences, so other demographic variables can also predict how each individual behaves. TPB provides a strong and consistent empirical foundation for help-seeking, such that the intention and behavior is seeking and engaging with psychological services as a means of help-seeking (Chen et al., 2016; Fishbein & Ajzen, 1975; Hess & Tracey, 2013; Li et al., 2014). Hess and Tracey (2013) reported a positive association between attitudes towards psychological help seeking and help-seeking intentions while Eisenberg et al. (2009) reported that barriers to treatment and stigma are negatively associated with help-seeking intentions.

Using data collected from the 2012 Student Experience in the Research University (SERU) survey, Nash et al. (2017) examined the relationship between behavioral variables and students who perceived the need for psychological help but chose not to seek it. The authors reported that students who perceived the need for help but did not seek it were struggling with higher levels of psychological distress related to financial difficulties, work, academic engagement, and social connections compared to students who sought counseling or perceived they did not need counseling. Czyz et al. (2013) reported a discrepancy between those who need help and those who seek help, identified the ways in which college students are not receiving help, and investigated how perception of barriers to professional services influences the effectiveness of mental health services. Interestingly, some research suggests that stigma is one of the least common reasons for not seeking psychological help; this is a result common in newer research but a result that conflicts with much of the early research on barriers to psychological help-seeking (Clement et al., 2015; Czyz et al., 2013; Downs & Eisenberg, 2012). In fact, Hess and Tracey (2013) argue that actively and continually seeking help would normalize the practice and possibly increase student utilization of campus services by students

who actually need the help. The perception of not needing help, as well as the preference for self-management, has been shown to negatively influence the likelihood of students seeking help.

Perception of Barriers to Resources

Many individuals do not seek psychological help due to their perceptions of barriers to resources. Studies have identified many barriers, some of which include decreased mental health literacy; self-stigma (but not their perception of the stigma of others) and associated shame; lack of perceived need; financial constraints; privacy concerns; and knowledge of available resources and insurance coverage (Chen et al., 2016; Cheng et al., 2017; Clement et al., 2015; Czyz et al., 2013; Downs & Eisenberg, 2012; Eisenberg et al., 2012; Hess & Tracey, 2013; Hunt & Eisenberg, 2010; Kearns et al., 2015; Komiya, Good, & Sherrod, 2000; Li et al., 2014; Morgan, Ness, & Robinson, 2003; Nam et al., 2013; Nash et al., 2017; Rüschi et al., 2014). Students from lower socioeconomic backgrounds, international students, and Asian American students were less likely to use mental health services (Hunt & Eisenberg, 2010).

Coping Mechanisms

Cranford, Eisenberg, and Serras (2009) examined the relationship between mental health problems and substance use and found that as the degree or severity of the disorder increased so did the risk of substance use. Additionally, individuals that reported greater perceived need for mental health services were more likely to binge drink. Few, if any, articles we found addressed the possible relationship between help-seeking behaviors and coping mechanisms. When dividing help-seeking behaviors into formal support (academic figures, religious leaders, and mental health professionals) and informal support (friends, family, resident assistants), students reported seeking off-campus formal help when they didn't know how to access on-campus resources. However, most students preferred seeking informal support regardless of location (Goodwin et al., 2016). Some students have reported feeling more comfortable using online support groups and social media to learn about new coping mechanisms (Naslund et al., 2016).

Living Situation and Campus Culture

Samuolis and colleagues' (2017) study indicated that a connection to campus culture increases the perceived likelihood of college women to seek help from mental health professions or school counseling services for suicidal ideation. College campuses are a unique setting where most of a student's activities revolve around the interconnected services the college provides. Proximity and connection to campus removes some of the barriers to seeking psychological help, such as distance and financial constraints (many colleges require students to have health insurance either through the school itself or through private insurance with equivalent coverage). The purpose of an institution of higher education is not only to teach work-related skills but also to help students grow intellectually, personally, and socially. College campuses are fraught with increased mental health concerns in college students, a general reluctance to seek psychological help, and extensive perceptions of barriers to resources; this makes examining mediating factors to help seeking an important area of study.

Ketchen Lipson et al. (2015) noted a variation in the prevalence of mental health problems across housing, admissions selectivity, and graduation rates. Rates of depression, anxiety, and suicidal ideation were highest among students attending campuses with no residential options and the rates were lowest among students on heavily residential campuses. The type of institution was also cited as having an impact on service utilization with those attending private institutions using services more than those attending public institutions, possibly because public institutions on average have fewer resources to offer their students but a larger population increasing the likelihood that students are seeking help from social sources. Because university counseling services mainly exist to aid in the success and overall development of the school's students, administrators and other school officials may want to emphasize the importance of mental health issues. Additionally, they should consider the fact that mental health is often predictive of students' educational experience and future career goals, which reflect on the institution's overall mission and purpose.

