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University of the Witwatersrand

School of Human and Community Development

Department of Psychology

Master's Degree in Community-Based Counselling Psychology

Experiences of Mental Health Help-Seeking Among Students Utilising Mental Health Services

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This research report is submitted in partial fulfilment of the requirements for the Degree of Master's in Community-Based Counselling Psychology in the Faculty of Humanities at the University of the Witwatersrand.

DECLARATION

I, Puleng Rathebe, declare that this Research Report is my own original work. All sources used have been acknowledged in the report. The Report is being submitted for the Degree of Master's in Community-Based Counselling Psychology in the Faculty of Humanities, University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination at any other University.



_____ _____

Puleng Rathebe Date

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Lastly, thank you to all the participants who made this study possible. All your contributions are highly appreciated.

ABSTRACT

Due to academic pressures, financial difficulties and other challenges of emerging adulthood, South African university students are experiencing higher rates of mental health problems. Research indicates a significant prevalence of stress, anxiety and depression among university students. There has also been an increase in suicides among the South African student population. Despite these challenges, help-seeking for mental health problems is still relatively low among this group.

The aim of the current study was to explore the experiences of mental health help-seeking among students utilising mental health services at the University of the Witwatersrand. The study was conducted in order to understand help-seeking from students' perspective. Individual interviews were conducted on a sample of eleven full-time students between the ages of eighteen and twenty-five. The data was analysed using the descriptive phenomenological method. The findings suggest that students seem to have adequate mental knowledge regarding the recognition of mental health concerns and information about accessing care which is imperative for help-seeking. However, students' expectations about psychological treatment did not match their actual experiences which may indicated misconceptions about what treatment entailed. Stigma seems to influence help-seeking intentions, although it did not prevent actual help-seeking behaviour. A greater sense of belonging and shared experiences among the students regarding mental health difficulties were experienced as promoting help-seeking behaviour and preventing perceived public stigma.

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CHAPTER 1: INTRODUCTION

The problem brought forth by this study is that of help-seeking for mental health problems among students. Rickwood and Thomas (2012) described the concept of help-seeking within the mental health context and defined help-seeking as "an adaptive coping process that is the attempt to obtain external assistance to deal with a mental health concern"(Rickwood & Thomas, 2012, p. 180). Although the term help-seeking is often used interchangeably with health-seeking, health-seeking is a broader term which does not actually require the identification of any symptoms but can include preventative measures where an actual problem has not yet developed (Cornally & McCarthy, 2011).

Help-seeking for mental health concerns can take two forms, namely formal and informal help-seeking (D'Avanzo et al., 2012). Informal help-seeking involves seeking help sources such as family, friends or acquaintances, while formal help-seeking entails seeking help from professionally trained individuals such as psychologists (Pattyn et al., 2014) Although there is higher preference toward seeking help from informal sources due to familiarity and immediacy, formal sources of help have been shown to be more effective, especially if the problems are experienced with increased severity (D'Avanzo et al., 2012). Nonetheless, informal sources have several benefits. Firstly, these sources of help form the basis of social support for young people, which is regarded as a protective factor (Gulliver et al., 2010). Secondly, informal sources of help may be instrumental in facilitating formal help-seeking, as well as serve as a support between or following formal interventions (Pattyn et al., 2014).

Emerging adults who perceive that they might be stigmatised for having mental health problems prefer to seek help from formal sources, as they are apprehensive about being judged by family and friends and potentially being side-lined rather than receiving support (Cheng et al., 2018; Pattyn et al., 2014). Another concern regarding seeking help from informal sources is that of confidentiality, since family and friends are not necessarily bound to maintain

confidentiality (Jithoo, 2017). Notably, whether help is sought from formal or informal sources, it is likely that the help-seeker engages in a process of evaluating the characteristics of potential help-givers prior to seeking help (Cornally & McCarthy, 2011).

While there are various sources of help that emerging adults utilise, there are also a number of barriers that hinder help-seeking behaviour (Vidourek et al., 2014). Existing research on the topic has shown that factors such as perceived severity of problems and perceptions about access to treatment and its effectiveness have been identified as barriers to help-seeking (Vidourek et al., 2014). Among university students, negative attitudes held about mental health problems and subsequent help-seeking or stigma is a widely prevalent barrier to help-seeking (Cheng et al., 2018). Common stigmatising beliefs include associating mental health problems with weakness, inability to solve one's own problems and being perceived as threatening when struggling with mental health difficulties (Lynch et al., 2016).

Those experiencing mental health problems may therefore be reluctant to seek help in order to avoid stigma and possible rejection from peers (Schnyder et al., 2017). The beliefs about masculinity and stoicism are also a prominent barrier in help-seeking for mental health difficulties (Lynch et al., 2016). Men are less likely than women to seek help when faced with psychological distress and tend to display greater preference for self-reliance in dealing with problems (Tang et al., 2014). Gender role socialisation plays a significant role in how men and women perceive help-seeking (Seidler et al., 2017). It is widely accepted and often admirable for women to display emotion and be more forthcoming with their difficulties, while men are commonly socialised into being more independent and self-reliant (Seidler et al., 2017). Research also suggests that another important barrier to seeking help for mental health problems is the lack of mental health literacy (Gagnon et al., 2017). Mental health literacy is concerned with being able to recognise mental distress or mental health-related symptoms and

the ability to seek necessary information to gain knowledge about professional assistance and available treatment options (Ratnayake & Hyde, 2019).

