

BARRIERS TO HELP-SEEKING AMONG COLLEGE STUDENTS

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BARRIERS TO HELP-SEEKING AMONG COLLEGE STUDENTS

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ABSTRACT

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The rigorous demands and expectations placed on college students can lead to burn out and trigger severe mental health issues. Therefore, more needs to be understood about college students' help-seeking behavior and underutilization of professional mental health care services. The current research on help-seeking points to six key barriers (negative perceived value, lack of knowledge, discomfort with emotions, lack of access, cultural barriers, and stigma). This thematic analysis qualitative study investigated how these key barriers were perceived by eight undergraduate college students. Through thematic analysis, participants indicated that cultural stigma, relationship with service providers, time and lack of access played a significant role in their help-seeking. This research can inform universities and service providers to better address mental health and the underutilization of professional services among college students in the future.

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CHAPTER I

INTRODUCTION

Statement of the Problem

Help-seeking is an adaptive process whereby a person seeks external support for a problem (Pretorius, Chambers, Cowan, & Coyle, 2019). Help-seeking in response to mental health concerns can prevent mental illness and help eliminate personal difficulties that hinder the individual. It can be difficult for individuals to talk about deep emotions and uncomfortable situations, and for that reason, it is not common for young people to utilize professional resources (Coppens et al., 2013). Mental health issues faced by young adults can stem from numerous things such as worry, stress, abuse, and/or traumatic events. When it comes to help-seeking for a mental health issue, the process is ultimately determined by structural and sociocognitive factors (Cornally & McCarthy, 2011; Rickwood, Deane, & Wilson, 2007). Help-seeking can be particularly difficult in young adulthood.

Each individual has their own upbringing and experiences that have shaped the way they view receiving help and whether it is necessary. Negative Perceived Value, Discomfort with Emotions, Lack of Knowledge, Lack of Access, Cultural Barriers & Stigma are six of the barriers to help-seeking identified in the current literature (Shea, Wong, Gonzalez & Nguyen, 2019). In addition to these barriers, Rickwood, Deane, & Wilson, (2007) identified lack of emotional competence, high reliance on self to solve problems, low self-efficacy, and negative attitudes toward help-seeking as barriers to help-seeking. There are also numerous factors that encourage help-seeking, including: knowledge, social encouragement, and the availability of established and trusted relationships with professionals such as general practitioners (Gulliver et al., 2010).

Hunt and Eisenberg (2010) noted that mental disorders account for nearly one-half of the disease burden for young adults in the United States, and most lifetime mental disorders have first onset by the age of 24 years. The percentage of adults who had received mental health treatment in the past 12 months was lowest among those aged 18–44 years (18.5%). In addition, the national suicide rate has been rising since the mid-2000s and in 2017 over 47,000 Americans took their own lives (afsp.org, 2021). Research shows that the individuals who are most likely to seek help tend to have conventional attitudes, high self-efficacy, and a sense of closeness with their communities (George & Durham, 2016). In contrast, youth who have negative family relationships are more susceptible to stress, negative mental health, and physical symptoms. These non-supportive family situations can detract from someone's mental health and cause mental illness to worsen. While the need for mental health services is apparent, more research is needed to understand the barriers to help-seeking by young adults. Minoritized and marginalized populations often suffer from poor mental health outcomes due to factors such as inaccessibility to high quality mental health care services, cultural stigma, lack of awareness about mental health, and fear of discrimination (American Psychiatric Association, 2017). Understanding differences across gender and ethnicity may also be a valuable tool to increase help-seeking behaviors for college-aged students.

There are currently agencies and resources to help young adults but only about 10% of psychologically distressed college students seek professional help (Marsh & Wilcoxon, 2015). Barriers to help-seeking have been studied by gender, ethnicity, and age group (Heath, Brennan, Vogel, Lannin, & Strass, 2017; Mackenzie, Heath, Vogel, & Chekay, 2019). However, more research is needed to better understand the barriers to help-seeking that affect college students in particular. According to the National Center for Education Statistics (2020), almost 20 million

students enrolled in universities for the fall 2019 semester. Of those students, up to 39% suffer from mental health concerns including anxiety, depression, suicidal ideation, and substance abuse (Mental Health Statistics, 2021). The National Center for Biotechnology Information research shows that about one in five college students have engaged in non-suicidal self-injury, including burning, cutting, or bruising themselves intentionally (Pedrelli et al., 2014).

College men are at particular risk because less than 1/3 of college men seek psychological help per year when experiencing mental health concerns (Heath, Brenner, Vogel, Lannin & Strass, 2017). Research has also shown college-aged men are less likely to correctly identify depression, anxiety, and severe stress (Pedrelli et al., 2014). Overall, men report poorer attitudes about seeking information related to counseling and mental health (Rafal, Gatto & Debate, 2018). More research can help identify why men, in particular, struggle with identifying their feelings and better understand why they underutilize the resources available. There are also rising concerns surrounding heightened suicide rates in certain subgroups of Asian American and Latino college men (Chu, Hsieh, & Tokars, 2011). In addition to understanding common perceived barriers to help-seeking among college men, research highlighting ethnicity and culture can provide additional insights.

College women are at risk because by mid-adolescence women are twice as likely as men to develop mood disorders, and studies show that nearly a quarter of adolescent women display depressive symptoms (ADAA, 2017). Potential exposure to violence also makes a woman three to four times more likely to be affected by depression. ADAA (2017) reports that women are twice as likely as men to be diagnosed with panic disorder (which affects 6 million U.S. adults) and with specific phobias (which affect 19 million adults in the U.S). Overall, the prevalence of

serious mental illness is almost 70% greater in women than in men. The barriers that hinder college women's decisions to seek help are important to understand.

The barriers to help-seeking for those who identify as non-binary or gender fluid are important to understand as well. While there is a wealth of research investigating the mental health of men and women, there is sparse research investigating the mental health of those who identify as non-binary or gender fluid. These individuals are at particular risk because they tend to have heightened levels of depression, anxiety, substance use, suicidality, and poor mental and overall self-rated health (Reisner & Hughto, 2019). College students that identify as non-binary or gender fluid often face unique stressors that binary college students do not. Some of these stressors include coming out to others, transitioning gender, limited access to academic and mental health care, and non-affirming campus climates (Bonetti et al., 2021). The barriers to help-seeking among this population need to be understood in order to serve their mental health care needs.

The prevalence of mental health issues among college students raises questions about the barriers faced when deciding whether to seek professional help. Research that explores the barriers faced by college aged individuals will help guide future research on barriers to help-seeking for college students. Understanding college student experiences can also help guide practitioners to better address and overcome the barriers.

Purpose of the Study

The purpose of this study was to provide a better understanding of barriers to help-seeking for college students. This study sought to answer the research question: How are barriers to help-seeking experienced by college students? This study provides a rich description of college students' experiences of the six barriers identified through previous research: Negative

Perceived Value, Discomfort with Emotions, Lack of Knowledge, Lack of Access, Cultural Barriers & Stigma (Shea, Wong, Gonzalez & Nguyen, 2019).

Significance of the Study

Extensive quantitative research has been conducted to address the barriers to help-seeking for college students. Limited qualitative research exists that describes how the barriers are experienced. This study aims to fill the gap in the literature by providing a deeper and more detailed understanding through qualitative inquiry. This rich understanding can help practitioners eliminate the barriers and increase use of professional mental health services by college students.

CHAPTER II

LITERATURE REVIEW

This literature review describes help-seeking and explores the existing barriers to help-seeking for college students. This includes a focus on the identified barriers throughout the literature, as well as cultural factors that may influence the willingness of college students to seek help for mental health issues. Six barriers to help-seeking are discussed: Negative Perceived Value, Discomfort with Emotions, Lack of Knowledge, Lack of Access, Cultural Barriers & Stigma (Shea, Wong, Gonzalez & Nguyen, 2019).