In previous research, we saw a lack of focus on particular variables, specifically living situation, prompting us to examine whether living on or off campus was predictive of help-seeking behaviors. Furthermore, we wanted to examine the possible ways help seeking, perception of barriers to resources, and coping mechanisms were related, because help seeking is often indicative of underlying psychological distress.

Method

Participants

Participants in this study were primarily students from the Seattle University community, together with individuals associated with the investigators' Facebook pages. The survey was disseminated via Qualtrics through Facebook, SONA Systems, and internal email listservs. Due to the nature of dissemination, the sample is one of convenience as a random sampling method could not be used. By the end of data collection 90 participants opened the survey and 89 answered more than one question; of the 89 participants, 70 answered the survey in full. Participants were not required to answer every question and were able to withdraw consent at any time.

Measures

All participants completed a battery of four measures in addition to providing demographic information and data on living situation.

Demographics

Participants completed a demographics questionnaire regarding sex assigned at birth, gender identity, sexual orientation, ethnicity, age, years of higher education, and living arrangements. Participants had the ability to leave any question unanswered, maintaining their anonymity.

Stress and coping

Psychological stress and social support have been shown to affect an individual's help-seeking behavior (Hess & Tracey, 2013). Help-seeking behaviors can be defined as "seeking assistance from mental health services, other formal services, or informational support sources for the purpose of resolving emotional or behavioral problems." (Srebnik, Cauce, & Baydar, 1996, 210) Stress, and subsequent coping with stress, were assessed using the Brief COPE scale (Carver, 1997). The Brief COPE scale was used to measure the frequency with which each participant had engaged in each mechanism and consisted of coping subscales ranging from positive reframing (items 12 and 17) to behavioral disengagement (items 6 and 16) and more. Each item was assessed using a four-point Likert scale with 1 indicating "I have not been doing this at all" and 4 indicating "I've been doing this a lot."

Perceived stress

Perceived levels of stress were also analyzed using Cohen's Perceived Stress Scale (Cohen, Kamarck, & Mermelstein, 1983). Cohen's Perceived Stress Scale (CPSS) measured the frequency with which each participant thought or felt a certain way within the last month. Questions such as "In the last month, how often have you felt that you were unable to control the important things in your life?" and "In the last month, how often have you felt that you were on top of things?" were asked. Each question was answered using a five-point Likert scale with 0 indicating "never" and 4 indicating "very often."

Help seeking

Intentions to seek help were assessed using the General Help-Seeking Questionnaire (Wilson, Deane, Ciarrochi, & Rickwood, 2005). The General Help-Seeking Questionnaire (GHSQ) asked participants to indicate the degree to which they are likely to seek help from the available support options, 1 being "extremely unlikely" and 7 being "extremely likely." The items were coded into both formal and informal support systems; informal support systems were operationally defined as intimate partners, friends, parents, family members, resident assistants, no one, and the fill-in option; whereas formal support systems were operationally defined as academic advisors, professors, support groups (on- or off-campus), mental health professionals (psychologist, social worker, counsellor, etc.), phone helpline, doctor or general practitioner, and religious or spiritual leader (see Figure 1).

Barriers to seeking help

Barriers to seeking help or treatment were assessed using the Barriers to Seeking Psychological Help Scale (Topkaya, Sahin, & Meydan, 2017). The Barriers to Seeking Psychological Help Scale (BSPHS) is a self-reported scale through which participants specify the extent to which they agree or disagree with each item; the options ranged from 1 "strongly disagree" to 5 "strongly agree" on a five-point Likert scale. The items consisted of five subscales, including fear of being stigmatized by society (items 2, 6, 9, and 14), trust in the mental health professional (items 4 and 12), difficulties in self-disclosure (items 1, 5, and 8), perceived devaluation (items 11, and 13), and lack of knowledge (items 3, 7, and 10). All subscales were summed and then by comparing the means of these scores, it was determined in which subscales an individual perceived more or fewer barriers.

Qualitative data

Three qualitative questions were asked at the end of the survey. The first question asked about the participants' general experience with seeking help from on-campus resources and the second question asked about the participants' general experience with seeking help from off-campus resources. From these responses, we conducted a thematic analysis and came up with three overall themes: accessibility, well-being, and progress. The third qualitative question asked for three words to describe the participants' overall experience with seeking help and were organized into a word cloud based on the frequency of the words provided. We used data from all of the qualitative questions in the discussion section of this essay to add an element of human element which will inform future directions.