There is generally a dearth of information when it comes to factors that facilitate help-seeking (Vidourek et al., 2014). Students who have had past experiences with help-seeking and receiving mental health care seem to show more positive attitudes toward help-seeking indicating that having positive past experiences with help-seeking is one of the factors identified to facilitate future help-seeking (Gulliver et al., 2010; Pamukçu & Meydan, 2019). Another significant facilitating factor is having positive attitudes toward help-seeking, such as the belief that treatment will be effective and may have potential positive outcomes (Vidourek et al., 2014). Students who receive support and encouragement from friends and family are also likely to seek professional help in the future (Pace et al., 2018a). According to Gulliver et al. (2010) help-seeking is also facilitated when young people have trust in the service providers and believe that their information will be kept confidential.

1.1 Rationale

The most critical developmental period with regard to influences on mental health and well-being is between adolescence and young adulthood (Reavley et al., 2010; Rickwood et al., 2005). Arnett (2000) described this phase, between the ages of 18 and 25 as emerging adulthood, where individuals are no longer fully dependent, however they are also yet to undertake normative adult responsibilities. During this phase young people are confronted with numerous challenges which are essential in the transition to adulthood; these include decisions about academic and vocational choices, their developing identities, relationships and adjusting to the changes in each domain (Vidourek et al., 2014).

University students are at greater risk of experiencing mental health difficulties due to the various influences on their mental health at this particularly crucial stage in their lives (Gagnon

et al., 2017). Developmentally, this is a transitional stage where challenges such as separating from family, developing one's identity, forming relationships and selecting career paths become imperative (Arnett, 2014) . Failure to overcome these developmental challenges may potentially result in confusion, feelings of inadequacy and uncertainties about the future which all have significant effects on mental health (Arnett, 2014; Erikson, 1968). In addition students often experience academic and financial difficulties associated with their studies, as well as adjusting to the university environment leading to high prevalence of anxiety, depression and stress among students (Beiter et al., 2015).

In South Africa there has been an increase in the number of students gaining access to higher education, attributed predominantly to the greater access and enrolment of Black students in the higher education system (Tjønneland, 2017). This is a positive change as higher education has the potential to improve the employment potential of students from disadvantaged backgrounds (Walker & Mathebula, 2019). However, pursuing higher education for many young South Africans means having to leave home where their main sources of social support are located , thereby increasing their vulnerability and placing them at greater risk for emotional difficulties and mental health problems (Bantjes et al., 2016). The migration of students from low-income rural areas to urban universities continues to highlight the existing inequalities in post-apartheid South Africa. Some students from lower-income backgrounds continue to struggle in the university space due to financial difficulties compounded with the lack of support, resulting in academic challenges and poor mental health and well-being (Walker & Mathebula, 2019).

Despite the vulnerability of university students to mental health difficulties and established prevalence of mental health problems, help-seeking is still poor among this group (Bantjes et al., 2016; Murphy & Hennessy, 2017; Pace et al., 2018a; Rickwood & Thomas, 2012). This is attributable to previously mentioned barriers such as stigma. The recent increase in the number

of suicides at prominent South African higher education institutions (Decelles et al., 2017) suggests that students may not be coping with mental health difficulties and thus the need to promote help-seeking behaviour.

Although mental health help-seeking among the student population has been studied in the global north and some parts of the global south (Clement et al., 2015; Lipson et al., 2016), there is a dearth of information with particular focus on the help-seeking behaviours of South African students. The few studies that have explored this concept also indicate a need for further research into help-seeking experiences and other related mental health related topics concerning students (Bantjes et al., 2016; Jithoo, 2017). The findings of the current study will contribute to the understanding of the mental health help-seeking experiences of South African university students.

1.2 Aims of the Study

The aim of the study was to explore and understand the lived experiences of help-seeking behaviours for mental health related concerns as encountered by students at a South African university. The study also aimed to gain insight into students' attitudes and beliefs about mental health help-seeking.

1.3 Research Questions

In order to achieve the above-mentioned aims, the following research questions were formulated:

1. What are the help-seeking expectations of students?
2. How do students experience campus mental health services?
3. What are the attitudes and beliefs students have about mental health help-seeking?

1.4 Report Layout

This chapter introduced the study, provided a brief introduction on the topic of mental health help-seeking. The remainder of the paper is organised as follows: in Chapter 2, a review of the literature will be provided in order to give a comprehensive understanding of issues related university students' mental health help-seeking. The relevant topic concerned with help-seeking will be discussed through reference to existing literature. Chapter 3 will expand in detail on the methods that were utilised in the study. It will begin by describing the methods and rationale for the selection of the descriptive phenomenological approach. Next, the chapter will also provide a description of the data gathering procedure as well as a step by step account of the data analysis. Finally, the chapter will outline the ethical considerations and conclude by offering the researcher's reflections. The findings of the study will be presented in Chapter 4, where the themes that emerged from the analysis of the participants' descriptions will be given. Chapter 5, will discuss the findings of the study, followed by Chapter 6 which will provide a conclusion, expand on the practical implications of the study and the limitations.