Definition of Help-Seeking and Associated Concerns

Help-seeking in response to mental health concerns can prevent mental illness and help eliminate personal difficulties that hinder individuals. Though help-seeking may seem like an easy solution to mental health concerns, it is not common for young people to utilize professional resources. Existing literature suggests young adults are the demographic that has the greatest need for psychological intervention because of the onset of mental illness (Gonzalez, Alegria, & Prihoda, 2005) and high reported rates of suicide among college aged individuals (15 to 24 years) (Klineberg, Biddle, Donovan, & Gunnell, 2011; Richardson, Clarke, & Fowler, 2013).

The national suicide rate has been rising since the mid-2000s; in 2017, over 47,000 Americans took their own lives (CDC). The lack of help-seeking for men can be attributed to many factors including socialized masculinity norms, self-reliance, and emotional control (Sagar-Ouriaghli et al., 2019). Empirical research shows that low treatment rates for men cannot be explained by better health and instead can be attributed to a discrepancy between perception of need and help-seeking behavior (Möller-Leimkühler, 2002).

While women are more likely than men to reach out for help with mental health concerns, they tend to speak to a primary care physician instead of a licensed mental health professional (Mission Harbor Behavioral Health, 2021). With women being three times as likely to develop depression and anxiety (Mission Harbor Behavioral Health, 2021), it's important to understand the barriers to help-seeking for them.

In addition, it's important to understand the barriers to help-seeking among non-binary individuals. Howell, J., & Maguire, R (2019) investigated the differences in help-seeking among those who identify as cisgender and transgender. In this study, transgender participants were less likely to seek help for mental health problems. Transgender participants in this study reported lower levels of optimism and self-esteem than cisgender participants. In addition, they reported higher levels of psychological distress. To address the mental health needs of cisgender college students, more needs to be understood about the barriers that prevent them from seeking professional mental healthcare.

Negative Perceived Value

Attitude towards treatment is an important aspect of help-seeking behaviors. Not perceiving a need for treatment is the most cited reason for not seeking treatment among individuals with mental illness (Andrade et al., 2014; Mojtabai et al., 2011). Negative attitudes toward help-seeking are most common in young adults, especially those with lower education, low socioeconomic resources, and with substance abuse or dependence problems (Jagdeo et al., 2009). An important finding from Jagdeo et al. (2009) was that people with the greatest need for services have the poorest attitudes towards help-seeking. Overall, women exhibit more favorable intentions to seek help from mental health professionals than men and this can be attributed to attitudes concerning psychological openness (Mackenzie, Gekoski & Knox, 2007). The link

between attitudes and help-seeking behavior is often not direct and is often moderated by other factors, including norms and expected consequences of the behavior (Mojtabai et al, 2016).

Lack of Knowledge

Limited knowledge about mental illness can prevent individuals from recognizing a mental illness and seeking treatment. Data from the National Comorbidity Survey revealed that of the 6.2% of respondents who had a serious mental illness in the 12 months prior to the survey, fewer than 40% had received stable treatment (Kessler et al., 2011). Mental Health Literacy (MHL) is the ability to recognize specific disorders; knowing how to seek mental health information; knowledge of risk factors and causes, of self-treatments, and of professional help available; and attitudes that promote recognition and appropriate help-seeking (Jorm, 2012).

People with limited mental health literacy (MHL) may be unable to recognize signs of distress in themselves or others, which in turn can stop them from seeking support (Jorm, 2012). Furthermore, a lack of understanding about mental health in the general public can lead to discrimination and stigma toward those living with mental health problems. MHL is an empowerment tool that helps individuals understand their own mental health and enables them to reach out to a mental health professional for help.

Lack of Access

Numerous barriers interfere with the access to mental health care. According to the Kaiser Family Foundation (2020), there are shortage areas in every US state. The Foundation determined that the nation needs to hire over 7,000 mental health clinicians to address the shortage. This shortage is making it difficult for patients to receive care. A National Council of Behavior Health (2020) survey reported that 31% of patients faced appointment wait times of longer than one week. This can significantly impact patients who are in crisis. Many patients also

must travel long distances to visit a mental health clinician. Forty-six percent of patients report that they or someone they know has had to travel more than an hour to access care in a timely manner. These travel distances can be prohibitive for patients who lack access to transportation or the social supports that enable them to take time to travel.

Cultural Barriers

There are significant differences in mental healthcare access for different racial and ethnic groups. Buchmueller et al. (2016) investigated how the Affordable Care Act has influenced mental healthcare access. The study found that Caucasians are the only racial group in which most people with severe psychological issues get treatment. More than half of people with severe mental illness who are Black, Hispanic, or Asian do not seek treatment. Centers for Disease Control and Prevention (2008), highlighted disparities in mental health among racial/ethnic groups, including that Asian Americans 15–24 years old have significantly higher suicidal rates than do other racial/ethnic groups of the same age range. Researchers have attributed this mental health disparity to Asian students' underutilization of professional services (Lee et al. 2012). Studies suggest that doctors sometimes discriminate, or decline to accept minority patients (Lee et al. 2012). At the same time, people are less likely to seek help if they think their doctor cannot understand or empathize with their background or cultural differences and experiences. Investigating the perceived barriers to help-seeking from a racial and ethnic standpoint can help to better understand the influence that culture has on help-seeking.

Stigma

Stigma is often singled out as the primary factor inhibiting mental health service utilization (Zartaloudi & Madianos, 2010). Barney, Griffiths, Jorm, and Christensen (2006) also found that both self-stigma and perceived public stigma negatively predicted help-seeking

attitudes. While stigma is universal, the experience of the stigmatized person is influenced by culture (Rosseler, 2016). The high levels of stigma associated with mental illness can make it difficult for individuals struggling to seek treatment. Studies examining people's own stigmatizing attitudes have found that higher personal stigma is associated with lower help-seeking among adolescents (Graves, Cassisi, & Penn, 2005). Individuals often fear being labeled as "crazy" and being criticized by their friends, coworkers, boss, or neighbors when they become aware that they have a mental illness or need to seek help. This fear can cause people to avoid seeking treatment, fail to take medications, isolate, and develop low self-esteem.

Two types of stigma have been analyzed in literature related to help-seeking are self-stigma and public stigma. Self-stigma is the process in which a person with a mental health diagnosis becomes aware of public stigma, agrees with those stereotypes, and internalizes them by applying them to the self (Corrigan, Larson, & Kuwabara, 2010). Self-stigma can lower the self-worth or self-esteem of an individual as a result of self-labeling as socially unacceptable in the case of seeking help for a personal or emotional problem (Vogel et al., 2006). Public stigma emerges when pervasive stereotypes lead to prejudice against those who suffer from mental illness (Parcesepe & Cabassa, 2012). Public stigma is problematic and negative perceptions about help-seeking can lead to prejudice, stereotyping, and discrimination. Researchers suggests that beliefs and stereotypes about those who seek help for mental health concerns can lead to forms of discrimination such as avoidance, lack of opportunity, and loss of self-determination (Corrigan & Shapiro, 2010).

Measuring Barriers to Help-Seeking

Extensive research has been conducted to explore help-seeking barriers through a quantitative lens. One result is the creation of multiple scales that measure help-seeking barriers.

There are four prominent scales that measure help-seeking behaviors: one measures barriers in general, one measures attitude, and two measure stigma.

