Evaluating mental health literacy and help seeking behaviours in UK university students: A country wide study

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Structured Abstract:

Purpose: Despite high prevalence of mental health problems, few students know where to turn to for support. The aim of this study was to gain a UK wide perspective on levels of mental

health literacy amongst university students and to examine the relationship between mental health literacy and mental health help seeking behaviours.

Methodology: A total of 300 university students in the UK participated in this online cross-sectional study. Participants filled out the Mental Health Literacy Scale, the General Help-Seeking Questionnaire, Kessler Psychological Distress Scale 10, The Warwick-Edinburgh Mental Well-Being Scale, and the Self-Compassion Scale: Short Form.

Findings: Overall, 78% of participants indicated mild or more severe symptoms of distress. Students reported lower levels of mental health literacy when compared to students in other nations. Women, bisexuals, and those with a history of mental disorders indicated high levels of mental health literacy. Participants indicated they were most likely to seek support from intimate partners and least likely to seek support from religious leaders. No significant correlations were found between mental health literacy and help seeking behaviours. Mental health literacy was not correlated with distress, mental well-being, or self-compassion. Help seeking behaviours were only significantly positively correlated with mental well-being.

Originality/value: Universities should address strategies to improve help seeking behaviours in an effort to address overall mental well-being. Programmes may wish to help provide students with information about accessing face-to-face support systems. Environmental strategies to foster mental well-being on campus should also be explored.

RUNNING HEAD: Mental health literacy in UK university students

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Keywords: mental health literacy, mental health, university students, well-being

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Introduction

University students in the United Kingdom (UK) experience a great deal of mental health problems, including symptoms of major depressive disorder, anxiety, stress, as well as thoughts of self-harm and suicide (Reavley and Jorm, 2010). Despite high prevalence of mental health problems, research conducted by the National Union of Students for the All Party Parliamentary Group on Students (2015) found that less than half (46%) of those surveyed sought help, with a third of students not knowing where to turn to for support. Previous research that has examined mental health literacy in UK university students has shown that greater knowledge of mental health problems is significantly positively correlated with help-seeking intentions (Gorczynski et al., 2017). Mental health literacy refers to the knowledge and beliefs of and attitudes toward symptoms of mental health problems, risk factors and causes, self-help interventions, mental health professionals, and help-seeking behaviours (Jorm et al., 1997). Research conducted by Gorczynski and colleagues (2017) has shown that UK university students have lower levels of mental health literacy than seen in other student populations in Australia (O'Connor and Casey, 2015), indicating that UK university students may have poor symptom recognition and little knowledge of who to turn to for support. Although this research was the first to examine the multiple dimensions of mental health literacy, as defined by Jorm and colleagues (1997), it provided insight into the students at one UK university.

The aim of this current study was to gain a UK wide perspective on levels of mental health literacy amongst university students and to examine the relationship between mental

health literacy and mental health help-seeking behaviours. Secondary aims of the study were to examine the relationships between mental health literacy and mental health seeking behaviours with distress, mental well-being, and self-compassion.

Methodology

Setting and sample

After ethical approval, participants who were 18 years or older and registered as a student at a UK university were recruited to take part in the study through the assistance of Qualtrics Research Panels, an online survey company. If participants met inclusion criteria and indicated informed consent, they filled out the online survey anonymously.

Materials

Demographic Data. Participants were asked to provide information on age, gender, sexuality, previous diagnosis of a mental disorder, and current education year.

Mental Health Literacy Scale. The Mental Health Literacy Scale contains 35 items that assess disorder recognition, knowledge of help-seeking information, knowledge of risk factors and causes, knowledge of self-treatment, knowledge of professional treatments available, and attitudes toward promoting positive mental health or help-seeking behavior (O'Connor and

Casey, 2015). The Mental Health Literacy Scale ranges from 35 to 160, where higher scores indicate greater mental health literacy. Questions nine and ten were modified to be specific to the UK context, where "Australia" was switched with "UK" (Gorczynski et al., 2017). The Mental Health Literacy Scale showed excellent internal consistency with a Cronbach's alpha of .902.

