

## **Facilitators and Barriers Highlighted by On-Campus Service Providers for Students Seeking Mental Health Services**

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Article abstract

The prevalence of mental illness is increasing among post-secondary students. Despite more mental health services being offered within post-secondary institutions, uptake among students remains suboptimal. This study aimed to examine facilitators and barriers for students seeking mental health services through service providers' perspectives. Twenty-four semi-structured interviews were conducted at a southwestern Ontario post-secondary institution and were analyzed using thematic analysis using NVivo. Facilitators revealed include strengthening communication techniques; improving equity, diversity, and inclusion; increasing social media promotion; and providing incentives. Barriers identified include fear of judgement, time constraints, individual perceptions of the need for services, unawareness, and higher-level barriers such as lowered capacity of staff and physical resources. These facilitators and barriers should be used in tandem with the Theory of Planned Behaviour to help improve uptake and effectiveness of campus mental health services.

# FACILITATORS AND BARRIERS HIGHLIGHTED BY ON-CAMPUS SERVICE PROVIDERS FOR STUDENTS SEEKING MENTAL HEALTH SERVICES

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## Abstract

The prevalence of mental illness is increasing among post-secondary students. Despite more mental health services being offered within post-secondary institutions, uptake among students remains suboptimal. This study aimed to examine facilitators and barriers for students seeking mental health services through service providers' perspectives. Twenty-four semi-structured interviews were conducted at a southwestern Ontario post-secondary institution and were analyzed using thematic analysis using NVivo. Facilitators revealed include strengthening communication techniques; improving equity, diversity, and inclusion; increasing social media promotion; and providing incentives. Barriers identified include fear of judgement, time constraints, individual perceptions of the need for services, unawareness, and higher-level barriers such as lowered capacity of staff and physical resources. These facilitators and barriers should be used in tandem with the Theory of Planned Behaviour to help improve uptake and effectiveness of campus mental health services.

**Keywords:** student mental health, facilitators, barriers, stakeholder perspective, on-campus services, post-secondary students, Theory of Planned Behaviour

## Résumé

La prévalence des troubles mentaux augmente pour les étudiants postsecondaires. Malgré l'augmentation des services de santé mentale offerts dans les établissements postsecondaires, l'adoption parmi les étudiants reste sous-optimale. Cette étude visait à examiner les facilitateurs et les obstacles pour les étudiants cherchant des services de santé mentale du point de vue des fournisseurs de services. Vingt-quatre entretiens semi-structurés ont été menés dans un établissement postsecondaire du sud-ouest de l'Ontario et ont fait l'objet d'une analyse thématique à l'aide de NVivo. Les facilitateurs révélés comprennent le renforcement des stratégies de communication, l'amélioration des pratiques d'équité, de diversité et d'inclusion, l'augmentation de la promotion sur les réseaux sociaux et l'offre d'incitatifs. Les obstacles recensés comprennent la peur du jugement, les contraintes de temps, les perceptions individuelles du besoin de services, l'ignorance et les obstacles de niveau supérieur tels que la capacité réduite du personnel et des ressources physiques. Ces facilitateurs et obstacles devraient être utilisés en tandem avec la théorie du comportement planifié pour améliorer l'utilisation et l'efficacité des services de santé mentale sur les campus.

**Mots-clés :** santé mentale de la population étudiante, facilitateurs, obstacles, points de vue des parties prenantes, services sur le campus, étudiants de niveau postsecondaire, théorie du comportement planifié

## Introduction

Marked increases in mental illness symptoms have been recently exhibited among Canadian post-secondary students, specifically relating to stress and anxiety (Ameri-

can College Health Association, 2019). During this time, young adults may be transitioning to new environments, lacking proper social supports, having strained romantic and family relationships, and experiencing financial difficulties and academic-related stress (American College

Health Association, 2019). For these reasons, students are more prone to experience both acute and chronic stress compared to their general population counterparts (Stallman, 2011; Wiens et al., 2020).