The Mental Help-seeking Attitudes Scale (MHSAS) was designed to measure respondents' overall evaluation (unfavorable vs. favorable) of their seeking help from a mental health professional if they found themselves to be dealing with a mental health concern (Hammer, J. H., Parent, M. C., & Spiker, D. A. 2018). The scale investigates relationships with the following variables: subjective norms, perceived behavioral control, intention, public stigma, self-stigma, and anticipated risks and benefits. Another popular measure of help-seeking is the Barriers to Seeking Mental Health Counseling (BMHC) scale. The BMHC scale reflects 6 “key” barriers including: Negative Perceived Value, Discomfort with Emotions, Stigma, Lack of Knowledge, Lack of Access, and Cultural Barriers (Shea, Wong, Gonzalez & Nguyen, 2019).

Vogel, Wade, & Haake (2006) collaborated to develop the Self-Stigma of Seeking Help (SSOSH) scale. The SSOSH scale was designed “to assess concerns about the loss in self-esteem a person would feel if they decided to seek help from a psychologist or other mental health professional” (Vogel et al., 2006). Vogel, Wade & Ascherman (2009) also collaborated to develop Perceptions of Stigmatization by Others for Seeking Help (PSOSH) scale. The scale was created to measure the level of stigma in one's social network. Research indicates that social network is a key element in the decision process of whether to seek professional help (Vogel, Wade, Wester, Larson, & Hackler 2007).

While quantitative measures of barriers to help-seeking have proven helpful, there is a gap in the literature when it comes to understanding the college student experience of help-seeking. This study was designed to provide a rich and detailed description of college students' experience through a qualitative lens. The key barriers to help-seeking identified by Shea et al.

(2019) using the BMHC scale were investigated in this study to better understand how those barriers are experienced by college students. Help-seeking scale questions also informed the development of interview questions.

The Present Study

Understanding barriers to help-seeking behavior among college students may help explain the underutilization of professional mental health services. Extensive quantitative studies have been conducted investigating the perceived barriers to help-seeking behavior for young adults and college aged students. Few studies have provided the rich and descriptive understanding possible through a qualitative approach. This study will use a thematic analysis qualitative approach to fill the gap in the literature.

CHAPTER III

METHODS

This chapter describes the methodology for this study. The sections that follow describe the research question, research design, participants, instrument, and procedures related to data collection and analysis for the study.

Research Design

This study was designed to answer the research question: How are the key barriers to help-seeking experienced by college students? This study used a thematic analysis qualitative design. Thematic analysis was chosen because it can "provide a rich and detailed, yet complex, account of data" (Braun & Clarke, 2006, p. 78). Thematic analysis requires the researcher to choose the level at which themes will be identified, the analysis approach, the data set, and what will qualify as a theme (Braun & Clarke, 2006). Themes were identified at the latent (or interpretive) level to provide a detailed description of college student experiences of barriers to help-seeking (Braun & Clarke, 2006). A theoretical analysis approach was used because the researcher is interested in further understanding the six barriers that have already been identified through qualitative exploration. The entire body of data (data corpus) was used as the data set. An item was considered a theme if any of the following were true: (a) it provided an understanding of previously identified barriers to help-seeking; (b) it provided new insight into previously unidentified barriers to help-seeking; or (c) it provided insight into differences in barriers based on gender or ethnicity.

Research Question

This study sought to answer the question: How are the key barriers to help-seeking experienced by college students? The study explored the six barriers identified through previous research, which include: Negative Perceived Value, Discomfort with Emotions, Lack of Knowledge, Lack of Access, Cultural Barriers & Stigma (Shea, Wong, Gonzalez & Nguyen, 2019). This study deliberately examined student perspectives of the six identified barriers using an emergent interview design to probe for a detailed understanding of their experiences. The semi-structured interview protocol was designed to investigate each of these barriers individually and was informed by help-seeking scales. While attempting to understand how the key barriers to help-seeking are perceived by college students, it is important that we first understand how the existing research investigating the barriers help-seeking relates to college students. Interview questions are provided in Appendix A.

Participants

The primary investigator sought approval from the Institutional Review Board (IRB) prior to the onset of the study. Recruitment began once IRB approval was obtained. The target population under consideration for this study was college students. Eight students were recruited from a mid-sized, private, Midwestern university. To be eligible to participate in this study, participants had to be between the ages of 18 and 24 years old and an undergraduate student at the university. This age range was chosen because Hunt and Eisenburg (2010) noted that most lifetime mental disorders have first onset by the age of 24 years. Participants for this study were recruited using a combination of convenience and snowball sampling. A recruitment email containing a description of the study was sent to professors, student organizations, and clubs at the university to share with their students/members during the summer and fall semesters of

2021. Interested students were asked to contact the primary investigator directly to protect their anonymity. Volunteers were screened to make sure they met the criteria for the study.

Recruitment continued until 8 participants were identified. The recruitment email can be found in Appendix B. There were no incentives offered to participants that took part in this study.

All of the participants in this research study identified themselves as undergraduate students at the university. Each of the eight participants who agreed to participate and agreed to the informed consent were interviewed individually through Zoom. Interviews lasted between 25-45 minutes. At the beginning of the interview, participants were asked to fill out the demographic questionnaire. The demographic information collected through this questionnaire included: birthplace/country of origin, area of study, gender identity, and academic year. Table 1 provides demographics of study participants.

Table 1. Demographics of Participants

Participant	Birthplace	Gender	Area of Study	Academic Year
Participant 1	United States	Female	Education	Sophomore
Participant 2	United States	Female	Marketing	Junior
Participant 3	Puerto Rico	Female	Pre-Law	Sophomore
Participant 4	United States	Female	Psychology	Sophomore
Participant 5	United States	Non-Binary	Mechanical Engineering	Junior
Participant 6	United States	Male	Graphic Design	Senior
Participant 7	India	Female	Aerospace Engineering	Sophomore
Participant 8	United States	Female	Education	Junior

Data Collection

The interview process spanned from summer semester of 2021 to fall semester of 2022. Interviews were scheduled based on participants' availability. Prior to each interview, participants filled out an informed consent and received a Zoom link for the meeting. The demographic questionnaire was filled out after the meeting concluded. Participants were encouraged to take the Zoom call in a private location to allow for comfort and freedom to share personal information. Data was collected through individual interviews on Zoom, a free, online, HIPAA-compliant platform. Interviews were recorded and transcribed through the application. Transcripts were reviewed by the primary investigator to ensure accuracy. Interview questions were formulated by the primary investigator based on the literature and are designed to answer the research question. The demographic questionnaire was filled out by the participants after the interview was conducted to avoid bias. This study was piloted with 2 college students (one male and one female) to test the questions, practice with the technology, and to determine the length of the interview. Pilot participants were asked to provide feedback and suggestions related to the current protocol prior to the start of the study.

Protection of Human Rights

Participation in this study was voluntary and data was kept confidential. Identifying information was collected for the purpose of coordinating interviews and stored separate from the data. The primary investigator stored all information related to the study on a password-protected computer. The data was not stored in a cloud platform. Participants were required to read and agree to an Informed Consent before beginning the study. The Informed Consent document (found in Appendix C) explained that if students were uncomfortable answering questions throughout the interview, they could choose to skip that question or terminate the

interview. Participants were ensured confidentiality and anonymity throughout the process. Data was kept by the primary investigator for data analysis and dissemination. Data was secured in a file and will be kept for three years after the conclusion of the study.