CHAPTER 2: LITERATURE REVIEW

In 2017, the majority of enrolled students across South African higher education institutions were between the ages of 18 and 24 (Statistics South Africa, 2017). These ages coincide with a period of development that Arnett (2000) characterised as emerging adulthood. This phase of development is understood as being separate from adolescence and the major developmental tasks are concerned with the development of identity as well as in-depth exploration of self in relation to vocation, values and relationships (Arnett, 2000). According to Arnett (2000), in the past several decades this stage of development has shifted significantly with regards to the experiences and life events that occur. While the age of completing high schooling has remained the same in industrialised countries, the ages at which young adult's complete higher education appears to have extended globally (Arnett, 2014). In many cases where higher education is not pursued, the pathways to stable adulthood are varied and dynamic (Wood et al., 2018). Marriage and parenthood are also being delayed as many young people opt to explore career possibilities and increasingly value higher education and personal development and generally display a greater sense of self-focus (Arnett, 2014).

A lot of uncertainty and instability may be experienced during this period as many emerging adults experience changes in various aspects of their lives including relationships, education, living situations and work (Wood et al., 2018). As a result, emerging adulthood is argued to be a challenging time emotionally and socially (Arnett, 2006). Often experienced as the "in between" stage, emerging adults may be faced with lessening family and institutional dependence and increased independence, although yet not fully on either extreme (Tanner, 2006; Wood et al., 2018). While emerging adults may be at a greater physical advantage than most developmental groups, it is the challenges related to identity, independence and developing new realities that place them at risk for mental health difficulties (Wood et al., 2018).

The risk for mental health difficulties during emerging adulthood is further increased by predisposing factors such as socio-economic disadvantage, family factors and emotional intrapersonal factors (Wood et al., 2018). Mental health difficulties have been found to be associated with lower academic functioning for emerging adults pursuing higher education (Bruffaerts et al., 2018). While stress and depression may be viewed as a normal part of the university experience, these issues may escalate and lead to negative academic outcomes for many emerging adults (Eisenberg et al., 2007). Emerging adults' ability to engage with developmentally appropriate tasks for this stage of life may be negatively affected by the presence of mental health difficulties (Gustavson et al., 2018).

In South Africa, socio-economic conditions compound the stresses of emerging adulthood as there is growing frustration and anguish related to unemployment rates, which further delay economic independence and ultimately the progression into stable adulthood (Richter & Panday, 2006). For many emerging adults in South African universities, the transition to higher education necessitates a change of environment and consequently loss of a primary support system, thereby increasing the risk of mental health problems (Bantjes et al., 2019).

2.1 Theoretical Framework: The Theory of Planned Behaviour

A suitable framework to understand help-seeking is Ajzen's Theory of Planned Behaviour (TPB). According to Ajzen (1985), human behaviour is inherently goal directed; before a behaviour is undertaken there are certain prerequisite actions that are engaged in before the actual behaviour in question occurs. The TPB framework is intended to aid the prediction of behaviours as well as to identify the psychological elements involved in the process of enacting volitional behaviours (Ajzen, 1985). The origins of this theory can be traced back to Fishbein and Ajzen's (1975) Theory of Reasoned Action (TRA), which postulates that an individual's behaviour is informed by his or her intention to perform the said behaviour. Furthermore, the individual's subjective norms and attitudes towards the behaviour determine the intention

(Fishbein & Ajzen, 1975). In order to predict behaviour, it is imperative to examine behavioural intention by exploring two significant determinants, namely: the subjective norms and attitudes.

According to Fishbein and Ajzen (1975), the first determinant, which is subjective norms, refers to an individual's perceived social consequences of performing a behaviour or their willingness to act in accordance with what significant others expect of them. When people believe that significant others endorse a behaviour, their intention to perform the behaviour becomes more likely (Ajzen & Fishbein, 1980; Madden et al., 1992). The second significant determinant of intention is that of attitudes, which is described as a person's negative or positive evaluation toward performing a behaviour (Fishbein & Ajzen, 1975). Attitudes themselves can be informed by the advantages and disadvantages related to performing the behaviour in question (Fishbein & Ajzen, 1975; Kraft et al., 2005). These determinants of behavioural intention are inexorably linked as subjective norms have been found to influence attitudes (Mesidor & Sly, 2014). Essentially, what significant others think about a behaviour can strongly influence how positively or negatively a person appraises that behaviour themselves.

The main difference between TRA and the reformulated version TPB is the behavioural control element which was added by Ajzen (1985). Behavioural control refers to how easy or difficult it may be to perform the behaviour in question (Ajzen, 1991). At times, even though a person may take all the necessary prerequisite actions to perform a behaviour, they may be aware that it might still be difficult to do so due to external or internal factors that are outside of their control, thus the notion of perceived behavioural control (Ajzen, 2002). If a person perceives the external or internal factors to be relatively permeable, then this will increase the likelihood of the intention to perform the behaviour as the person believes it would be relatively easy to perform it (Ajzen, 2002).