Results

Quantitative Results and Discussion

We used an anonymous online survey distributed through Facebook, SONA Systems, and internal email lists to recruit participants. Although a true response rate could not be calculated because of an inability to determine how many students opened the anonymous survey link, a total of 90 college students participated in the survey. The present sample consists of 89 participants after excluding one individual who did not answer any questions. One participant was excluded from the GHSQ, three participants were excluded from the Brief COPE, six participants were included only in the demographic data and the CPSS, three participants were excluded from all measures except demographic variables, three participants were excluded from all measures except for demographic variables minus age, and one participant did not include their age but completed all other measures. Of the 89 included surveys, 70 were completed.

The sample consisted primarily of self-identified females (76.4%, $n = 68$) and males (19.1%, $n = 17$) as well as two participants identifying as gender fluid (2.2%) and two participants identifying as gender non-binary (2.2%). The majority of the participants were Caucasian (71.9%, $n = 64$) followed by Asian (15.7%, $n = 14$), Mixed Ethnicity (5.6%, $n = 5$), Black (2.2%, $n = 2$), Hispanic/Latinx/Mexican American (2.2%, $n = 2$), with one individual declining to answer and one individual self-identifying as Middle Eastern. Of the sample, 39 participants (43.8%) live on campus and 47 (52.8%) live off campus.

A mixed-design analysis of variance (ANOVA) was conducted to examine the main effect of cohabitation status (defined as living with no one, parents, family, one roommate, two roommates, three or more roommates, and a partner) and years of education and the

interaction effect of living situation and years of education on help-seeking behaviors (informal and formal support). There was no main effect of living situation, $F(6, 51) = 10.98$, $p = .812$, or years of education, $F(6, 51) = 4.844$, $p = .970$, on informal help seeking. The interaction effect between living situation and years of education was not significant, $F(10, 51) = 0.431$, $p = .924$. Furthermore, there was no main effect of living situation, $F(6, 51) = .917$, $p = .491$, or years of education, $F(6, 51) = 1.634$, $p = .157$, on formal help seeking. In addition, the interaction effect between living situation and years of education was not significant for formal help seeking, $F(10, 51) = .597$, $p = .809$.

Linear regression analyses were conducted to predict help-seeking behaviors based on whether a student lives on or off campus. In order to do the linear regression we assumed equality of variance, a linear relationship between variables, and no multicollinearity. Living on or off campus was not predictive of informal help seeking ($\beta = .060$, $t(13.052) = .506$, $p = .615$) or formal help seeking ($\beta = -.169$, $t(8.751) = -1.459$, $p = .149$). We also examined the predictive behavior of help seeking on perceived stress (CPSS) and coping mechanisms (Brief COPE) and found that informal help seeking was predictive of perceived stress ($\beta = -.30$, $t(15.177) = -2.539$, $p = .013$, $R^2 = .061$) but formal help seeking was not predictive of perceived stress ($\beta = .027$, $t(15.177) = .225$, $p = .822$). Interestingly, when examining the predictive role of help seeking on coping mechanisms, informal help seeking was significantly predictive of less substance use ($\beta = -.280$, $t(5.625) = -2.312$, $p = .024$, $R^2 = .049$) and formal help seeking was significantly predictive of using religion as a coping mechanism ($\beta = .389$, $t(.890) = -.348$, $p = .001$, $R^2 = .139$). See Figure 2 for regression model.

Next, Pearson correlations were conducted to examine the relationship between living on or off campus and coping mechanisms (Brief COPE subscales). Living on campus was positively correlated with active coping ($r(73) = 0.296$, $p = 0.011$, $R^2 = 0.087$), and it was negatively correlated with humor ($r(73) = -0.282$, $p = 0.016$, $R^2 = 0.079$) and self-blame ($r(73) = -0.346$, $p = 0.003$, $R^2 = 0.119$). Living off campus was correlated with the same coping mechanisms but a reverse relationship was found, such that living off campus was negatively correlated with active coping ($r(73) = -0.296$, $p = 0.011$, $R^2 = 0.087$) and positively correlated with humor ($r(73) = 0.282$, $p = .016$, $R^2 = 0.079$) and self-blame ($r(73) = .346$, $p = .003$, $R^2 = 0.119$). No relationships were observed between living situation and the other Brief COPE subscales (self-distraction, denial, substance use, use of emotional support, use of instrumental support, behavioral disengagement, venting, positive reframing, planning, religion, or acceptance [see Table 1]).