Data Analysis

Thematic data analysis involved the development of an initial coding frame, coding the data set, and identification of themes (Gale, Heath, Cameron, Rashid, and Redwood, 2013). Interviews were transcribed. Once transcribed, each interview was coded using the initial coding frame. A coding frame was developed using terminology from the help-seeking literature. The literature describes six key barriers, influences (internal and external), and gender differences that interfere with help-seeking behavior. These factors guided the development of the coding frame. The coding frame can be found in Appendix D. The coding frame was used to interpret the data and was expanded throughout data analysis. Data analysis began as soon as the first interview was completed. Once all interviews were coded, codes were then grouped and reduced into parent nodes. Once the data were reduced into parent nodes, they were combined and reduced into themes (Creswell, 2013). Thematic analysis was considered complete when the themes provided a rich description of the barriers to help-seeking for college students. Finally, member checking was conducted to determine if the results are consistent with what the participants intended. Each participant was sent their transcript to verify accuracy. Each participant was sent a copy of the data analysis and an explanation of what they can expect to see from their interviews (Carlson, 2010). Participants were asked to verify that the interpretation reflects their thoughts and ideas accurately. The member checking process was conducted under the supervision of a faculty advisor.

Trustworthiness

Qualitative research required the investigator to take appropriate steps to ensure trustworthiness of the study. Trustworthiness includes four concepts: credibility, transferability, confirmability, and dependability (Connelly, 2016). Trustworthiness was attended to throughout the entire research process, from design through data collection, analysis, and reporting. Three steps were taken to ensure credibility: (a) the primary investigator asked a trusted colleague to review the transcripts for accuracy; (b) interview transcripts were coded under the supervision of a faculty member; and (c) member checking occurred at the end of the study. Transferability cannot be guaranteed and is one of the limitations for this study. However, the primary investigator provided as detailed a description as possible through thematic analysis. A researcher journal was kept for confirmability of the rationale for research decisions. The primary investigator carefully documented all procedures to ensure dependability of the study so it can be replicated by others in the future.

CHAPTER IV

RESULTS

Qualitative thematic analysis was used to identify, analyze, organize, and describe the shared barriers to help-seeking among participants in this study. The identified barriers to help-seeking in the literature include stigma, lack of knowledge, lack of access, cultural barriers, and negative perceived value. While most participants in this study indicated that they view counseling as a valuable resource, they shared numerous barriers that influence their decision on whether to engage in professional services. Like previous studies on help-seeking, participants in this study indicated that lack of access and stigma played a role in help-seeking behaviors. Additional barriers like time and lack of relationship with service providers were also common factors that influenced help-seeking behaviors among participants.

It is important to note the diversity among participants in this study. While all the participants in this study were enrolled at the university as undergraduate students, each of them had qualities that made them unique. Whether it was the country in which they were born, family structure, financial situation, or area of study, each participant had a quality that was unique to them. Participants shared different levels of experience with help-seeking, unique perspectives of mental health as a whole and what they perceive as barriers for themselves and other college aged students. The themes identified through thematic analysis of this data provide insight into help-seeking among college students. Before investigating these themes, it is important to highlight the overall perceptions of counseling for participants.

Participants' Overall Perceptions of Counseling

Overall, seven of the eight participants shared that they find counseling to be a valuable resource. Only participant 2 shared that she has conflicting thoughts on value. She claimed to be “skeptical” because she has never experienced using services before. She brought up trust as a factor and how it would be difficult for her to get personal with a stranger. She did however mention that she would be open to “trying things out” if she ever gets to a point where she feels like it would be beneficial. Of the seven participants that see value in counseling services, five shared that they have utilized services in the past and only two participants shared that they are currently receiving services (Participant 6 & Participant 7). The other three who are past users shared that they would be open to utilizing services again in the future (Participant 3, 4 and 5). All five of the participants who have utilized professional services in the past received counseling through telehealth services. Telehealth was talked about in a positive light by participants. One of the participants talked about his experience with telehealth counseling services and said that “the growth [of teleservices] over the past two years has made mental health care more accessible for myself and everyone else” (Participant 6). He initially wanted to try in-person therapy but the pandemic forced him to try telehealth services instead. “The comfortability of being in my own apartment helped my nervousness. [Telehealth services] ended up being good for me” (Participant 6). Despite the differences among participants in terms of perceived value and usage of services, they all reported having someone in their lives that they can turn to when faced with emotional discomfort. Whether it’s a significant other, sibling, friend or parent, each participant mentioned having someone who they can talk to about how they are feeling mentally and emotionally.

Themes

This qualitative thematic analysis study sought to better understand the barriers to help-seeking among college students. Four themes were identified in this study that provide a detailed understanding of college student's help-seeking: (1) financial access, (2) cultural stigma, (3) relationships with service providers, and (4) time. Subthemes were identified under the themes of stigma and time. This section will describe each theme and provide examples from the data that convey each theme.

Financial Access

Participants discussed finances as a theme. Financial constraints included limited coverage by insurance companies, large copays or deductibles, or high out of pocket expenses. While paying out of pocket for counseling services can be affordable for adults earning a steady income, participants in this study perceive the out-of-pocket costs as unaffordable. In addition, some participants shared that they are not insured yet or are still covered under their parents' insurance. Participant 8 shared her frustration with still being under her parents' insurance. "It's hard because I can't get help on my own without my parents knowing" (Participant 8). While the treatment details might be confidential, her parents would be notified of when and where the participant received treatment because they are the policyholders. For this participant, it was not affordable to pay out of pocket for her own treatment. Participant 5 also indicated that they are covered by their parents' insurance. They shared their frustration with the type of insurance they are covered under. "I am on my family's insurance and it's not the best insurance plan, so I found it hard to find a therapist who was covered that I liked" (Participant 5). While this participant was able to locate quality mental healthcare professionals through personal research, many of them were not affordable due to insurance coverage. Participant 6, currently receiving

professional mental healthcare services, shared his struggle with financing his journey in the beginning. “From the time I decided that I really want to try therapy, to the time that I actually started and went to my first session was probably over a year because it's so expensive... therapists can be hundreds of dollars an hour and it's not affordable for young people especially in school” (Participant 6). He went on to talk about how he found a job close to campus and how he used some of the money he was making there to go to therapy on a regular basis. Even though he goes above and beyond to afford therapy, he realizes that balancing school and work is often unrealistic for others. “College is a really stressful time. I feel like there needs to be more focus on mental health. Many of us are too busy and honestly, don't have the money to afford [mental healthcare]” (Participant 6). All of the mental healthcare users in this study received services via Telehealth. Telehealth was positively regarded for its financial accessibility and the ability to fit sessions into a busy schedule (Participants 3,5,6,7, & 8). Telehealth was especially valuable for the users who participated in it during the pandemic. The pandemic was described by Participant 8 as the “lowest point in [her] life” (Participant 8). The isolation associated with being on lock down took enough of a toll on her mental health that she realized it was time to overcome her struggle and seek mental healthcare treatment. Participant 8 stated that she was “pleasantly surprised” at how inexpensive and personable the telehealth services were.

Cultural Stigma

Cultural Stigma was an overall theme that was mentioned by six participants. Three types of cultural stigma were identified as subthemes: environmental, familial, and religious. While self-stigma and public-stigma were broadly discussed by the majority of participants, the three sub-themes of stigma were reported to play a role in help-seeking among participants.

Environment. Environment was seen to influence the perception of mental health among participants. Participants shared that mental health challenges are seen as weaknesses in their environments and the normal thing to do is hide them from others. While these environmental challenges were perceived as significant hurdles for the two participants in this study from different countries/territories, their move to the United States allowed them to overcome the environmental impact. However, at one point in their lives, they shared that their environment significantly impacted how they viewed mental health and professional healthcare.

“Mental health is definitely not as popular of a topic as it is in the United States, there's a lot of stigma around it. People will judge you for speaking about how you feel...it's really hard, and there aren't a lot of efforts being put into making it a more open topic” (Participant 3).