While attitudes and subjective norms are integral in predicting intention, Azjen (1985) found that in some instances it is a person's confidence in their ability to carry out a behaviour or their perceived efficacy that may ultimately determine whether they perform the behaviour or not and this has become the distinguishing component between TRA and TPB (Kraft et al., 2005). The TPB recognises that some behaviours are dependent on internal or external factors such as certain abilities, preparation, money, time and assistance from others (Ajzen, 1991; Kraft et al., 2005).

Taking from the foundations of TRA and the reformulated TPB, it can therefore be deduced that a person will likely show more intention to perform a behaviour the more positive their attitudes and subjective norms toward the particular behaviour and the greater their perceived behavioural control (Ajzen, 1985, 1991, 2002).

The antecedent factors that form the foundation of the TPB framework are the underpinning beliefs that people hold in relation to their behaviours (Ajzen, 1991). Ajzen (1991) identified three main beliefs: the first of these beliefs being behavioural beliefs which are thought to influence the attitudes that people have about behaviours (Ajzen, 1991); the second, normative beliefs, which speak to subjective norms and the last, behavioural beliefs which underlie perceived behavioural control (Ajzen, 1991).

Mesidor and Sly (2014) examined how psychological distress and the main variables of the Theory of Planned Behaviour predicted help-seeking intentions among students. The results indicated that attitudes and behavioural control were significant predictors of intentions to seek help among students. Specifically, students that held positive attitudes toward mental health services and perceived that they could seek help showed greater help-seeking intentions (Mesidor & Sly, 2014). Mesidor and Sly further discovered that perceived behavioural control was more prominent in predicting intention and subsequent behaviours. According to Mesidor

and Sly (2014), it is likely that when students already hold positive attitudes toward help-seeking, they may not regard attitudes as a significant factor. Conversely, a similar study's results suggested that although perceived behavioural control was related to help-seeking intentions, attitude was a more significant predictor of the intention to seek help among students (Bohon et al., 2016).

The relationship between attitudes and intention to seek help was also found among a sample of depressed individuals where the Theory of Planned Behaviour was applied (Schomerus et al., 2009). The authors posited that focusing on changing people's attitudes about mental health could improve help-seeking behaviour. Correspondingly, various studies reporting on barriers of help-seeking have found stigmatising attitudes about mental illness, people struggling with mental health problems and help-seeking to be one of the most significant barriers to help-seeking (Atik & Yalçýn, 2011; Bilican, 2013; Mojtabai et al., 2016; Rickwood et al., 2005; Vidourek et al., 2014). In the aforementioned studies relating to stigma, the perceptions of one's social group were influential in shaping attitudes about mental health and stigma. The use of TPB in the current study is predicted to enhance the understanding of the factors influencing university students' help-seeking experiences and behaviours by examining the students' attitudes, perceived behavioural control and subjective norms.

2.2 Prevalence of Mental Health Problems among Students and Common Reasons for Seeking Help

Attaining an education may be difficult at any stage depending on various issues, however university education has been found to be particularly challenging both on an emotional and intellectual level (Saleem et al., 2013). It is becoming more evident that academic success is not only dependent on cognitive factors; general mental health and emotional factors also require consideration as they play a significant role in student academic achievement (Papalia, 2014). Moreover, the onset of certain psychological problems during university education may

have enduring effects into late adulthood leading to greater problems which may have an impact on educational outcomes and the economy (Nami et al., 2014).

According to a review by Holm-Hadulla and Koutsoukou-Argyraki (2015), some of the most prevalent psychological problems among students globally include suicidality, anxiety, depressive symptoms, anxiety, stress and substance abuse. Consistent with these findings, a recent study involving two South African universities found major depression and generalised anxiety to be the most prevalent disorders (Bantjes et al., 2019). These were followed by substance use and abuse-related problems. Several instances of substance use have been shown to be a resultant coping strategy in dealing with primary emotional and psychological difficulties (Nami et al., 2014). Problems with adjustment have also been found to be prevalent in the student population (Holm-Hadulla & Koutsoukou-Argyraki, 2015; Pritchard et al., 2007).

Pillay and Ngcobo (2010) found that students frequently sought help from campus mental health services for academic stress, financial, stress, relationship problems, death of a significant other and personal illness among others. A similar, more recent study found that the common stressors among students were missing home and being unable to find accommodation (Stoddard, 2017). Students also expressed experiencing high levels of stress during the preparation for tests and exams; new students felt that their previous education had not prepared them sufficiently for tertiary education (Stoddard, 2017).