The General Help-Seeking Questionnaire. One question from the General Help-Seeking Questionnaire was used to assess intentions to seek help for mental health problems (Wilson *et al.*, 2007). Participants were asked: "If you were having a personal or emotional problem, how likely is it that you would seek help from the following people?" On a scale of 1 (extremely unlikely) to 7 (extremely likely), participants indicated their level of intention to seek help from a number of individuals (e.g., intimate partner, friend, mental health care professional, religious leaders). Higher scores indicated a greater intention to seek help from a specific individual. The General Help-Seeking Questionnaire has been shown to have good test-retest reliability (r=.92), and be highly correlated with seeking counselling (r_s=.17, $p<0.05$) (Wilson *et al.*, 2007).

Kessler Psychological Distress Scale 10. The Kessler Psychological Distress Scale 10 contains 10 items that measure psychological distress (Kessler *et al.*, 2002). On a scale of 1 (none of the time) to 5 (all of the time), participants indicated their level of agreement to different statements, where higher scores indicated higher levels of distress. Total Kessler Psychological Distress Scale 10 scores range from 10 to 50, with scores under 20 indicating an individual is likely to be well and not in distress. The Kessler Psychological Distress Scale 10 indicated excellent internal consistency with a Cronbach's alpha of .923.

The Warwick-Edinburgh Mental Well-being Scale. The Warwick-Edinburgh Mental Well-being Scale contains 14 items that measure mental well-being (Tennant et al., 2007). On a scale of 1 (none of the time) to 5 (all of the time), participants indicated how often they felt aspects of positive mental health, where higher scores indicated higher levels of mental well-being. Scores for the Warwick-Edinburgh Mental Well-being Scale range from 14 to 70. The Warwick-Edinburgh Mental Well-being Scale indicated excellent internal consistency with a Cronbach's alpha of .944.

Self-Compassion Scale-Short Form. The Self-Compassion Scale-Short Form contains 12 items that measure how much warmth, connection, and concern individuals give themselves during an experience of poor mental health (Raes et al., 2011). On a scale of 1 (almost never) to 5 (almost always), where higher scores indicate higher levels of self-compassion. Scores for the Self-Compassion Scale-Short Form range from 12 to 60. The Self-Compassion Scale-Short Form indicated good internal consistency with a Cronbach's alpha of .847.

Data Analysis

To examine differences amongst demographic variables, such as gender, sexuality, previous diagnosis of mental disorders, and current education year, analyses of variance were conducted. To examine relationships amongst different measures, Pearson correlations were used. For all analyses, an alpha level of .05 was used.

Results

Demographic Data

A total of 300 individuals, between the ages of 18 and 25 years, participated in the study and fully completed all required questionnaires. Complete demographic information can be seen in Table 1.

<insert Table 1>

The Mental Health Literacy Scale

The mean Mental Health Literacy Scale score was 123.5 (SD=15.5, Range=83.0-154.0, 95% CI=121.8-1265.3). Women indicated significantly higher levels of mental health literacy (M=129.9, SD=8.5) than men (M=118.0, SD=14.7) ($F(3, 296) = 17.3$, $p=.000$). Individuals who identified as bisexual had significantly higher levels of mental health literacy (M=131.4, SD=13.2) than heterosexuals (M=122.3, SD=13.4) ($F(4, 295) = 4.484$, $p=.002$). No significant differences in mental health literacy were seen between individuals in different years of study ($F(5, 294) = .326$, $p=.897$). Those with a previous diagnosis of a mental disorder had significantly higher levels of mental health literacy (M=131.2, SD=15.4) than those without a history of mental disorder (M=120.4, SD=14.4) ($F(1, 298) = 32.757$, $p=.000$).