“In my culture mental health is not at all taken seriously, I can say that because they believe that physical health is something very important but mental health is just something you can manage by yourself. You're expected to be strong, no matter what the scenario is around you. I couldn't get any resources over there” (Participant 7).

Despite environmental factors playing a huge role in their upbringing, moving to the United States, enrolling in college, and seeing how Americans value mental health was enough for them to make the decision to seek out professional mental healthcare for themselves. However, it wasn't an easy decision for either Participant. Participant 7 described life as “really brutal” when she got to the United States and said that she developed bad coping mechanisms for her mental health issues like binge eating and overworking herself just to distract her from what she was feeling. She said that she eventually had a realization that “This is my life and I control my life and how I manage my emotions.”(Participant 7) Another participant shared that “[She]

had no idea what to do until [she] came [to college] and they had workshops and things like that about mental health” (Participant 3). She reported that she really began to understand and value her own mental health when she came to the university. Though there were only two participants from outside of the United States interviewed for this study, they provided valuable insight into how environment can be seen as a theme.

Familial. While environment plays a role in help-seeking, so does family. For participants in this study, family had a significant impact on their perception of mental health and how to cope with mental discomfort. Familial value of professional mental health care varied from participant to participant. Participant 2 described how her father thinks “counseling is people just trying to make money” and this Participant shared how her father’s perception “made [her] feel like it was not worth it” (Participant 2). Participant 2 reported that her perception of the value of counseling was changed by her friends' experiences. She reports having a more positive view of mental healthcare now. Participant 8 said she felt “shame and guilt” when enrolling in services for the first time because her family openly perceived those who received services as mentally ill. While Participant 2 and Participant 8 described their parents' opinionated views about mental health and receiving services, there were participants in this study who grew up in households where mental health was not spoken about at all. Participant 6 said that he believes his parents purposely avoided the subject because of their perceptions that faith and healthy habits could solve any sort of mental anguish. Participant 1 described how her family “weaponized therapy” growing up. Participant 1 shared that when there were arguments or disagreements, someone in the family would bring up seeing a therapist and that cast a negative light on receiving services. “That made [her] hesitant to ever think about therapy as a possible solution” (Participant 1). Those who shared positive views of therapy from family members

appeared a lot more well versed on mental health. Most of the participants whose parents saw it as a valuable resource said that it was because they had some sort of experience with receiving services.

Religion. According to participants in this study, religious stigma towards mental health was difficult to navigate when deciding whether to receive services. For Participant 6, his family was “very big in their faith” and “any sort of issue [that he had to deal with] mental health wise, [he was told to] pray about it, or you go to church” (Participant 6). This participant described feeling “stuck” because he never felt like his faith was something that was going to solve his mental health struggles. This was similar to what was shared by participant 7, who was always taught by her family to be strong in her faith and to “try on your [her] own, with the help of God” to get through her emotional struggles. Participant 7 agrees that faith can help to a certain extent, but also said “there is some point [that you get to] where you can't control your own self, and that is when you have to make that decision for yourself [to get help]” (Participant 7). Participant 8 noted that she was “strong in [her] faith” but that “faith does not solve certain problems.” She described how religion plays an important role in her life but how certain people view it as the end all, be all for everything. For participants in this study, it was apparent that religion played an important role in their lives. In fact, it still plays an important role in Participant 8’s life.

Participants agree that it should not be perceived as the solution for mental health crises.

Relationship with Service Provider

A theme throughout the interviews was a hesitancy to enter a therapeutic relationship. Within this theme, participants discussed lack of trust, discomfort with a stranger, and hesitancy to share personal information. Some participants in this study shared their hesitancy to commit to a therapeutic relationship. When asked what made them hesitant, Participant 8 shared that she

would have a hard time going in and “spilling [her] deepest and darkest secrets to someone [she] doesn’t know.” Participant 2 agreed and stated, “You have to trust the person, and I don’t have that trust with a stranger.” For these participants, they have not engaged in a therapeutic relationship and it became apparent that they do not have an accurate understanding of how the therapeutic relationship evolves over time. For most participants who had engaged in a therapeutic relationship with a service provider, finding the right relationship was described as a difficult process. Only one of the participants in this study indicated that he has had the same therapist over time (Participant 6). For others, it took some trials and tribulations to finally find someone who they were willing to trust and made them feel comfortable. Participant 5 explained that they engaged in a therapeutic relationship for eight months with a service provider and couldn’t “say one tangible thing that [the service provider] helped [them] through.” After participant 5 stopped meeting with this service provider, they tried another one who ended up having a whole different approach.

“The first counselor didn’t take my problem seriously, he was purely CBT (cognitive behavioral therapy) focus, whereas my new one is more holistic therapy and has done more for me in one month than the other did in 8 months” (Participant 5).

This participant and others who have engaged in services in the past expressed the desire to get to know the person on the other side of the table before meeting and entering a therapeutic relationship. They expressed how frustrating it is to meet with a service provider who does not understand how to approach them because of their age, gender and desires for therapy. While most of these bad experiences shared by participants turned out positive in the long-run, the lack of trust, connection and failure on the service providers' part (to create a safe space for the participants) made participants second guess giving therapy another shot. Whether it’s the

hesitancy to build a relationship in the first place or struggling with a service provider's approach/strategies, inability to feel trust and comfort is a significant theme.

Time

Client's Time. College students are often tasked with balancing grueling academic schedules with their own personal lives. That balance leaves little to no time for them to deal with mental health struggles. Participant 4 described what life is like for students like herself, “for [us] it's really difficult to offer [professional services] because [we] are working as if [we] have a full-time job. It's not that we're not interested, but as students, time is a really big thing” (Participant 4). The interest and value was there for Participant 4 but her busy life almost held her back from engaging in professional services. Participant 2 shared similar sentiments about her lack of time. “I tend to push [mental health issues] away because I have so much going on” (Participant 2). The pace at which college students are expected to live their lives largely influences how they approach their mental health. Participant 2 is an example of students that are aware of their own mental health struggles but do not engage in help-seeking due to their busy schedules. Client's time, or lack thereof, plays a significant role in their help-seeking.

Limited Availability. While client time is viewed by participants as a theme, so is service provider availability. There is a shortage of service providers; a well-documented topic in the field of mental health. “A lot of people don't have the opportunity to get counseling because it takes weeks or months to book a counselor”(Participant 1). While she was speaking generally, this was a reality for Participant 2. “I remember [the university counseling center] telling me that I should come twice a week but that there was a waitlist. I've had friends who experienced this too. I needed [counseling] so bad that I ended up having to pay out of pocket for outside resources. The university just doesn't have enough people to help all of the students [who need

counseling]” (Participant 2). While the service provider shortage can be difficult to navigate, students like Participant 4 found a way to access a counselor. However, when she accessed that counselor, she saw how the limited frequency of sessions affected the rate of her improvement. “Most counselors put in one session every one or two weeks. I think it should be more frequent because it’s hard to pick up where you left off and improve with that inconsistency”(Participant 4). No matter how time is perceived by the help-seeker, it can become a factor due to the limited accessibility of service providers.