The difficulties that students experience or reasons for seeking help that may potentially lead to distress can be explored on three levels, that is the individual, interpersonal and institutional (Byrd & McKinney, 2012). For instance, Beiter et al. (2015) investigated the prevalence of common psychological problems among university students including anxiety and depression and some of the common presenting difficulties or reasons for seeking help. They found that

there are three main sources of distress that may precipitate the onset psychological problems, namely: academic achievement, concerns about life post-graduation and success. These are more individual level sources of distress which can also include self-esteem and motivation (Midgley et al., 2017). Other sources of distress such as concerns regarding relationships with friends, peers, and family (Beiter et al., 2015) would fall under the interpersonal level (Byrd & McKinney, 2012). The institutional sources of distress include experiences of the academic environment, living status, workload, and finances (Beiter et al., 2015; Byrd & McKinney, 2012).

Financial problems are especially prevalent in the South African context where many students come from poverty-stricken contexts (Pillay & Ngcobo, 2010). Attaining an education is one of the ways in which individuals from disadvantaged backgrounds can potentially achieve a financially secure future (Van der Berg, 2002). However, an individual's background also has significant impact on their ability to do well and progress academically which may in turn affect their position in the labour market (Van der Berg, 2002). According to Nyewe (2018) the prevailing financial challenges among students not only trigger emotional distress, they also perpetuate this distress and cause severe psychological problems. The inability to pay fees, buy books and the lack of accommodation may lead many students to feel as though they do not "fit in" and exacerbate emotional distress (Machika & Johnson, 2015). Furthermore, due to not having their most basic needs met, students may struggle with completely engaging in the therapeutic process (Nyewe, 2018). Various studies have established that numerous cases of academic exclusion, retention rates and academic withdrawal have been due to financial difficulties (B. Jones et al., 2008; Mngomezulu et al., 2017; Nyewe, 2018).

While financial aid has been made available for disadvantaged students primarily through the National Student Financial Aid Scheme (NSFAS), Jones et al. (2008) have highlighted a couple of challenges facing the financial aid scheme. Firstly, due to NSFAS being the major

contributor of financial aid to most higher education institutions in the country, the allocations of the funds have been a significant task. Some students are financed for basic tuition costs as per the discretionary need's assessment of the various institutions (B. Jones et al., 2008). However, despite not meeting certain needs criteria, some students are left having to find other ways to cover additional costs such as books and accommodation (B. Jones et al., 2008; Mngomezulu et al., 2017; Nyewe, 2018).

In order to cover these shortfalls and other financial difficulties, students have resorted to using various strategies which include part-time work and seeking support from family members and others who are able to assist (Nyewe, 2018). Findings from a narrative study indicated that these strategies may sometimes include transactional relationships where sex and companionship are exchanged for money, material possessions and resources (Shefer et al., 2012). A second challenge with NSFAS is that while it has worked on a needs analysis basis, there are certain issues that may not be accounted for with regards to students' lived experiences and that while some families may be evaluated to be in position to finance some of the costs, students have often expressed anxiety around their unique family circumstances (Jones et al., 2008).

2.3 Mental Health Literacy

In order to seek help for mental health problems, it is imperative for individuals to recognise that they need the help and have knowledge about where to access services (Marsh & Wilcoxon, 2015; Pace et al., 2018). This is a concept that Jorm et al. (1997) called "mental health literacy". They described mental health literacy as having three essential components. Firstly, that an individual is aware of and possesses the ability to distinguish feelings of mental distress. Secondly, that the individual has awareness about causal factors and knowledge about different forms of help and lastly, that the individual can engage in inquiry for obtaining relevant information about mental health (Jorm et al., 1997). Reflecting on Ajzen's (1985)

TPB, and considering perceived behavioural control, mental health literacy may be considered a factor which may reduce one's perceived behavioural control and therefore decrease the likelihood of help-seeking intention. This is because if an individual lacks information about symptoms, how and where to get help, they may lack the confidence or efficacy (Ajzen, 1991; Kraft et al., 2005) required to see them carrying out help-seeking successfully.

Bilican (2013) found that the lack of acknowledgement and awareness regarding the presence of mental health problems also interceded as a barrier to help-seeking. In accordance with these findings, a study by Jithoo (2017), indicated that students held several misconceptions about ideas of mental health and mental illness, for instance, many students may perceive mental health as being on a continuum, however they are likely to perceive mental health problems as being more clinical and related only to psychiatric illness (Jithoo, 2017).

Furthermore, students may not know about mental health services that are offered on campus and those who do know often associate these services with serious mental illness (Jithoo, 2017) rather than services that can be accessed for less severe emotional well-being concerns. A quantitative study consisting of undergraduate students conducted by Gagnon et al. (2017) found that some students reported financial constraints as one of the barriers to help-seeking even though services were being offered for free on their campuses, which may further highlight the lack of knowledge about services being offered. It was also found that the students who had knowledge about the services being offered at their institutions held more positive attitudes about help-seeking and were more likely to access services, while those who lacked this knowledge underutilised services and had misconceptions regarding the services offered (Atik & Yalçýn, 2011). Thai and Nguyen (2018) found that students who can recognise symptoms associated to common psychological problems also reported greater willingness to seek help. In contrast, another study demonstrated no link between mental health literacy and help-seeking intention (Ratnayake & Hyde, 2019). However, one shortcoming of both studies

is that they relied on reported help-seeking intentions rather than actual help-seeking behaviours or reported failure to seek help among students showing adequate mental health literacy. The presentation of mental health symptoms may also be influenced by culture and thus affect how these are interpreted as indicated by a Nigerian study on mental health literacy among students (Aluh et al., 2019). The study highlighted the significance of researching interventions that are culturally inclusive in order to increase mental health literacy. This is because how individuals perceive and interpret symptoms can be significantly influenced by factors such as their socio-economic statuses, cultural beliefs and ethnic backgrounds (Aluh et al., 2019).