The General Help-Seeking Questionnaire

The mean General Help-Seeking Questionnaire score was 34.2 (SD=8.3, Range=9.0-63.0, 95%CI=33.2-35.1). Individuals indicated they were most likely to seek support from intimate partners (M=5.13,SD=1.8) and friends (M=4.53, SD=1.63) and least likely to seek support from ministers or religious leaders (M=2.1, SD=1.6) and a telephone helpline (M=3.14, SD=1.75). Individuals were more likely to seek support from mental health professionals (M=4.46, SD=1.72) than seeking help from their parents (M=4.37, SD=1.97). Help-seeking intentions did not differ amongst different genders ($F(3, 296) = 1.631$, $p=.182$), between different years of study ($F(5, 294) = .713$, $p=.614$), or between those with or without a previous diagnosis of a mental disorder ($F(1, 298) = .740$, $p=.390$). With respect to sexuality, significant differences only existed between heterosexuals (M=34.9, SD=8.2) and those who identified by an other form of sexuality (M=25.8, SD=10.4), with heterosexuals showing greater intentions to seek support ($F(4, 295) = 4.363$, $p=.002$).

Kessler Psychological Distress Scale 10

The mean Kessler Psychological Distress Scale 10 score was 26.1 (SD=9.0, Range=10.0-50.0, 95% CI=25.0-27.1). In total, 219 individuals (73%) indicated they may have a mild (N=83, 27.7%), moderate (N=47, 15.7%), or severe (N=89, 29.7%) mental health disorder. Trans individuals indicated a significantly higher level of distress (M=41.0, SD=5.6) than men (M=24.5, SD=8.4) and women (M=27.4, SD=9.1) ($F(3, 296) = 7.374$, $p=.000$). Both heterosexuals (M=25.1, SD=8.6) and gay men (M=25.8, SD=8.0) had significantly lower levels of distress than lesbians (M=40.5, SD=3.5) ($F(4, 295) = 6.397$, $p=.000$). No significant

differences in distress were seen between individuals in different years of study (F(5, 294) = .275, p=.927). Individuals with a previous diagnosis of a mental disorder had significantly higher levels of distress (M=31.7, SD=7.9) than those without a history of a mental disorder (M=23.8, SD=8.4) (F(1, 298) = 55.344, p=.000).

The Warwick-Edinburgh Mental Well-being Scale

The mean Warwick-Edinburgh Mental Well-being Scale score was 43.0 (SD=11.4, Range=16.0-70.0, 95% CI=41.6-44.4). Men indicated significantly higher levels of mental well-being (M=44.3, SD=11.5) than trans individuals (M=26.3, SD=8.5) (F(3, 257) = 3.511, p=.016). No other gender differences were evident in the results (p<.05). Heterosexuals indicated high levels of mental well-being (M=44.4, SD=11.2) than both lesbians (M=27.3, SD=5.9) and individuals of other sexualities (M=31.9, SD=6.9) (F(4, 256) = 6.428, p=.000). No significant differences in mental well-being were seen between individuals in different years of study (F(5, 255) = .364, p=.873). Individuals with a previous diagnosis of a mental disorder had significantly lower levels of mental well-being (M=36.5, SD=9.9) than those without a history of a mental disorder (M=45.7, SD=10.9) (F(1, 259) = 39.735, p=.000).

Self-Compassion Scale-Short Form

The mean Self-Compassion Scale-Short Form score was 35.8 (SD=8.0, Range=12.0-51.0, 95% CI=34.8-36.8). No significant differences in self-compassion were noted for different genders

(F(3, 257) = .685, p=.562), sexualities (F(4, 256) = 1.733, p=.143), or years of study (F(5, 255) = .906, p=.478). Individuals with a previous diagnosis of a mental disorder had significantly lower levels of self-compassion (M=33.3, SD=9.5) than those without a history of a mental disorder (M=36.8, SD=7.1) (F(1, 259) = 10.776, p=.001).