Other Findings

Discomfort with Emotions

While most of the participants shared that it is hard for them to ignore mental discomfort, some find it relatively easy. Participants who find it hard to ignore mental discomfort shared that the discomfort often interrupts their thinking and routines. Participant 3 explained that when she feels mental discomfort “... it’s hard for (her) to get out of bed and do what (she) needs to be doing” (Participant 3). Another participant shared that his mental discomfort often leads to anxiety attacks, intense sadness and desire for isolation. For participants that find mental discomfort easy to ignore, it was all about distraction. “[Participant 2 does not] have time to think about (her mental discomfort) that deeply” between her studies, working part time and trying to maintain a social life. Participant 8 indicated that staying busy makes it “easy to ignore until it all hits you when you are trying to unwind” (Participant 8). While some participants described isolating themselves when they have discomforting feelings, some confide in trusted individuals around them. These individuals vary by the participant, but include parents, friends and significant others. While discomfort with emotions is seen as a barrier for some of the participants in this study, it was not identified as a theme due to the inconsistency in responses.

Social Media's Role in Help-Seeking

While there were commonalities with the barriers shared, differences began to surface as well. Based on the parameters of this study, social media's role in help-seeking did not meet the criteria to be considered a theme. However, its role in help-seeking is worth mentioning. The perception of social media was an interesting subject brought up by multiple participants.

Participant 3 described social media as a something that holds certain people back from receiving professional help. "I'm happy more light is being shed on mental health, but I feel like there is also romanticism associated with how it is portrayed (on social media). I feel like people glorify depression and anxiety, like there is a dark humor that goes into it. I watch videos and tweets all the time joking about these serious things" (Participant 3). She went on to talk about a friend who posts a lot of serious mental health related content on her Snapchat story for everyone to see. "I don't think it's necessarily hurtful (what she posts) or that she's trying to seek attention, or anything, but this is the only way she knows how to ask for help, maybe" (Participant 3). She believes that social media plays a huge role in how we inform young people, specifically college students. "When it comes to learning about mental health, I am aware that there's just a lot of misinformation and miscommunication about the topic on social media. That needs to be cleared up or students need to be taught more about the real outlets that exist at the University" (Participant 3). While participant 3 perceives social media as a barrier, Participants 4 and 5 view it as a facilitator for conversational and educational purposes. Participant 4 mentioned how social media helped facilitate meaningful conversation about mental health over the pandemic. "I feel like ever since Covid happened [mental health] has been talked about way more [on social media]. Everyone was alone (during the pandemic), but social media made it feel like we weren't truly alone. It helped me with not feeling as isolated" (Participant 4). While Participant 4

believes social media has facilitated meaningful conversation about mental health, participant 5 said that social media has helped them educate themselves on mental health. When asked about how informed they are on mental illnesses, “I think I'm pretty well informed just through social media” (Participant 5). While the perspectives and opinions of social media’s influence on help-seeking and mental health vary, it’s important to highlight because of the significant role it plays in the lives of most college students.

CHAPTER V

DISCUSSION

Of the eight participants who participated in this research study, six identified as female, one identified as male, and one identified as non-binary. The participants' areas of academic study varied but two female students shared that they are in the education field. While six of the participants were born and raised in the United States, one was born and raised in a U.S. territory and another was raised outside of the United States (Participant #3 & Participant #7). Participant #3 was born in Puerto Rico and moved to the contiguous United States in her teenage years. Participant #7 was born in India and this is her second year living in the United States.

Barriers to Help-Seeking

Barriers to help-seeking among college students are identified in the literature as: Negative Perceived Value, Discomfort with Emotions, Lack of Knowledge, Lack of Access, Cultural Barriers and Stigma. Each of these barriers were described in the literature review and interview questions were tailored to gain a deeper understanding of these barriers as experienced by participants in this study.

Negative Perceived Value

According to the literature, not perceiving a need for treatment is the most commonly cited reason for not seeking treatment among individuals with mental illness (Andrade et al., 2014; Mojtabai et al., 2011). While the experiences seeking treatment and actually receiving treatment varied among participants in this study, all but one indicated that they view therapy as a valuable resource. While the participant shared conflicting thoughts in terms of value, she also stated that she would be open to receiving treatment if things ever escalated to a point that she

felt it was necessary. Similar to this participant, three others who have never sought out treatment or received treatment indicated that they would be open to trying in the future. The participants who were previously engaged in therapy (but not currently) shared that they would be open to engaging in treatment again in the future. It can be assumed from the findings that treatment for mental illness is viewed as a valuable resource by participants in this study. However, it's important to note that the relationship between attitude and engaging in help-seeking is often not direct and can be moderated by other factors like norms and expected consequences of the behavior. (Mojtabai et al, 2016).

Lack of Knowledge

When discussing lack of knowledge with mental health and help-seeking, the term Mental Health Literacy (MHL) was pulled from the literature. MHL is the ability to recognize specific disorders; knowing how to seek mental health information; knowledge of risk factors and causes, of self-treatments, and of professional help available; and attitudes that promote recognition and appropriate help-seeking (Jorm, 2012). Participants in this study were asked questions associated with that definition to get a better idea of their knowledge related to mental health and help seeking. All of the participants who have sought therapy or participated in therapy indicated that they are informed on mental illness. Similarly, most of the participants who don't have those experiences still indicated that they are informed about mental illnesses. When asked about the strategies they have used to educate themselves, the answers varied, but included: social media, personal research, and conversations with friends and family. While most participants indicated that they can identify distress in themselves, only some feel as though they can recognize the signs in others. "It's easy with people that I'm close with because I know their habits but I usually can't tell with others" (Participant 1). Participant 6 shared "people have

gotten so good about masking [their true feelings] that I can't tell with certain people”

(Participant 6). Overall, most participants noted that the distress they recognize in others usually involves changes in habits and overall demeanor. While it's easy for them to notice these signs in people that they have built relationships with over time, none of the participants shared that they can recognize distress in acquaintances or strangers. While the knowledge of the participants varied, most demonstrated some level of MHL. Therefore, the findings of this study suggest lack of knowledge among participants may not be a significant barrier to help-seeking among college students.

Lack of Access

Literature covering access to service utilization focuses on the practitioner shortage, appointment wait time, and traveling distances. The Kaiser Family Foundation (2020), found shortage areas in every state across the United States. They determined that the US needs to hire over 7,000 mental health clinicians to address the shortage. In addition, A National Council of Behavior Health (2020) discovered that 31% of patients trying to receive services were placed on waitlists that are longer than a week. Participants in the current study revealed that access to service utilization can be affected by numerous factors. All of the factors influencing access can have a significant effect on an individual's decision to engage in therapeutic services. Factors such as financial burdens associated with access to mental health care, the limited availability of preferred practitioners, and lack of diversity among practitioners were mentioned in the present study. With that being said, the pandemic had a positive effect on the accessibility of services for some of the participants in this study. The pandemic popularized the use of telehealth services for many individuals isolated during the pandemic. All of the participants in this study that reported professional service usage said that they used telehealth because of its accessibility.

Cultural Barriers

Buchmueller et al. (2016) determined that Caucasians are the only racial group in which a majority of people with severe psychological issues get treatment. The lack of service utilization by minorities is alarming and something that has been attributed to the perception that service providers cannot understand or empathize with the backgrounds or cultural differences of minorities. While training to become a mental health counselor requires you to be unbiased towards others, studies still suggest that some practitioners discriminate, or decline to accept minority patients (Tello, 2020). Another important factor to consider is how much cultural perception impacts the lack of engagement with professional services among minorities. Two participants in this study were born outside of the continental United States. They both indicated that mental health and receiving professional services is less acceptable where they grew up and in their families. While both of the participants eventually engaged in professional services once they moved to the continental United States, they indicated that it was a tough decision to make because of their culture and families' perceptions of mental health and service utilization. Culture played a significant role in participants help-seeking and how they perceived mental health services. Environment, family and religion all play a role in ones decision to seek-help.