Rickwood et al. (2005) argued that emotional competence or the ability to identify and understand emotions played a significant role in help-seeking for mental health-related problems. Those lacking in emotional competence may find it difficult to seek help as they may struggle to identify that they require it or possibly not know how to undertake help-seeking behaviours (Rickwood et al., 2005). A consequence of the inability to identify and understand emotions adequately has the impact of potentially minimising problems and may result in seeking help only when problems are perceived as "serious" (Yousaf et al., 2015). Bilican (2013) found that not understanding emotions and psychological problems was one of the major reasons for not seeking help and in some instances, this was rated higher than stigma. Mental health literacy also increases the likelihood of willingness to help others with mental health problems (Thai & Nguyen, 2018). One study investigated the mental health literacy of a university's teaching staff and found that members of the staff who were more knowledgeable about depression were more likely to assist their students with mental health problems (Gulliver et al., 2019). The authors emphasised the relevance of these results as they highlighted the position held by university staff and the significant role the staff can play in helping students gain access to services.

2.4 Stigma and Help-Seeking

According to Schnyder et al. (2017) one of the most prevalent barriers to mental health help-seeking is stigma or the negative attitudes held about mental health problems and those who seek help. There are two ways in which stigma may be experienced; these are self-stigma and perceived public stigma (Dyrbye et al., 2015). Self-stigma refers to the internalised negative beliefs and stereotypes that one may have about mental illness and help-seeking, while public stigma describes the individual's awareness about others holding the same negative beliefs and stereotypes (Dyrbye et al., 2015; Pattyn et al., 2014). As the TPB suggests, the subjective norms or normative beliefs which are concerned with the social influences of performing a behaviour predict the behavioural intention (Ajzen, 1991). Moreover, these subjective norms can have a direct influence on the individual's attitudes toward the behaviour which also impact the intention to perform the behaviour (Ajzen, 1991). In the case of perceived public stigma, when the individual experiences significant others to be opposed to help-seeking, he or she internalises these views, which consequently influences the individual's own evaluation of the behaviour thereby leading to self-stigma (Chen & Chandrasekara, 2016).

Although stigma is generally associated with low rates of help-seeking, perceived public stigma appears to be particularly significant (Bathje & Pryor, 2011). A survey completed by university students revealed that perceived public stigma had a greater influence on the reluctance to seek help for mental health problems and perpetuated negative attitudes toward treatment rather than self-stigma (Pedersen & Paves, 2014). Furthermore, there was a disparity regarding how young people with mental health problems thought they would be perceived if they sought help and how they perceive others who seek help. Individuals were more likely to view others seeking help for mental distress more positively, however perceived that they would be viewed in a negative light for seeking help (Pedersen & Paves, 2014). According to results from a study by Bathje and Pryor (2011), feeling sympathy for those with mental health problems was likely to

perpetuate self-stigma, which could support having more positive feelings toward others seeking help. Jung et al. (2017) posited that increasing mental health literacy may assist in mediating the effects of self-stigma and perceived public stigma on help-seeking for mental health problems. (Jung et al., 2017)

Clement et al. (2015) reviewed several qualitative studies to determine the underlying processes related to experiences of stigma and made the following conclusions: stereotypes held about help-seeking often conflict with an individual's self-identity and social identity and there is concern about the possible outcomes of help-seeking as well as discomfort with self-disclosure. An earlier study by Masuda et al. (2012) also highlighted difficulty with disclosure as being significantly associated with stigma, particularly regarding sharing personal information that may be perceived as embarrassing. This study further discovered that the tendency to not want to share personal information or self-concealment was associated with lower help-seeking behaviours (Masuda et al., 2012).

2.5 Gender and Help-Seeking Behaviour

Several researchers (Hicks et al., 2007; Mackenzie et al., 2006; Tang et al., 2014; Wendt & Shafer, 2015) have found that help-seeking has gendered connotations. Women have been found to have generally more positive attitudes toward mental health than men (Vidourek et al., 2014). Male students were more likely to subscribe to stereotypical conceptions of masculinity which prevented them from seeking help, while female students indicated more willingness despite fearing the stigma associated with experiencing emotional problems (Jithoo, 2017). Men appear to experience more barriers to help-seeking which include low mental health literacy, social stigma and negative attitudes toward professional sources of help (Lynch et al., 2016). A study exploring college-going men's help-seeking behaviours found that the acknowledgement of mental ill health and the ability seek professional help were significantly affected by masculine discourses related to denying weakness (Tang et al., 2014).