Comparing mental health literacy with help-seeking behaviours, mental health, and self-compassion

The Mental Health Literacy Scale score was not significantly correlated with the General Help-Seeking Questionnaire, the Kessler Psychological Distress Scale 10, the Warwick-Edinburgh Mental Well-being Scale, or the Self-Compassion Scale-Short Form (p>.05). The General Help-Seeking Questionnaire total score was significantly positively correlated with the Warwick-Edinburgh Mental Well-being Scale r(261)=.344 p=.000, indicating that those with higher intentions to seek support for mental health problems also had higher levels of mental well-being. Total scores of the Self-Compassion Scale-Short Form were significantly positively correlated with the Warwick-Edinburgh Mental Well-being Scale r(261)=.287, p=.000 and significantly negatively correlated with the Kessler Psychological Distress Scale 10 r(261)=-.201, p=.001, respectively, meaning that those individuals how show greater compassion to themselves have higher levels of mental well-being and lower levels of distress.

Discussion

The aim of this study was to gain a UK wide perspective on levels of mental health literacy amongst university students and to examine the relationship between mental health literacy and mental health help-seeking behaviours. A secondary aim of the study was to examine the relationships between mental health literacy and distress, mental well-being, and self-compassion. The findings from this study showed that students in the UK reported lower levels of mental health literacy when compared to students in Australia (O'Connor and Casey, 2015). Students in Australia indicated a level of 127.38, compared to a level of 123.50 in the current study. This different result may be due to the representative nature of the sample used in the current study. O'Connor and Casey (2015) relied on first year students from psychology courses at one university, whereas the current study sampled university students from all courses across the UK. Women, bisexuals, and those with a history of mental disorders indicated significantly higher levels of mental health literacy. Participants indicated they were most likely to seek support from intimate partners and least likely to seek support from religious leaders. No differences in help-seeking behaviours were seen between genders, individuals in different years of study, or for those with a previous diagnosis of a mental disorder. Differences in help-seeking behaviours were only seen between heterosexuals and members of sexual minorities, with heterosexuals being significantly more likely to seek support. Overall, 78% of participants indicated mild or more severe symptoms of distress, with trans individuals, lesbians, and those with a previous diagnosis of a mental disorder indicating the highest levels of symptom severity. With respect to mental well-being, trans individuals, lesbians, and those with a previous diagnosis of a mental disorder indicated the lowest levels. As for self-compassion, individuals

with no history of mental health problems indicated significantly greater levels of care toward themselves.

Overall, no significant correlations were found between mental health literacy and help-seeking behaviours. Furthermore, mental health literacy was not correlated with distress, mental well-being, or self-compassion. Help-seeking behaviours were only significantly positively correlated with mental well-being, meaning those with higher intentions to seek support for mental health problems also had higher levels of mental well-being.

Previous research has shown a significant relationship between mental health literacy and help-seeking intentions (Gorczynski et al, 2017; O'Connor and Casey, 2015). These studies stand in contrast to the current findings where no significant relationship was found. As mentioned earlier, these differences may be due to sampling differences between the current and previous studies, respectively. Whereas the current study used a more representative sample from across the UK, Gorczynski et al. (2017) and O'Connor and Casey (2015) relied on samples from one university. A non-significant correlation could have resulted from students not knowing where to access support and resources or harboring negative attitudes toward mental health. For instance, a closer look at our data indicated that 66.3% of students were confident they could seek out and find information on mental health problems by themselves. In particular, 79.0% of students knew they had direct access to resources that could facilitate finding information on mental health problems. Although 70.0% of students were confident about using online platforms to access information on mental health problems and services, only 48.3% of students knew about accessing face-to-face support. With respect to mental illness stigma and seeking support from practitioners, 23.0% of students indicated they would not tell anyone if they had a

mental illness, with a further 15.7% of students not willing to seek out any mental health professional support if they needed it. In total, 11.7% of students believed seeing a mental health professional would not be effective. With regards to the treatment of others living with mental health problems, 11.0% of students would be unwilling to live next to someone living with a mental health problem.

Work remains to be done to help students develop positive attitudes toward mental health help-seeking behaviours. Specifically, researchers have called for the reduction of barriers to accessing mental health information and services and the promotion of benefits of treatment. Vidourek and colleagues (2014) have suggested that mental health professionals on campuses should remove all obstacles to seeking mental health information and support. Their research has found that the biggest barriers to seeking help were embarrassment of seeking support, denial of mental health problems existing, and not wanting to be labeled 'crazy.' Vidourek and colleagues (2014) have suggested that in order to overcome the stigma of seeking support for mental health problems, universities need to communicate more often with their students about poor mental health and the potential services available to them. They recommend that universities should offer more education that focuses on the benefits and overall effectiveness of treatment. Additionally, such an approach would help normalize mental health help-seeking behaviours.