Stigma

Literature indicates that stigma is often the primary barrier inhibiting mental health service utilization (Zartaloudi & Madianos, 2010). Stigma can include the negative perceptions about mental health one internalizes and projects on themselves (self-stigma), but it can also include the negative attitudes the people around you have on those with mental illness and who seek professional help (public stigma) (Vogel et al., 2006). Stigma was a common barrier cited by participants in this study. Participant 8 shared that stigma played a huge role in her debate to

receive services or not because she did not know how her family would react to her asking for help. “[She] didn’t want to be viewed as weak or have (her) parents worried about (her) all the time” (Participant 8). It was the perception of how she might be viewed for receiving help that made her second guess her decision. She made the decision to receive services and sought them out on her own. To her surprise, when she told her parents they were supportive and proud of her for making the decision that she did. While this participant's self-stigma appeared to be a barrier for her when she initially thought about reaching out for help, she ultimately came to the realization that she would still have support from her loved ones in the end. Stigma is a difficult barrier to navigate and when asked about how we can overcome this barrier, one participant shared that “Public perception of therapy is that someone getting it needs help. It shouldn’t be viewed that way. It should be viewed as a tool to stay healthy, just like going to the doctor for a checkup” (Participant 3). While stigma is a commonly cited barrier, all of the participants in this study voiced that they would support a friend if they made the decision to receive services. This could indicate a positive trend in terms of how college students are leading the charge in destigmatizing the negativity surrounding mental health and professional service utilization.

Summary

This study investigated the six key barriers to help-seeking and how they are perceived by college students. While previous research indicates that there is a negative perceived value associated with help-seeking, most participants in this study supported professional counseling services and considered it a valuable resource. With that being said, this perceived value of counseling services did not affect usage of services for some of the participants in this study. Therefore negative perceived value was not considered a theme. Discomfort with emotions was another barrier identified in the literature that was investigated as part of this study. While some

participants indicated that their emotional discomfort was easy to ignore, others found it difficult. Some participants shared that they confide in loved ones about their emotional discomfort. Others shared that they resort to isolation or do things to distract themselves from how they are feeling. While discomfort with emotions was identified as a barrier for some, it was not considered a key barrier for this research due to the inconsistencies associated with responses.

Lack of knowledge was another barrier identified in the literature that was not considered a key barrier due to the same inconsistencies. Most participants demonstrated some level of mental health literacy and knowledge related to mental health and service utilization. While the level of MHL and knowledge varied, it was not significant enough to be considered a barrier to help-seeking for participants in this study. Lack of Access, Cultural Barriers and Stigma were the last three key barriers identified in the literature. Each of these barriers were identified as themes in this study. Lack of access, specifically in terms of client's time and limited availability of preferred professionals, were discussed as key barriers to help-seeking for participants in this study. Participants in this study indicated that the stigma they experienced is a result of their culture. Participants' cultures in this study related to their environment, family and religion. These areas encompass culture and impacted help-seeking among participants.

Limitations

The interview process was semi-structured to investigate how the six key barriers to help-seeking are experienced by college students. Thematic analysis was key in analyzing each interview individually and developing themes a whole. The themes represent some of the key barriers to help-seeking among college students. Though the data identified numerous commonalities in terms of perceived barriers, it should be noted that 6 out of 8 participants in this study identified as female. With the bulk of participants identifying as female, results from

this study might be difficult to generalize to all college students. While the questions were developed to investigate how the six key barriers to help-seeking (including cultural barriers) are experienced by college students, more questions specifically aimed at cultural influence and area of study might have led to a richer understanding of the roles they play in help-seeking. While the researcher took as many precautions as possible to protect against bias (piloted the study, provided the demographic questionnaire to participants after the interview, and sharing completed transcripts with participants), it is still possible that researcher or participant bias influenced the result of the study.

Suggestions for Future Research

Future research investigating the barriers to help-seeking among college students should include more diverse participants. While this study was diverse in terms of participants areas of study, academic year and birthplace, there was only one male participant. The male perspective would provide a more diverse sample allowing for more generalizable data for college students. Furthermore, future research investigating help-seeking should have more of a focus on challenges associated with overcoming familial, environmental, and religious stigma. This would allow researchers to better understand the role that each plays in help-seeking. Another subject that was brought up by multiple participants in this study was social media. While some viewed it as a facilitator to help-seeking, others viewed it as a barrier. Future research into social media's role in help-seeking would be beneficial because of the significant usage among college students. While this study investigated the barriers to help-seeking among college students in general, future research should also aim to better understand the barriers faced by those who have never engaged in professional services.

Conclusion

The barriers to help-seeking are important to understand so that we can better address the mental health needs of college students in the future. Existing research indicates six key barriers that factor into help-seeking. Those barriers include stigma, lack of knowledge, lack of access, discomfort with emotions, cultural barriers and negative perceived value. This study investigated how those barriers are experienced by college students. While cultural stigma and access were identified as barriers for college students, thematic analysis also indicated that relationships with the service providers and time play an important role in help-seeking. While previous research focused on self-stigma and public-stigma as barriers to help-seeking, participants in this study indicated that cultural stigma had a significant role in their help-seeking behavior. Participants shared that many of their thoughts related to help-seeking were associated with the stigmatizing beliefs held by their culture (environment, family and religion). Financial access to professional service providers was another barrier to help-seeking identified in this research due to the high cost of services and frustration associated with lack of access to quality insurance providers. Time was also considered a theme because of the limited availability of quality providers and busy schedules of undergraduate college students. The last barrier identified in this study was the relationship with the service provider. Participants discussed the trust factor associated with sharing personal information, as well as the struggles they have experienced while attempting to build quality relationships with service providers. The results from this study can be used to better approach and address the mental health needs of college students in the future.

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APPENDIX A

Interview Protocol

Introduction:

Thank you for your willingness to participate in this interview. My name is Tim Duncan and I am conducting a research project about the barriers to help-seeking experienced by college students. As you know from the form you signed, your participation today is voluntary and you can skip a question, ask to take a break, or stop the interview at any time. All I ask is that you provide honest answers. I'm looking forward to hearing about your experiences. Do you have any questions before we get started?"

Negative Perceived Value:

What are your opinions on mental health professionals?

Do you think counseling is a valuable resource? Why or why not?

If you were experiencing mental health concerns, would you be open to speaking with a mental health professional? Why or why not?

Discomfort with Emotions:

When you're not feeling well mentally or emotionally, what do you typically do?

Do you find it easy or difficult to ignore/avoid mental or emotional discomfort? Tell me more about that.

What are some signs of emotional distress?

Lack of Knowledge:

How do you recognize signs of distress in yourself? In others?

Would you say that you are informed about mental illnesses? Tell me more about that

Who would you turn to if you needed emotional support in your life? Why?

What knowledge do you have about mental health professionals and the services they provide?

What process would you go through to seek help for mental or emotional challenges?

Lack of Access:

Can you think of any barriers that interfere with access to mental health care?

Have you or anyone that you know had trouble accessing mental health care services? Tell me about that situation.

How do you think we can make mental health care more accessible?

Consider asking questions about types of access issues (financial, transportation, finding someone they would be comfortable talking to, etc), such as: What are your thoughts about the cost of mental healthcare? How confident are you that you could afford mental/emotional healthcare? How confident are you that you could find a mental/emotional healthcare professional you would be comfortable working with?

Cultural Barriers:

Culture is an umbrella term which encompasses the social behavior and norms found in human societies, as well as the knowledge, beliefs, arts, laws, customs, capabilities, and habits of the individuals in these groups.

How do you identify culturally?

What makes up your culture?

What is your family's experience of help-seeking?

What is your friends experience of help-seeking?

How do you think your culture affects your point of view on mental health?

Is it socially acceptable for you to seek help for mental/emotional challenges?