The narrative of help-seeking as weakness appears to be maintained within social peer groups and is strongly related to peer acceptance (Lynch et al., 2016; Tang et al., 2014).

One of the explanations for factors contributing to ideas about mental health and masculinity is the gender role conflict model (Seidler et al., 2017). This model posits that males are socialised into various gender roles and that any behaviours that fall outside of these roles may be seen as contradictory and therefore be frowned upon (Wester et al., 2007). Engaging in acts that contradict these gender roles has pervasive consequences on emotional, cognitive and behavioural levels (Wahto & Swift, 2016). Some of the desired characteristics in line with traditional masculinity include self-reliance, stoicism and strength (Wahto & Swift, 2016; Wendt & Shafer, 2015). The internalisation of these characteristics ultimately influences how men feel about themselves and their roles, their behaviours and interactions with the themselves and others (O'Neil, 2015). In the context of mental health and help-seeking, men then have trouble with emotional expression, generally show more need for emotional control and thereby withhold negative emotion and show reluctance toward disclosure (Yousaf et al., 2015). Psychological treatment elements such as vulnerability, collaboration, disclosure and introspection therefore contradict and deviate from certain masculine gender roles (Seidler et al., 2017). Deviations from these roles have consequences beyond the individual, meaning that failure to conform may result in violations and restrictions from others and this may also be the response to others who are seen as deviant (O'Neil, 2015). Furthermore, in remaining rigid in these roles, men who face psychological problems resort to maladaptive coping strategies such as substance abuse and violence (Wendt & Shafer, 2015). O'Neil (2015), argues that overall, the effects of gender role conflict on males have a negative impact on well-being and can limit individual potential.

2.6 Culture and Help-Seeking

It is well established that culture informs common practices including ideals, behaviours and social interactions and research has shown that this extends to health-related behaviours (Saint Arnault, 2009). Culture has been recognised to influence help-seeking for mental health problems even though people belonging to the same cultural backgrounds may not always adhere to the shared beliefs, attitudes, values and norms of a cultural system (Bracke et al., 2019). A multi-level research study comprising 28 European countries investigating dominant cultural beliefs and utilisation of mental health services found that cultural beliefs were as pertinent in informing help-seeking as personal beliefs and stigma (Bracke et al., 2019).

Each culture has different explanatory models regarding what constitutes illness and through these models' meaningful notions about care, help-seeking and health promotion are formed (Saint Arnault, 2009). Western conceptualisations of mental illness tend to emphasise individual factors as the basis of psychological illness, while other explanatory models may focus on external factors (Cooper, 2016). According to Samouilhan and Seabi (2010), African culture is predominantly informed by religious and spiritual beliefs which in turn inform beliefs about the aetiology of mental illnesses and treatment approaches. Correspondingly, (Cooper, 2016) reviewed help-seeking across various approaches, one of these being the knowledge-belief-practice approach which focuses on help-seeking for mental illnesses within certain belief contexts. According to Cooper (2016), research within this approach indicates that many African cultures consider mental illness as spiritual due the strong traditional beliefs held.

Notably, it appears that in recent years the beliefs about the causes and treatments of mental health problems among young African adults have moved away from indigenous explanatory models to more biopsychosocial models (Samouilhan & Seabi, 2010). In their study, Samouilhan and Seabi (2010) found that many students at a major South African university attributed some of the common psychological problems to stressful events, chemical imbalance

and social factors. Spiritual causes were the least cited cause of psychological problems. Furthermore, as posited by Saint Arnault (2009), these beliefs about what causes psychological problems seem to inform help-seeking behaviour and treatment as the students rated psychotherapy, talking to close friends and family as well as medication as the primary treatment options (Samouilhan & Seabi, 2010).

It is noted that conceptualisations of mental health and illness are changing and becoming less homogenous as culture itself is becoming less monolithic (Cooper, 2016). However, according to a review by Petersen and Lund (2011) there is still a lack of collaboration between traditional and Western systems regarding healing which influences help-seeking. The findings further indicate that mental health services users may access both traditional and Western mental health services which indicates a need for greater collaboration among systems in order to support cultural congruence (Petersen & Lund, 2011). Mosotho et al. (2011) assert that while Western medicine and treatments are widely accepted and have made immense progress, it is imperative to consider other cultures and tailor treatments accordingly. In their qualitative study investigating the manifestations of anxiety among a Sesotho-speaking sample, the authors stressed the importance of considering and understanding psychological and emotional disorders within different cultural contexts as they can present differently (Mosotho et al., 2011) and ultimately influence help-seeking behaviour (Cooper, 2016).

2.7 Online Help-Seeking

The internet has become an integral part of the everyday lives of young people around the world and it appears that it has also started to influence help-seeking behaviour (Pretorius et al., 2019). Internet use is reported to be almost a daily occurrence and in some instances several times during the day among youth, with places of access including the home and other primary living, occupational and educational spaces (Gowen, 2013). A significant number of young adults have a smartphone and are likely to be on social media, which has made looking up

information on a range of issues more accessible (Mitchell et al., 2017). The easy access to information is also seen to provide access to healthcare such as information regarding healthcare facilities, practitioners and transport and routes (Gowen, 2013). This has the potential to eliminate barriers and make help-seeking easily accessible and in young people's control.