A recent survey among Canadian post-secondary students reported an alarming proportion of students experienced more than average (45.6%) and tremendous (15%) stress. Further, 70% of Canadian students felt overwhelming anxiety in the past 12 months (American College Health Association, 2019). The increasing stress exhibited among post-secondary students has important health implications, as stress is a precursor for more severe mental and physical illnesses; specifically, substance misuse, suicide (Linden & Stuart, 2020; Mofatteh, 2021), depression, and anxiety (Moylan et al., 2013). Stress and mental illness can also have adverse effects on students' study habits and academic performance (Grøtan et al., 2019), which in turn may cause perpetual exacerbation of the problem since most students face academic-related stress (American College Health Association, 2019).

Mental health services offered on campuses vary in range and support, including mental health promotion through media, individual and group counselling, workshops, accessibility services, peer support, and suicide or distress hotlines (Jaworska et al., 2016). Most Canadian post-secondary institutions offer services and resources to support students with combatting mental illness and stress management; however, students are often reluctant to seek help and utilize these services (Eisenberg et al., 2011). A recent study found 42.5% of Canadian students experienced psychological distress; however, only 12.8% reported being likely to access services for their concerns (Robinson et al., 2016). This low proportion of mental health service utilization is consistent with other studies, both for students accessing mental health services on- and off-campus (Eisenberg et al., 2011; Sontag-Padilla et al., 2016; Tien et al., 2021), identifying a need to increase service uptake among students.

Although several facilitators and barriers have been identified for mental health help-seeking, these factors are often self-reported by students, with the service provider perspective being largely underreported (Querstret, 2019). Stakeholders represent an important view of the accessibility and effectiveness of mental health services. This study aims to investigate the facilitators and barriers for students seeking mental health services through campus service providers' perspectives. This re-

search is crucial to mitigate the barriers students face to receiving appropriate services, but also to better understand how to optimize mental health services to increase uptake and effectiveness to combat growing levels of post-secondary stress.

## Methods

### Study Setting and Design

This qualitative research was conducted at a post-secondary institution in southwestern Ontario, Canada. This study utilized a phenomenological approach (Van Manen & Adams, 2010) to gather information from on-campus service providers concerning factors that promote or hinder students seeking mental health services at their institution. The institution's research ethics board granted ethics approval for this study in compliance with the Declaration of Helsinki (Certificate Number 19-11-048).

### Sampling and Participant Recruitment

On-campus service providers, whose role is to support students, were recruited using purposive sampling via email (recruitment script, letter of information, and consent form are available on request). In total, 24 interviewees participated in this study.

### Data Collection

Participants provided their informed consent before any data was collected. Information was gathered through semi-structured, one-on-one interviews. These interviews ranged from 30 to 55 minutes in length and took place between the participants and the last author (K. L.) between February and April 2020. Initially, all interviews were intended to be conducted in person on campus; however, due to COVID-19, nine interviews were completed remotely via video call. All interviews were audio-recorded and were transcribed verbatim professionally. Sociodemographic characteristics were additionally collected from participants through an electronic survey.

### Data Analysis

Thematic analysis was completed using NVivo (QSR International Pty Ltd. Version 12). Transcripts were re-

viewed multiple times using constant comparison prior to developing codes, to gather a collective understanding of emerging themes from the data. All base-level codes were organized and grouped into appropriate broader categories to highlight the overarching themes the data produced. Important and relevant quotations were coded separately to support the main themes identified. Socio-demographic data were imported into Microsoft Excel and were analyzed using descriptive statistics. All analyses were completed by the lead author (H. M.) and were reviewed by the second author (K. L.).

This research appropriately attained credibility, dependability, confirmability, and transferability through purposive sampling, rapport building with participants, constant comparison, maintaining an audit trail, researcher reflexivity, audio-recorded data, and triangulation, contributing to the validity of the study's findings.

**Table 1**

*Demographic Characteristics of Stakeholder Participants in Southwestern Ontario Post-Secondary Institution*

	Stakeholders (n = 24)
<b>Gender identity</b>	
Female	17 (70.8%)
Male	5 (20.8%)
Non-binary	1 (4.2%)
Choose not to respond	1 (4.2%)
<b>Appointment status</b>	
Full-time	21 (87.5%)
Part-time	1 (4.2%)
Choose not to respond	2 (8.3%)
<b>Number of years in current role</b>	
1-4 years	16 (66.7%)
5-9 years	4 (16.7%)
10-14 years	2 (8.3%)
≥ 15 years	2 (8.3%)
<b>Direct contact with students in current role</b>	
No	1 (4.2%)
Yes	23 (95.8%)

## Results

### Descriptive Characteristics

Most participants identified as female (70.8%) and were full-time employees at the post-secondary institution (87.5%). Few participants had been in their role for more than 10 years (16.6%), with the majority having direct contact with students in their role (95.8%). Regarding their level of knowledge on a scale of 1 to 10 relating to student stress, 83.3% of participants reported an eight or above, demonstrating high expertise on the subject matter. Table 1 provides a detailed breakdown of all stakeholder participants' demographic characteristics.