Barriers to resources have been shown to affect the help-seeking intentions and behaviors of college students. A regression analysis was conducted to examine whether perceptions of barriers to resources (BSPHS) was predictive of living on or off campus. Results

demonstrated that perception of barriers to resources was not predictive of living on or off campus. These barriers include fear of being stigmatized by society, trust in mental health professionals, difficulties in self disclosure, perceived devaluation, and lack of knowledge. In addition, a Pearson correlation was conducted to examine whether age and perception of barriers to resources were related. Results showed that there was no relationship between age and the perception of barriers to resources among college students. There were, however, inter-correlations between the five perceptions of barriers to resources (see Table 2) indicating that if an individual perceived one barrier to seeking psychological help, then it was likely that other barriers would impede psychological help-seeking intentions and behaviors.

An analysis of variance (ANOVA) was conducted to evaluate the effect of the perception of barriers to resources on gender identity. The results indicated that there was no main effect of the perception of barriers to resources, falsifying our hypothesis. However, there was a main effect of perception of barriers to resources on sexual orientation. Although no effect was observed for the categories of fear of being stigmatized by society ($F(4,73) = 1.387, p = 0.248$), perceived devaluation ($F(4,73) = 1.738, p = 0.152$), or lack of knowledge ($F(4,73) = 0.749, p = 0.562$), there was a main effect of trust in mental health professionals ($F(4,73) = 4.715, p = 0.002, d = 1.178$) and difficulties in self-disclosure ($F(4,73) = 3.924, p = 0.006$) on sexual orientation. However, individual post hoc Tukey corrected comparisons revealed that the only significant finding was the effect of trust in mental health professionals on sexual orientation, such that those who identified as heterosexual experienced less trust than those who identified as homosexual ($p < .003$) (see Figure 3).

Qualitative Results and Discussion

Participants were asked to answer three qualitative questions regarding their general experience seeking help both on and off campus. From the responses, we conducted a thematic analysis and developed three themes we believe encompass our participants' experiences: accessibility, progress, and well-being.

Accessibility

Student use of mental health services on campus is often at the mercy of the limited resources a university allocates to such programs. Wilson, Bushnell, and Caputi (2011) explain the importance of early access to mental health services arguing that "[early help] can reduce the long-term impact of many mental health problems and [...] can also reduce risk for suicide

completion when suicidal thoughts are experienced or suicidal behaviors are exhibited” (p. 34). The majority of participants who commented on Counseling and Psychological Services (CAPS) at Seattle University indicated having difficulty accessing the designated services:

I have chose [sic] not to seek psychological help from people on campus because I heard that there is an extremely long wait list and it’s almost impossible to be seen. Even if you are seen, you only get a maximum of maybe three sessions with the therapist and I wouldn’t want to get comfortable with someone and then not be allowed to see them again.

Many respondents mentioned feeling rushed when they did get an appointment, feeling more distressed after leaving CAPS, and feeling that they were subtly told not to come back because their symptoms did not constitute an emergency. What these Seattle University students reported is consistent with previous literature on university campus services; Goodwin et al. (2016) discussed being surprised at their result that “only 3.77% of students used the university [free] mental health support systems” (p. 133) and that more students, in comparison, sought help from private counseling services. Some participants commented on both the difficulty of receiving services from CAPS and on the service as having ineffective referral practices:

I honestly feel like CAPS will only help you if you have a gun to your head. I went in, pretty depressed, and they sent me on my way with 20 different doctors I could call, with no way to know how far away they were/if they accepted my insurance/how expensive they were until looked them all up [sic]. It’s putting a ton of work on a student who is already stressed.

When student mental health resources were unable to assist a student due to their high volume of requests, the nature of a student’s symptoms, or simple institutional formalities, participants indicated a need for help with contacting off-campus services. Taking the initial step to ask for help is often one of the most difficult things a person can do when they are experiencing psychological distress. When a service refuses care or is ineffective in the care they do provide, that negative experience for an emotionally vulnerable person may be salient enough to prevent that person from seeking help in the future.

Progress

Accessing services is an important first step in seeking help. Once an individual has access, the experience of the mental health is what the individual will ultimately remember. Several individuals reported mixed feelings about the care they received, which was illustrated by one participant who said:

I visited CAPS, which helped, but not entirely. The professional was kind and was a great listener, in addition to being very empathetic, but [I] left feeling as if the same problems were there. Not as much of a resolution or step towards progress.