Researchers have noted that different barriers to university students seeking help for mental health problems exist, including lack of time, privacy concerns, financial constraints, and lack of belief in treatment effectiveness (Givens et al., 2002; Eisenberg et al., 2009; Komiya et al., 2000; Megivern et al., 2003; Mowbray et al., 2006; Tija et al., 2005). Similarly to Vidourek and colleagues (2014), researchers have recommended further education campaigns to help

students manage their time; and reinforce standards of care that fully explain patient confidentiality, financial costs of treatment, insurance coverage, alternative therapeutic support, and the overall effectiveness of treatment.

In light of our current findings, such that mental health literacy was not significantly correlated with mental health help-seeking behaviours or other mental health outcomes, other strategies should be advocated to maximize mental well-being and minimize distress in students. Such strategies would be in line with our results that indicated that higher levels of mental well-being were significantly positively correlated with mental health help-seeking behaviours. For instance, environmental strategies should be investigated to help remove as much stress from the student environment as possible. Research has shown that students are mostly stressed by course loads, exams, balancing study responsibilities and other commitments, grades and performance, financial constraints, as well as social pressures (National Student Survey, 2013). Research by Harrison and colleagues (2016) has suggested that universities should focus on improving student mental well-being by creating programs that foster strong social ties between students and help manage their course workload in an organized and supported manner. Furthermore, research by Kotter et al. (2015) suggests that entire curriculum changes are necessary to help alleviate stress for students, in particular a redistribution of workload throughout the year, prioritization of teachable content, and reconsideration in the manner in which students are graded and evaluated.

Researchers advocate for mental health knowledge being promoted to students in order to promote mental health help-seeking behaviours to ultimately improve overall mental well-being (Kim et al., 2015; Reavley et al., 2014). Such mental health knowledge needs to specifically

address and overcome challenges individuals have with seeking support, and not be rooted in knowledge about mental health symptoms and disorders. Other institutional approaches may be necessary to bring about a shift in the culture of good mental health promotion amongst students. In a sense, researchers have advocated for the creation of good learning environments that foster mental well-being (Watling, 2015). Additionally, such institutional changes must also take into consideration how students from minority groups can be made to feel welcome and supported, especially Black and Minority Ethnic (BME) groups and sexual and gender minorities. Strategies to further promote all forms of inclusivity on campus are desperately needed.

Regarding strengths, this study only utilized measures that have been shown to be reliable in previous research. Second, a large sample size was recruited from across the UK, involving students at various institutions. However, future efforts must be made to broaden the sample and capture the perspectives of more women and students who are older than 25 years. Additionally, greater efforts must be made to recruit more postgraduate students, as they only represented 9.7% of the total sample in the current study. Research from the UK shows that roughly 24% of the total university student population is enrolled in postgraduate education (Universities UK, 2018). Lastly, 28.3% of individuals who participated in the current study had a previous diagnosis of a mental disorder. This figure is higher than a recent survey of UK students in higher education that found 21.5% had received a previous diagnosis of a mental disorder (The Insight Network, 2019). In essence, the current study may have over sampled individuals with a diagnosis of a mental disorder. With respect to other limitations, this was a cross sectional study so only relationships could be evaluated between variables. Additionally, race and ethnicity were not captured as part of this study. Future research will need to include this information as

research has shown that Black and Minority Ethnic (BME) communities face considerable barriers to accessing mental health services (Memon et al., 2016). Lastly, this study captured data in an anonymous manner in an effort to recruit a large sample size. Previous research has shown that individuals are more likely to disclose information concerning their mental health if anonymous data collection methods are used (Berry et al., 2017; Fear et al., 2012). As a result, caution must be taken interpreting these findings.

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