Table 2 presents the facilitator and barrier themes and sub-themes that emerged as a result of thematic analysis.

Stakeholders (n = 24)	
<b>Supervise staff with direct contact with students in current role</b>	
No	6 (25.0%)
Yes	18 (75.0%)
<b>Level of knowledge related to student stress (1=extremely low; 10=extremely high)</b>	
1	0 (0.0%)
2	0 (0.0%)
3	0 (0.0%)
4	0 (0.0%)
5	0 (0.0%)
6	2 (8.3%)
7	2 (8.3%)
8	3 (12.5%)
9	12 (50.0%)
10	5 (20.8%)
Choose not to respond	0 (0.0%)
<b>Perceptions of students' level of stress during the academic year (1 = extremely low; 10 = extremely high)</b>	
1	0 (0.0%)
2	0 (0.0%)
3	0 (0.0%)
4	0 (0.0%)
5	0 (0.0%)
6	1 (4.2%)
7	6 (25.0%)
8	11 (45.8%)
9	3 (12.5%)
10	0 (0.0%)
Choose not to respond	3 (12.5%)
<b>Perceptions of students' level of stress in their daily life (1 = extremely low; 10 = extremely high)</b>	
1	0 (0.0%)
2	0 (0.0%)
3	0 (0.0%)

	Stakeholders (n = 24)
4	3 (12.5%)
5	1 (4.2%)
6	5 (20.8%)
7	9 (37.5%)
8	2 (8.3%)
9	1 (4.2%)
10	0 (0.0%)
Choose not to respond	3 (12.5%)

**Table 2**

*Themes and Sub-themes Identified by Service Providers on Facilitators and Barriers for Students' Mental Health Help-Seeking*

Facilitators		Barriers	
Theme	Sub-theme	Theme	Sub-theme
<i>Communication</i>	Having a more collaborative approach	<i>Stigma</i>	Fear of judgement
	Centralization and use of online platforms	<i>Perception of problems and motivation for getting help</i>	Busy with schoolwork
	Peer to peer recommendation and support		Recognizing the need for help
	Faculty engagement and effective promotion		Overwhelmed with the number of services
<i>Better meeting students' needs</i>	Inclusiveness of services	<i>Limited resources and other higher-level barriers</i>	Wait time for appointments
	Reducing stigma and helping students recognize their struggles		Insufficient resources
	Incentives		Ineffective promotion and unawareness of programs
			Committee making decisions

## Facilitators

### Communication

**Having a more collaborative approach.** Many campus service providers emphasized the need for a

more collaborative approach among all mental health-related services across campus. Participants noted improved collaboration is required between all service providers, administration, faculty, and students themselves, to better meet student needs. Participants expressed the importance of integrating the student voice more explic-

itly by developing programs for which students express a desire or need. Enhanced collaboration can facilitate more comprehensive and consistent care to better equip students with resources and services that optimize their mental well-being.

Um, and it [collaboration] also helps us [service providers] build stronger relationships across campus, so we can all better support our students, too. We also will collaborate with different colleges 'cause we have students in, you know, every college and every program on campus. (Participant 22)

**Centralization and use of online platforms.** Several participants mentioned the potential effectiveness of having a mental health navigator on campus to help students navigate the array of services available, although this increases staff demands and may strain resources. Many participants indicated their experiences with students being frustrated as they were unable to find appropriate services in a timely manner. The idea of having information concerning all services available in a centralized place, such as a one-stop application or portal, was highlighted by many individuals. Such a strategy would allow students to see all the services available to them, with the aim of being able to further customize their profile to get suggestions based on their concerns. Similarly, with the increased physical distancing requirements of COVID-19, participants noted many services would become virtual. With the creation of an application or portal, newly online services and resources would be easily accessible and available to students. One on-campus service provider indicated the potential benefits of online platforms:

I think we have so many disparate resources and departments on campus that don't always talk to each other and aren't always aware of each other. And so, if there would ever be a way to have, like, a one-stop, mobile portal of, like, if you need to reach out to your professor or if you need to book a counselling appointment or if you wanna buy a gym pass, it's all through one place. And so, it's searchable and it's very customizable. (Participant 14)

**Peer-to-peer recommendation and supports.** Many participants mentioned students are more likely to seek help from or engage in programs recommended by people they trust, such as their friends, roommates,

resident advisors, upper-year students, and professors. The influence of peers was also highlighted as students may be more likely to attend workshops if they went with a friend. Participants mentioned when other students are engaged and enthusiastic toward mental health services in a group setting, individuals may feel more comfortable participating and relaying the same level of interest. Informal group classes or workshops may therefore be less intimidating than structured services (e.g., individual therapy) for students reluctant to seek help. Peer counselling services and peer helpers were additionally highlighted as effective ways for students to receive important stress-related services from their institution. The following quote highlights the influence that peers can have in promoting effective help-seeking behaviours:

And because our resources are becoming more well-known, I see lots of students where they're like, "Yeah, my friend suggested I come in and see a counsellor." Or, "A friend suggested I come in for support." So, I think that's a really big positive, is that students are talking to one another and then, in turn, talking to professionals. (Participant 3)

**Faculty engagement and effective promotion.** Some participants expressed the broad reach and frequent interaction with students that social media has, making it an effective tool for promoting services. Faculty and staff responsible for promotional efforts should focus on communicating information through social media, as this is likely to have better retention and reach with students. Similarly, professors pose as another powerful medium to promote mental health services due to their high contact with large groups of students. Because of their frequent interaction with students, professors can easily share their awareness of available programs and services on campus. This information can be shared generally in lectures, posted on the course's online platform, or in-person through office hours in the event a stressed student is seeking resources. One service provider echoed this sentiment: "I think any communication that's done face-to-face, so like getting professors or having representatives go to classes and talk about it [mental health resources], has always been the best way that I've seen in the last five years" (Participant 20).

## **Better Meeting Students' Needs**

**Inclusiveness of services.** Participants noted a recent movement on campuses toward equity, diversity, and inclusion (EDI), focusing on making the campus community and mental health services inclusive of all equity deserving groups. Some participants relayed students are feeling increasingly comfortable in reaching out when proper supports are in place to discuss both their identity- and non-identity-related issues openly. One specific strategy some individuals recommended was for all staff to include their pronouns in emails, as well as make them verbally known and encourage other students to do the same. In the study institution specifically, participants noted the inclusivity of services, with a variety of tailored services being available, including LGBTQ+ advising, an Indigenous student centre, the Cultural Diversity Office for BIPOC students (Black, Indigenous and People of Colour), International Student Experience, Off-Campus Living Office, and multi-faith programs.

**Reducing stigma and helping students recognize their struggles.** Several service providers recognized the realization of struggling is a frequent turning point for students to seek out services. Normalizing mental health problems can help students feel more open about getting such help. One participant noted an important aspect of empowering students to engage with services is labelling their issues for what they are, which may help them feel more in control and understand these feelings are normal among students. Having open conversations about mental health and encouraging mental health awareness on campus was identified as an important facilitator. Some participants suggested including a mandatory course on stress management for all university students or embedding some component of education concerning resilience into their curriculum. This would further normalize mental illness and help manage stress on a large scale, facilitating increases in the uptake of services. One service provider noted the following: "Um, what gets them to seek it? I think if they're able to acknowledge that things aren't going well and they want to improve, then that willingness to like, 'I will try this'" (Participant 14).

**Incentives.** Incentives, namely food, were mentioned as a way to improve uptake and engagement

with on-campus services. Multiple participants stated students are more likely to attend services if free food is provided. Other incentives included animals (such as puppy therapy), board games, movies, and course credits. For example, incorporating engagement with mental health services to get partial participation marks, and the idea of giving course credits for taking stress management-related courses counting as an elective toward all degrees were specifically mentioned.