Concerns about lack of progress brings up the ideas of perceived need and trustworthiness of psychological services, both of which are barriers to seeking help. Literature on the subject suggests a level of student skepticism about the effectiveness of psychological services which, in turn, can lead to internal self-stigma regarding the nature of one's symptoms (Hunt & Eisenberg, 2010; Nam et al., 2013). One participant noted their experience with therapy in childhood and the desire to get that support again but was worried about perceived consequences of doing so:

I gained so much from seeing an emotional support professional all throughout my childhood. Now, however, I would like to get that support again, and I trust confidentiality, but fear I cannot ask or go on my own without someone else knowing, and when they know, they will think differently of me or question me and break confidentiality.

According to these responses, progress was shown to play a significant role in participants' intentions to seek help, trust in mental health professionals, and continuation of care.

Well-Being

When discussing off-campus resources, many participants were enthusiastic about the care they have received. It appears that, within our sample, seeking and receiving help from formal sources, specifically off-campus sources, was predictive of overall well-being and satisfaction with care. Much of the literature on help seeking runs counter to our findings and suggests that a higher sense of mental well-being is predictive of seeking informal sources

of support (Goodwin et al., 2016). Participants also mentioned positive traits about their individual therapists that helped increase their overall mental well-being:

I have sought help from off campus resources for several years now. I've found that these sources have been far more helpful than any on-campus support I've attempted to receive. I love my therapist—it feels like she actually cares about my well-being.

Interestingly, positive experiences with on-campus support were referenced in connection to campus ministry, support groups, friends and family, and others. These participants specifically compared negative experiences with formal services from CAPS with the aforementioned alternatives: “Campus Ministry created a safe place that I could go to even though I'm not religious[;] I would trust them over CAPS any day.”

It's worth noting that access to off-campus resources often comes with a certain level of privilege, which may include financial stability or parental support, physical ability, or more free time that can be allotted to mental health care and not, for example, to a job:

I see a psychologist every two weeks. I think it has seriously helped my mental health and well-being, having access to someone who can provide coping skills and a place to 'vent' without judgement. However, I know being able to see a mental health doctor comes with a lot of privilege, mainly financial. I wish it was more accessible to all.

In psychology, the lived experience of a single person is one of the most important data points a researcher can observe. These qualitative responses outline not only individual experiences but a trend among Seattle University students and their experiences seeking help on and off campus for psychological distress. It is in the best interests of Seattle University to empower leaders for a just and humane world by investing in behavioral health services that suit the needs of its students.

Discussion

This study's primary goal was to examine the effect of living situation on help-seeking behaviors and the effects of related mediating variables such as perceived stress, coping mechanisms, and perception of barriers to resources. Contrary to our main hypothesis,

living on or off campus was not predictive of help-seeking behaviors, coping mechanisms, or perception of barriers to resources. However, our findings do suggest that help seeking was predictive of using coping mechanisms, and specifically that informal help seeking was predictive of using less substance use and formal help seeking was predictive of using religion to cope.

The qualitative portion of this study provides some significant feedback for Seattle University leadership and administration. Such negative responses regarding campus mental health services should be of concern to those whose job it is to uphold the institution's overall mission. Our data, as well as much of the literature on the mental health of college students, suggest that mental health problems and psychological distress are significant predictors of the outcomes that bolster the SU mission. It is in the best interest of Seattle University to invest more in on-campus mental health resources for its students, especially because student statistics (retention rate, number of years to graduate, etc.) provide a strong and telling resume for the school itself. Additionally, the subject of mental health and suicide prevention in higher education is not only a significant factor at the institutional level but also at the legislative level.

The Washington State Senate (in conjunction with the House) introduced, passed, and delivered Senate Bill 6514 to the governor in 2018 focused on "comprehensive suicide prevention and behavioral health initiatives for postsecondary students." (p. 1) The bill introduced information collected through a mental health and suicide prevention in higher education task force since 2015. Some of the task force's main findings included: lack of funding for behavioral health services for postsecondary students is the largest barrier to providing services in the state; the level of professional counselling is limited due to lack of funding; the ratio between counselors and students is as low as one counselor to every 8,500 students; implementing a statewide data collection system to which institutions will submit a report regarding the institutions counselor-to-student ratio, the awareness of the institution's resources among faculty, staff, and students, number of students referred to off-campus behavioral resources, the number of students identifying emotional distress as reasons for withdrawal from the institution, number of student deaths by suicide, number of student suicide attempts, information on efforts to disseminate resources across campus, specific resources for student veterans, and information about training programs regarding crisis care and suicide prevention. The implementation of a statewide data collection system will allow researchers to understand what programs work, what students need, and how to help more diversified student bodies in Washington State institutions of higher education. This sort of bill will influence further research in this field; research which we believe should investigate the relationship between sexual orientation and perception of barriers to resources and the mediating effects of demographic variables on help-seeking behaviors (due to differences in

culture, upbringing, social support, and other demographic variables). At a local level, efforts could be made to increase student awareness of available resources (on and off campus); tailoring said resources to fit the specific needs of Seattle University students by identifying said needs and re-evaluating how on campus resources support students in psychological distress.