Stigma:

How do you think the people around you would view you if you received professional help for mental health concerns?

How do you view others who receive professional help for mental health concerns?

Imagine you decided to seek psychological help for a mental health concern. How would you feel about yourself and why?

COVID-19:

Have you considered talking with someone prior to this past year? Tell me more about that.

How has your view of help-seeking changed this year vs. last year?

Conclusion:

In 2-3 minutes, briefly summarize the main points of the interview and ask if the summary is accurate.

Is there anything else you want to tell me about your views of mental health and/or help-seeking that you think will help me better understand how to help others?

Provide Participant with Local Counselor Referral List (Appendix F)

Thank you for participating in this interview with me. I may be in touch at a later date to ensure that all the information recorded was an accurate representation of your experiences.

APPENDIX B

Recruitment Email

Hello! My name is Tim Duncan, and I am a second-year graduate student in the School Psychology program at the University of Dayton. I am currently working on a research project for my master's thesis titled: "Barriers to Help-Seeking Among College Students." The goal of my research project is to gain a better understanding of the barriers that exist for college students when deciding whether or not to receive professional help for mental health concerns. I am seeking 10-12 undergraduate student Participants who would be willing to interview for the project. Interviews will be conducted over one Zoom session and will last roughly one hour.

If you are interested in participating or have any questions, please contact me at:

duncant5@udayton.edu

Your participation would be greatly appreciated.

Thank you,

Tim Duncan

APPENDIX C

Informed Consent

TITLE OF STUDY

Barriers to Help-Seeking Among College Students

PRIMARY RESEARCHER

Name – Timothy Duncan

Department - Department of Counselor Education and Human Services, University of Dayton

City/State – Dayton, Ohio

Phone – 513-967-1890

Email – Duncant5@udayton.edu

PURPOSE OF STUDY

The purpose of this study is to provide a better understanding of barriers to help-seeking for college students. This study will seek to answer the question: How are the key barriers to help-seeking experienced by college students?

The study will provide a rich description of college students' experiences of the six key barriers identified through previous research: Negative Perceived Value, Discomfort with Emotions, Lack of Knowledge, Lack of Access, Cultural Barriers & Stigma (Shea, Wong, Gonzalez & Nguyen, 2019).

Adverse Effects and Risks: The questions in the interview center largely around mental health. You may experience intense emotions when thinking about or describing experiences you have had with mental health or help-seeking.

Steps Taken to Minimize Risk: The researcher is trained to recognize and respond to individuals who feel uncomfortable or experience intense feelings. If this occurs during the interview, the researcher will stop and either have you take a break or completely stop the interview. If you are interested in speaking with a mental health professional after the interview, you can visit psychologytoday.com/us to find a therapist in the area.

The UD Counseling Center's contact information has also been provided.

University of Dayton Counseling Center

Gosiger Hall
300 College Park
Dayton, Ohio 45469 - 0910
[937-229-3141](tel:937-229-3141)

Potential Benefits: The study will help build a deeper understanding of college students' barriers to help-seeking.

By understanding these perspectives, mental health practitioners can better address the needs of college students.

CONFIDENTIALITY

Every effort will be made by the researcher to preserve your confidentiality including the following:

- Assigning code names/numbers for Participants that will be used on all research notes and documents
- Keeping notes, interview transcriptions, and any other identifying Participant information in a locked/password-protected file in the personal possession of the researcher.

Participant data will be kept confidential except in cases where the researcher is legally obligated to report specific incidents. These incidents include, but may not be limited to, incidents of abuse and suicide risk.

CONTACT INFORMATION

If you have questions at any time about this study, or you experience adverse effects as the result of participating in this study, you may contact the researcher directly by telephone at 513-967-1890 or at the following email address Duncant5@udayton.edu.

If you feel you have been treated unfairly, or you have questions regarding your rights as a research Participant, you may contact Candise Powell, J.D., Chair of the Institutional Review Board at the University of Dayton, IRB@udayton.edu; Phone: (937) 229-3515.

VOLUNTARY PARTICIPATION

Your participation in this study is voluntary. It is up to you to decide whether or not to take part in this study. If you decide to take part in this study, you will be asked to sign a consent form. After you sign the consent form, you are still free to withdraw at any time and without giving a reason. Withdrawing from this study will not affect the relationship you have, if any, with the researcher. If you withdraw from the study before data collection is completed, your data will be returned to you or destroyed.

CONSENT

I have read and I understand the provided information and have had the opportunity to ask questions. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason and without cost. I understand that I will be given a copy of this consent form. I voluntarily agree to take part in this study.

Participant's Signature _____ Date _____

APPENDIX D

Coding Frame

Barriers to Help-Seeking	
Influences (Parenting/Training/Socialization/SES)	
- male perspectives	- female perspectives
<ul style="list-style-type: none">- Negative Perceived Value- Discomfort with Emotions- Lack of Knowledge<ul style="list-style-type: none">- Lack of Access- Cultural Barriers<ul style="list-style-type: none">- Stigma	<ul style="list-style-type: none">- Negative Perceived Value- Discomfort with Emotions- Lack of Knowledge<ul style="list-style-type: none">- Lack of Access- Cultural Barriers<ul style="list-style-type: none">- Stigma

APPENDIX E

Demographic Questionnaire

Gender: How do you identify?

- A. Female
- B. Male
- C. Non-binary
- D. Prefer to self-describe: _____
- E. Prefer not to answer.

What is your age?

What is your current student status?

- A. Freshman
- B. Sophomore
- C. Junior
- D. Senior
- E. Other: _____

Please specify your ethnicity (check all that apply)

- A. Asian
- B. Black or African-American
- C. Caucasian
- D. Latino or Hispanic
- E. Native American
- F. Native Hawaiian or Pacific Islander
- G. Other/Unknown
- I. Prefer not to say

5. Which category best describes your yearly household income before taxes?

- A. Less than \$50,000
- B. \$50,001 to \$75,000
- D. \$75,001 to \$100,000
- E. \$100,001 to \$150,000
- F. \$150,001 to \$200,000
- G. \$200,001 to \$300,000
- H. \$300,001 or more

APPENDIX F

Local Counselor Referral List

Access Counseling Center

4464 S. Dixie Highway
Middletown, OH 45005
www.acscounseling.com
- Debra Cotter

Atrium Counseling Services

2621 Dryden Road, Suite 300
Moraine, OH 45439
www.AtriumTherapy.com
- John D. Petry, LPCC
- Josh Thompson, LPCC
- Brittany Corcoran, LPCC-S
- Nicole Ciarlariello, LPC
- Tricia Klay, LPC
- Dr. Meredith Montgomery, LPCC-S

Clearing Path's Therapeutic Services

3440 Office Park Drive
Kettering, OH 45439
www.clearingpaths.com
- Wendy Hayes-Britton

Eastway Behavioral Health

600 Wayne Avenue
Dayton, OH 45410
<http://www.eastway.org/>
- Kim Vogel

Hawthorne Integrative

2621 Dryden Rd, Suite 300
Moraine, OH 45439
www.hawthorneintegrative.com
- Dr. Scott Hall, LPCC-S
- Dr. Michelle Hall, LPCC-S

Mahajan Therapeutics

6300 North Main Street
Dayton, OH 45415
www.mahajantherapeutics.com
- Varun Mahajan

New Creation Counseling Center

1 Elizabeth Pl, West Pavilion Ste C
Dayton, OH 45417
www.newcreationcounselingcenter.org
- Kitty Kincaid

The Counseling Source

10921 Reed Hartman Highway #133

Cincinnati, OH 45242

<https://thecounselingsource.com/>

- David Turner