## **Barriers**

### **Stigma**

**Fear of judgement.** Facing stigma or fearing judgement was one of the most cited barriers for students receiving mental health services. Participants noted international students, visible minority students, off-campus students, Indigenous students, and LGBTQ+ students are particularly susceptible to facing this barrier. A common perception among on-campus service providers entails students thinking that getting help equates to failing. Many stakeholders highlighted students feel pressure from their own self-expectations, parents (including cultural and religious expectations that such services are unacceptable), peers, and their institution (for example, that all students' grades are 95s to 100s). Further, students may be reluctant to reach out or register with accessibility services because they do not want to be labelled as "disabled," as mentioned in this comment:

And then they [students] think, that professor is going to think that "I'm not successful on my own," or "that I need extra help and support." So, I have heard students say that "I don't want to register [with Accessibility Services] because I'm afraid that the facility will look at me differently, in terms of my abilities." (Participant 7)

### **Perception of Problems and Motivation for Getting Help**

**Busy with schoolwork.** Another common barrier to students seeking and engaging in services is that students think they do not have enough time, due to feeling overwhelmed by the sheer volume of schoolwork they have to complete. Many service providers noticed stu-



dents often express they would rather spend time doing their work because they know this will decrease their anxiety instead of using that time to get help. Several participants noted students' main priority is getting their work done to get their degree, rather than working on enhancing their stress management or resiliency skills.

I might get a survey and paper or by hands, what would you sign up for, and there's a growing number of students who will say, "If I have to come more than once or if I have to come more than twice, I can't commit."... They feel more time pressure and so they won't come. (Participant 13)

**Recognizing the need for help.** Many students believe they do not need help until they are in complete distress and have reached their breaking point; often being more reactive than proactive when seeking out mental health resources. Many service providers recognized that students might not realize they need help until the end of the year when they are under immense stress. Students may be less likely to get help at the beginning of the year if they feel services will be unnecessary or they will be a burden on the system if they are not in complete distress and dire need of help: "Sometimes they'll say, 'My doctor has told me five times to come,' and I'll say, 'What took you so long? Why five times?' 'Well, because I wasn't bad enough'" (Participant 13).

**Overwhelmed with the number of services.** Several participants mentioned the overwhelming amount of information and promotion brought upon students during orientation week. Although this first week presents an important opportunity to disseminate information to mass groups of students, this begets the problem of being bombarded with too much information. Further, the forefront of student interest during orientation week is not stress management or exam and midterm anxiety, which may cause them to discount this material. This was recognized by some participants, summed up by this quotation:

I think we have a tendency that when new students join our campus in September that it's, like, all the new students are here, like, boom, boom, boom, boom. Here's everything you need to know. It's one week, O-week, and that is way too overwhelming [for them]. (Participant 23)

## **Limited Resources and Other High-Level Barriers**

**Wait times for appointments.** Although not all on-campus services require an appointment, wait times were a frequently mentioned barrier. A common trend recognized by participants among younger students is the want for immediate support with no wait times for services. Wait times for counsellors and therapists are known among students to be lengthy, and therefore students may not bother making an appointment if they know they will have to wait several weeks.

And that feeling like, "I want it now because I need it now." And those supports are there, but again, I don't know if that's enough for students. They're wanting those pre-booked appointments, but they're not wanting to wait two weeks or three weeks for services. They're wanting it right away, so um, that's one piece that is a bit of a barrier. (Participant 3)

**Insufficient resources.** It has been progressively difficult to increase funding and staff proportionally to maintain an appropriate level of support for students, given the rise in mental health problems. Staff capacity and physical space have been cited issues among this campus for planning and implementing programs and workshops. Many staff positions comprise of contract work, in which there is high staff turnover. This makes it difficult for staff and faculty to plan programs to address mental illness in the long term. Similarly, positions involving tailored services for certain minority sub-populations may make for precarious employment among campus staff. Additionally, every year new cohorts of students may present different, varying issues, which also puts pressure on staff to continually adjust and update their services to fit these evolving needs. The following two excerpts demonstrate these challenges:

On campus, a lot of conversations came out with staff and faculty that we're not a hospital. We're an educational institution. Uh, we're, we're not here to provide primary mental health support. While that is something that we provide, we can't put so many resources into that. (Participant 9)