Conclusion

Informal help seeking was shown to be predictive of several variables. First, informal help seeking was significantly predictive of perceived stress ($p = .013$) such that as the perceived likelihood of seeking help from informal supports increase, perceived levels of stress decreased significantly. Second, informal help seeking was also significantly predictive of less substance use ($p = .02$), which was a surprising result as it contradicts much of the literature on the subject. This result may be due to the fact that the mean age of our population ($M = 20.7$, $SD = 2.8$) was below the legal limit for substance use in combination with the fact that many of the students in the sample attended a Jesuit college.

Furthermore, formal help seeking was significantly predictive of using religion as a coping mechanism ($p = .001$). Again, this result may be due to the culture of a Jesuit college. During the process of this study, it was pointed out to us that Campus Ministry offers walk-in hours for students whereas CAPS does not. This difference in availability may account for such a strong predictive value.

Although we did not find a relationship between living situation and help seeking, there was a positive relationship between living on campus and using active coping mechanisms ($p = .01$) and a negative relationship with humor ($p = .01$) and self-blame ($p = .003$). A reverse relationship between these coping mechanism subscales and living off campus was observed. This result might suggest a strong correlation between various Brief COPE subscales specifically the relationship between humor and self-blame. Table 2 shows all correlations between living situation and coping mechanisms. There was a significant relationship between self-blame and humor ($p < .0001$), so it is plausible that these two coping mechanisms go hand-in-hand for our sample.

Finally, we found a main effect of perception of barriers to resources on sexual orientation; such that those who identified as heterosexual were less likely to trust a mental health professional. At first glance this finding seems curious due to the historical classification of homosexuality as a disorder by the Diagnostic and Statistical Manual of Mental Disorders. However, only about an eighth of our sample identified as homosexual whereas over half

of our sample identified as heterosexual. It is possible that a welcoming campus culture for sexual minorities and the location of the college in a progressive city might have impacted the experiences of those identifying as homosexual.

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Appendix A

Table 1 Correlations, Means, and Standard Errors of the Mean Among Coping Behaviors (Brief COPE) and living on or off campus. Results indicate that there was a negative relationship between living off campus and using active coping, and a positive relationship between living off campus and using humor and self-blame to cope. The reverse relationship was observed between the same coping mechanisms for those living on campus.

	Off campus	On campus	Self-distraction	Active coping	Denial	Substance use	Use of emotional support	Use of instrumental support	Behavioral disengagement	Venting	Positive reframing	Planning	Humor	Acceptance	Religion	Self-blame	M	SD
Off campus	—	—	.147	-.296* (.011)	.155	.155	-.034	-.089	.202	.085	-.037	-.133	.282* (.016)	.095	-.019	-.346** (.003)	1.45	.50
On campus	—	—	-.147	.296* (.011)	-.155	-.155	.034	.089	-.202	-.085	.037	.133	-.282* (.016)	-.095	.019	-.346** (.003)	1.54	.50
Self-distraction	—	—	—	.008	.157	.071	.219	.129	.258* (.028)	.295* (.011)	.208	.119	.212	.228	-.038	.194	5.93	1.357
Active coping	—	—	—	—	.025	-.039	.357** (.002)	.386** (.001)	-.129	.234* (.047)	.239* (.042)	.647** (.000)	-.181	.212	-.085	-.077	5.62	1.381
Denial	—	—	—	—	—	.289* (.013)	.021	-.038	.545** (.000)	.269* (.021)	.064	.052	.249* (.034)	-.120	-.058	-.379** (.001)	2.68	1.268
Substance use	—	—	—	—	—	—	.251* (.032)	.195	.223	.069	.009	-.139	.310** (.008)	-.008	-.143	-.336** (.004)	4.56	2.121
Use of emotional support	—	—	—	—	—	—	—	.692** (.000)	.118	.335** (.004)	.271* (.020)	.376** (.001)	.028	.243* (.038)	0.51	.058	5.43	1.641
Use of instrumental support	—	—	—	—	—	—	—	—	.029	.340** (.003)	.269* (.021)	.437** (.000)	-.019	.200	.139	.005	5.25	1.847
Behavioral disengagement	—	—	—	—	—	—	—	—	—	.256* (.029)	.061	.027	.284* (.015)	-.046	-.105	.638** (.000)	5.00	1.787
Venting	—	—	—	—	—	—	—	—	—	—	.136	.245* (.037)	.143	.056	-.087	.273* (.019)	4.83	1.395
Positive reframing	—	—	—	—	—	—	—	—	—	—	—	.462** (.000)	.074	.348** (.003)	.247* (.035)	.037	5.29	1.646
Planning	—	—	—	—	—	—	—	—	—	—	—	—	-.046	.431** (.000)	.070	.048	6.00	1.462
Humor	—	—	—	—	—	—	—	—	—	—	—	—	—	.057	.030	.444** (.000)	5.29	2.051
Acceptance	—	—	—	—	—	—	—	—	—	—	—	—	—	—	.107	.162	5.79	1.343
Religion	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	-.066	3.29	1.775
Self-blame	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5.64	1.961

Values in parentheses indicate *p* values

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed)

Table 2 *Inter-correlations, Means, and Standard Deviations of Barriers to Seeking Psychological Help (BSPHS)*

	Fear of being stigmatized by society	Trust in mental health profession	Difficulties in self-disclosure	Perceived devaluation	Lack of knowledge	<i>M</i>	<i>SD</i>
Fear of being stigmatized by society	—	.396**	.451**	.688**	.530**	8.93	3.88
Trust in mental health profession	—	—	.718**	.380**	.288*	4.73	1.69
Difficulties in self-disclosure	—	—	—	.524**	.363**	7.28	2.85
Perceived devaluation	—	—	—	—	.555**	4.61	2.09
Lack of knowledge	—	—	—	—	—	8.12	2.76

Appendix B

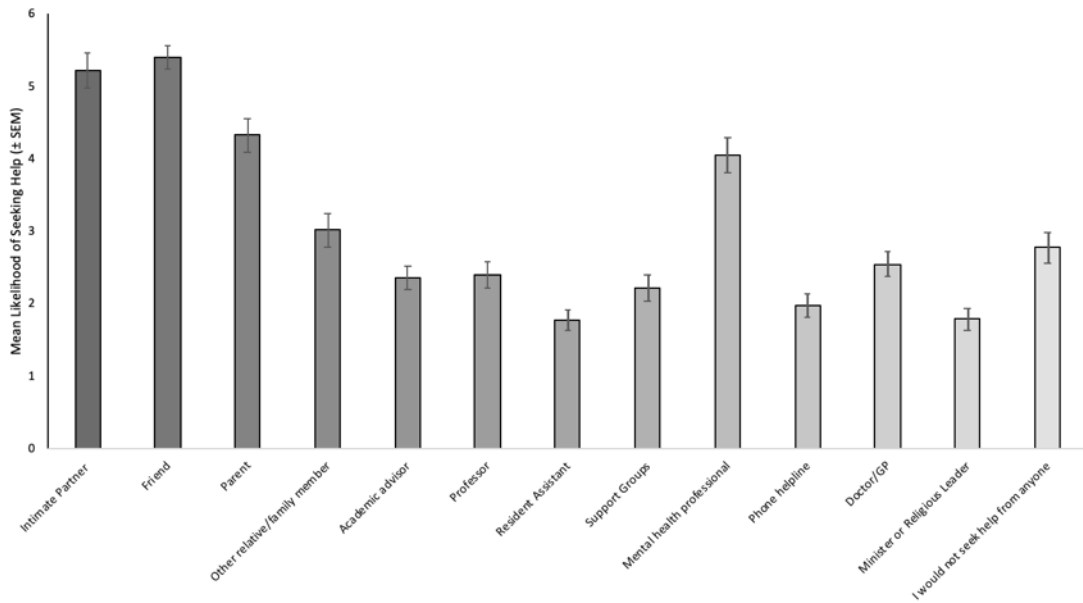


Figure 1 Frequencies of the degree to which participants would seek help from informal and formal support systems. Overall, participants indicated they were more likely to seek help from an intimate partner, friend, parent, or mental health professional.