Yeah, 'cause we don't have the staff or the resources, or even the financial ability to do so, 'cause right now

we're challenged with being able to provide a report on the successes of our programmings and workshops so that we can get additional funding for our programs and the other piece to that is [limited] staff resources. (Participant 9)

**Ineffective promotion and unawareness of programs.** Many participants discussed ineffective methods of promoting on-campus services, including posters, brochures, emails, postings on the university website, and a blurb in academic calendars or syllabi. It was hypothesized that many students might by-pass emails and postings that are not immediately relevant to their academic life. Ineffective promotion can lead to high levels of unawareness of services that exist on campus. This may be a particular issue for commuter and international students, who may not be as immersed in the campus culture as on-campus students. Students may also disregard programs if they have negative perceptions or an incomplete understanding of program contents due to vague promotional items. For example, students may be less interested when seeing stress therapy at first glance if they think it is one-on-one therapy as opposed to a group workshop. As this participant explains, many students are unaware of some programs completely:

So, that's one of the big things that I would say as a moving forward piece, is the majority of students I see, they're coming in saying, "I didn't know to go to my program counsellor. I didn't know what academic consideration was. I didn't know about academic accommodation," and things like that. (Participant 5)

**Committee making decisions.** A disconnect was highlighted between upper-level decision makers and student mental health programming needs. Participants noted the student perspective was often not incorporated when developing on-campus programs. Some participants also noted students often do not understand the process of enacting new mental health policies and programs and may be unaware of the time lag in creating new programs. Although it may be more efficient than incorporating students' input, having faculty committees and leaders making these decisions may decrease the uptake and effectiveness of services if they are not accurately tailored to students' needs. One participant compared popularity among programs developed by

committees as opposed to programs that apply the student perspective:

I found in the past that events that were associated with, like through committees, those events have multiple perspectives from committee members. It's just they're not as popular as, say, um, me directly going to students and asking them what they want. I get a lot of more interaction with the actual event as when I directly ask students, and, um, like even just gauge their opinions and thoughts on stuff. (Participant 20)

## Discussion

A wide variety of facilitators and barriers were highlighted amongst on-campus service providers toward students seeking mental health services. The most discussed facilitators included communication-related topics, such as peers recommending services to other students, collaboration between faculty, and effective promotion. Other facilitators included making programs more inclusive and addressing more diverse populations, tailoring programs to better meet students' unique needs, and the use of incentives. Barriers toward seeking and receiving services were frequently associated with physical resource challenges due to high staff turnover, students fearing judgement for reaching out, and students prioritizing academic work over their mental health.

The facilitators and barriers highlighted in this research corroborate the current literature, both with students as well as young adults in the general population. While facilitators have been widely under-reported in both populations, several studies have highlighted peer recommendations or having peers with help-seeking experience as a facilitator among young adults in the general population (Gulliver et al., 2010; Jung et al., 2017; Liverpool et al., 2020), and in the student population (Disabato et al., 2018; Eisenberg et al., 2007). The influence of peers was a frequently mentioned facilitator in the present study, solidifying the importance of having strong social support networks to empower young adults to seek appropriate mental health care. Similarly, while faculty support and engagement were facilitators in this research, strong relationships built upon trust with gatekeepers was also a notable facilitator for help-seeking behaviour among the general population (Aguirre Velasco et al., 2020) and with student populations (Gulliver et

al., 2012). In this study, participants expressed that professors were an important medium to encourage mental health service utilization, due to their relationships and frequency of interaction with students.

Mental health literacy is a recognized facilitator for help-seeking behaviours (Jung et al., 2017; Rickwood et al., 2007), which refers to the knowledge and abilities that enable individuals to recognize, manage, and prevent mental health problems (Kutcher et al., 2016). Although the term “mental health literacy” was not explicitly cited in this study, participants mentioned that students recognizing their need for help was instrumental in receiving mental health services, highlighting the relevance of problem recognition among students. Additionally, incentives and incorporating the patient or user voice in developing programs were also mentioned facilitators in the literature (Liverpool et al., 2020). With the student population specifically, providing food as an incentive may have a stronger draw due to the financial barriers and food insecurity students face (Zigmont et al., 2019). This was reflected in the study results as many participants expressed students are likely to attend services if food is provided as an incentive.

Barriers to mental health help-seeking among young adults and students have been well identified. In the general population, these include stigmatizing beliefs, difficulty expressing and identifying concerns, confidentiality and trust, characteristics of the provider (e.g., gender and race), accessibility of services (Gulliver et al., 2010; Rickwood et al., 2007; Salaheddin & Mason, 2016), and doubts in effectiveness (Andersson et al., 2014). Confidentiality, service provider characteristics, and doubts of effectiveness were not barriers mentioned in this study or in the literature concerning student barriers. This may be due to the increased trust and sense of belonging some students may feel, being immersed in campus culture and the university bubble (Lisnyj et al., 2021). In previous research, unawareness was a common barrier to seeking mental health services among students (Bradley et al., 2012; Feng & Campbell, 2011; Neal et al., 2011), in addition to lack of time (Czyz et al., 2013; Eisenberg et al., 2007), cultural and structural barriers such as familial and cultural disapproval of accessing such services (Han & Pong, 2015; Shea et al., 2019), lack of perceived need for help (Czyz et al., 2013; Eisenberg et al., 2007; Perlick et al., 2010), wait times for appointments (Mowbray et al., 2006; Neal et al., 2011), and stigmatizing attitudes

about mental illness (Czyz et al., 2013; Eisenberg et al., 2007; Vogel et al., 2007), all of which are consistent with barriers identified by service providers in the present study. It should be noted that although stigma and EDI as facilitators and barriers were not direct focuses of this study, these topics play an important role in help-seeking behaviours for mental health services. It is important to recognize that equity, diversity, and inclusion may all intersect and influence or be affected by the facilitators and barriers mentioned in this study. For example, ineffective promotion as a barrier may present differently as a barrier to those who have vision or hearing impairments, as promotional posters, although present, may not be properly accessible to these students. Influences of EDI and cultural barriers have been previously examined thoroughly in the literature (Aguirre Velasco et al., 2020; Calton et al., 2016; David, 2010; Gulliver et al., 2010; Shea et al., 2019), and should always be considered when examining student mental health issues and solutions.

Some discrepancies exist between facilitators and barriers of the general population of young adults compared to the student population. For instance, while stigma was a common and expected barrier in both populations, students are more often faced with a lack of time, unawareness, wait times for appointments, and a lack of perceived need for help compared to the general population of young adults. This is expected since students may be busier with schoolwork and may be more focused on studying and getting their degree than their mental health, as mentioned by participants in this study. Unawareness of services may be seen more often among students due to the wide variety of specialized services a university institution may offer compared to community services, making it difficult for students to be aware of all services. Financial cost may not have been seen as a barrier specifically to students, because most insurance companies reimburse for these service costs for students (Eisenberg et al., 2007). Interestingly, one of the most common facilitators in the literature for seeking services was having positive past experiences (Aguirre Velasco et al., 2020; Gulliver et al., 2012), which was not mentioned in the present study. Similarly, facilitators from the present study that were not consistent with the literature included having a collaborative approach and better faculty support, and barriers such as ineffective promotion and overwhelm from the number of services.

While all other results strengthen associations seen in the literature, these findings present an original contribution to research on this important topic.

This study presents several strengths and limitations. To date, research on facilitators of mental health help-seeking is lacking. The current study examines and reports on both facilitators and barriers equally, with the facilitator perspective being important to provide a base to build on to effectively improve access to services. Further, current literature seldom examines these topics from only a stakeholder perspective, creating a current gap in the literature (Querstret, 2019). This study provides a unique lens on the facilitators and barriers experienced by students, since service providers can provide an established opinion, given many of the participants in this study have been addressing student mental health firsthand for several years. Self-reported facilitators and barriers by students accessing mental health services have had well-documented downfalls, and may be subject to recall bias, response bias, and social desirability bias (Bourdon et al., 2018; Czyz et al., 2013; Sontag-Padilla et al., 2016). This study examined facilitators and barriers that were not self-reported by students themselves, being a major strength of this study as it provides robust results regarding accessibility and mental health service utilization.

The limitations of this study are consistent with those seen in qualitative analysis. For example, bias may arise due to the presence of the interviewer during data collection. This may intimidate participants, leading them to be hesitant with certain answers depending on their comfortability to give full disclosure. Further, this study only focused on on-campus service provider perspectives, while some students with long-term and pre-diagnosed mental health problems may be already receiving help from off-campus providers, therefore their input would have not been captured in this study. Overall, this study provides a novel, unique lens at examining factors that affect uptake and engagement of mental health services among university students.