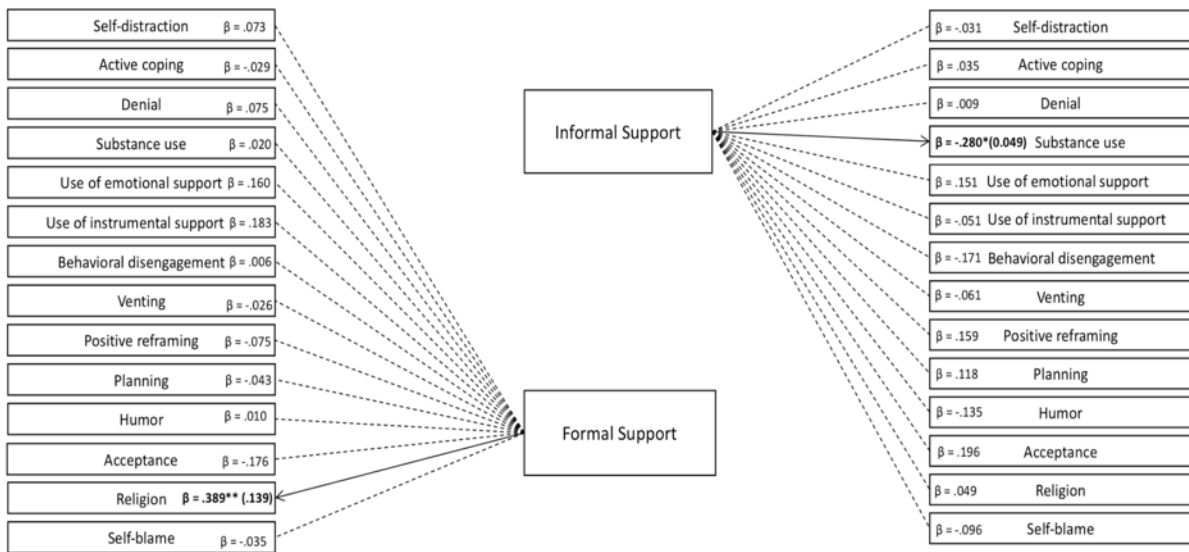


Figure 2 A regression analysis was conducted to examine whether help-seeking behavior (informal, formal) is predictive of coping mechanisms (Brief COPE subscales). Informal support seeking was predictive of less substance use ($\beta = -.280$, $t(5.625) = -2.312$, $p = .024$, $R^2 = .049$) and formal support was predictive of religion as a coping mechanism ($\beta = .389$, $t(.890) = .348$, $p = .001$, $R^2 = .139$).

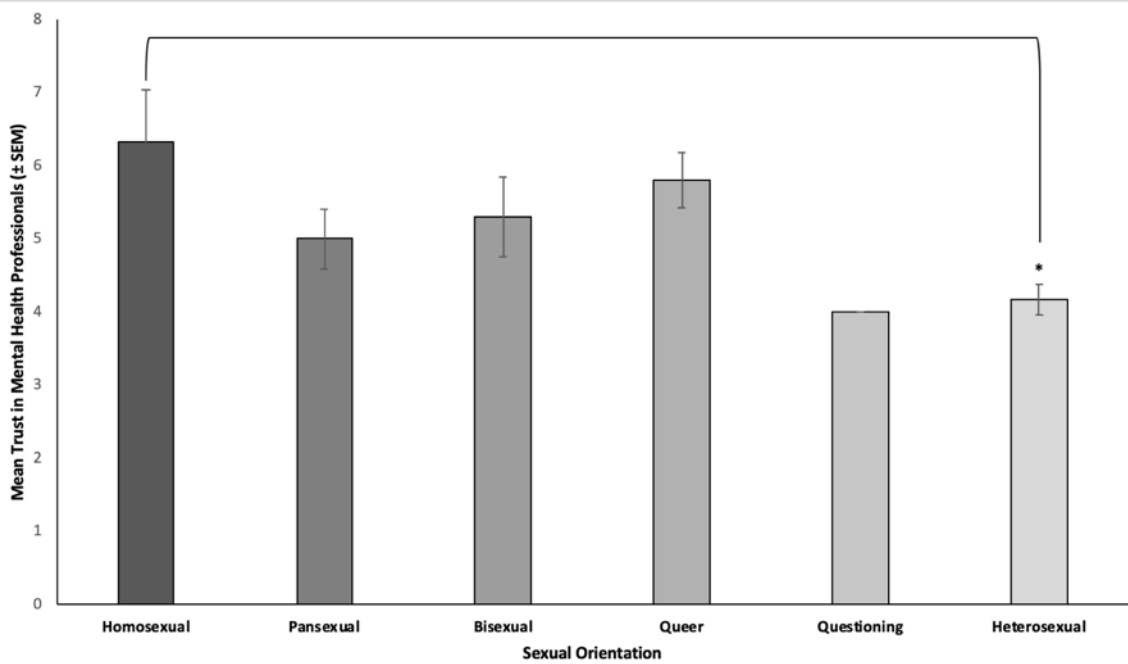


Figure 3 Main effect of sexual orientation on trust in mental health professionals, $F(4, 73) = 4.715, p = .002$. Asterisk indicates a significant difference between homosexual and heterosexual, $p = .003$, based on post-hoc Tukey analyses. Large effect size, $d = 1.18$.