## **Moving Forward**

The facilitators and barriers outlined in this study can be applied to the Theory of Planned Behaviour (TPB) to hypothesize how to increase mental health services uptake. The TPB predicts individual behaviour based on

constructs of attitude, subjective and social norms, and perceived behavioural control, to influence behavioural intention (LaMorte, 2019). The TPB states that those with positive attitudes surrounding the behaviour will have stronger behavioural intentions. Therefore, improving positive attitudes toward mental health services will increase uptake of services, for example, through effective promotion and encouraging peer recommendation. The TPB construct of social norms in this context is associated with decreasing stigma around student stress and normalizing mental health service utilization; specifically, improving awareness of the prevalence of stress and mental illness among students, and how to recognize symptoms. Finally, making services easily accessible and for short periods at a time (for example, a 30-minute workshop compared to a 60-minute workshop) may increase students' perceived behavioural control and lessen perceived time constraints, elevating their intention to engage with services.

Keeping the TPB constructs in mind, several strategies can be suggested to increase help-seeking behaviours of mental health services. Having a navigator or case manager to help students find services tailored to their needs applies campus collaboration to address the overwhelm students may feel from the plethora of services offered by universities. Throughout this study, many participants mentioned ineffective promotional techniques, such as posters and emails. To combat this, effective promotion can be achieved by connecting with students through promoting mental health services using social media and similar platforms that students have high contact with, to increase awareness and likelihood of engaging in services. Lastly, incorporating EDI throughout campus culture is critical. This includes tailoring services to be available specifically for students of equity deserving groups, having service providers of similar identities, religions, and ethnicities as students, and increasing service provider competency to work with equity deserving groups such as BIPOC and LGBTQ+ students. Implementing training requirements, culturally tailored messaging and promotion, matching service providers with lived experiences to students facing similar hardships, and increasing active community outreach to minority groups, are all important strategies to mitigate disparities in EDI-focused mental health services (Banks, 2020; Boone et al., 2011; Dunbar et al., 2017; Lipson et al., 2018). Decreasing stigma toward mental

illness among all students by encouraging conversations around mental health and student stress is also crucial. Students are reluctant to seek help if they feel their issues are abnormal or that they will be a burden on the system if their problems are not “bad enough.” Increasing the frequency of mental health awareness campaigns and having staff, including service providers and faculty, encouraging students to seek help may help decrease students' fear of judgement.

Due to the scope of EDI, it is difficult to go into appropriate detail on how EDI can influence facilitators and barriers that are highlighted in this study. Although it was not the focus of the current study, the concept of EDI and how it relates to on-campus mental health service utilization should be looked at in-depth in future studies to accurately improve access to mental health services in the real world rather than theoretically. Similarly, addressing mental health service uptake in student populations should be met with targeted interventions and broader campus-wide approaches. Existing literature has identified various methods of interventions that address student mental health. For example, to optimize student mental health, Fernandez et al. (2016) highlight the use of a settings-based approach, in which interventions are focused on changing structural and organizational factors that impact health, rather than individual factors (p. 798). Gaps have been identified in service delivery, as many post-secondary institutions provide discrete and specialized interventions for certain groups. While critiques of these interventions exist (Linden & Stuart, 2020), in all, the strongest approaches to improve student mental health have involved a mix of targeted programs for high-risk students, as well as broad, universal approaches that aim to improve resilience in all students (Weare & Nind, 2011).

## Conclusion

With more programs, services, and resources being offered within post-secondary institutions to optimize students' mental health and well-being, it is pertinent to identify strategies to increase their uptake. This research uniquely investigated the facilitators and barriers for students accessing on-campus mental health services through the perspective of service providers, as opposed to being self-reported by students themselves. This approach allowed participants, who have expertise on student mental health and are directly involved in

supporting on-campus student wellness, to both reflect and identify where gaps and opportunities lie in the development and delivery of such programs. Overall, the facilitators and barriers revealed in this study should be used in tandem with the Theory of Planned Behaviour to better improve accessibility and uptake of mental health services to promote post-secondary students' mental health and well-being.

## Author Note

The authors declare no conflicts of interest.

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