Some of the common searches related to mental health problems include information about symptoms experienced and the types of interventions and treatments (Pretorius et al., 2019). There are also options to access online interactive services that allow for support in a non-intrusive manner (Kauer et al., 2014). One of the benefits of online help-seeking is that it eliminates the interpersonal aspect which may cause many to experience perceived public stigma (Rickwood et al., 2012). Many services online offer privacy and anonymity that may not always be possible when accessing mental health services offline (Kauer et al., 2014). In addition to providing anonymity, focus groups found that online help-seeking also helped prepare help-seekers for face-to-face consultations with regards to what to expect and finding suitable practitioners (Gowen, 2013). In another study, participants reported that the online activities helped them on a very basic level and acted as a point of entry into traditional help-seeking (Stretton et al., 2018). This is especially imperative as readiness to receive care may vary and be a factor during face-to-face consultations (Kauer et al., 2014).

Another consideration for online help-seeking is that it is easily accessible and offers immediacy, which other platforms may not offer (Pretorius et al., 2019). This is particularly helpful for students when in crisis situations at any time of the day (Kauer et al., 2014). The characteristics suggest that many more students can be reached, and, in some instances, the existing services may be supplemented by online alternatives (Kaess et al., 2019).

As young people have an inclination toward self-reliance (Pretorius et al., 2019), online help-seeking provides users with the option for more self-directed interventions for mental health problems which promotes a sense of self-efficacy (Kauer et al., 2014). Having access to information and conducting one's own research also has the potential to be empowering (Mitchell et al., 2017). This is especially imperative as self-reliance has been found to be one of the barriers to formal, Western traditional help-seeking (Gulliver et al., 2010). Furthermore, there are opportunities for students to join online forums in which they can engage in discussion with other people who are experiencing similar problems (Kauer et al., 2014).

Despite the various benefits of seeking help online, there are some disadvantages that have been cited regarding this approach. While online assistance offered users privacy and anonymity, several participants reported this method of help-seeking as an impersonalised experience (Stretton et al., 2018). Furthermore, these online platforms may not have defined regulations around data management and security which may raise ethical concerns (Stretton et al., 2018).

Much concern has also been raised about the credibility and trustworthiness of online forums and information (Kauer et al., 2014; Pretorius et al., 2019). Users expressed concerns about the effectiveness of online forums and sources, whether they are operated by qualified professionals and whether the interventions were sufficient (Stretton et al., 2018). In addition to concerns about misinformation, there is also the potential of having too much information that may overwhelm some online help-seekers as well as the possibility of misinterpretation of information (Gowen, 2013).

Despite there being some evidence of online help-seeking being a gateway for traditional face-to-face services (Stretton et al., 2018), other studies indicate that this does not occur often (Gowen, 2013). Young people who have utilised online services may still show reluctance

toward seeking other forms of help; furthermore, these online services are seldomly shared as referrals to others for use, as may be the case with other forms of help (Collin et al., 2011; Mitchell et al., 2017).

Unmonitored online communities also run the risk of reinforcing negative behaviours by putting up content that may increase suicidal ideation (Bell et al., 2018; Frost et al., 2015). Although it is argued that online help-seeking has the potential to increase mental health literacy (Kaess et al., 2019), there is a need to increase help-seeking competence among young people as there are many resources online which may not all provide accurate information and hence the ability to discern is crucial (Pretorius et al., 2019).

This literature review showed that existing literature provides valuable understanding of the importance of emerging adulthood as a significant developmental period for mental health, especially considering the high prevalence rates of mental health problems among this cohort of emerging adults. The review further highlights some of the most significant factors influencing help-seeking among university students such as mental health literacy, stigma, gender and culture. There are various sources of help that have been explored with more recent interest in online sources of help and online help-seeking. Help-seeking for emotional and mental health being concerns remains a challenging undertaking among university students. It is therefore imperative to explore in depth, the experiences of those who seek help for mental health and emotional well-being concerns to understand how help-seeking is experienced, if the expectations relating to help-seeking are met and to understand the attitudes towards help-seeking.

CHAPTER 3: METHODS

For the purpose of this study, a qualitative design was utilised. Qualitative research enables the production of rich data through its orientation toward discovery rather than mere justification (Park & Park, 2016). The qualitative approach operates in the real world and is thereby appropriate when investigating phenomena in the social sphere (Patton, 2015). In contrast to quantitative inquiry, the qualitative approach promotes the subjectivity of knowledge, thereby regarding experiences as valuable to knowledge production (Patton, 2015). Although there are several methods within the qualitative paradigm, the phenomenological approach was selected because it is concerned with exploring phenomena through people's experiences and the meanings, they attach to them (Willis, 2004). Groenewald (2004) states that phenomenological research rejects the notion of reducing the external world into objective certainty as this dismisses people's lived experiences. Furthermore, phenomenological research intends to explore how different people experience the same phenomenon in order to understand the fundamental features of that phenomenon (Zografou, 2012).

3.1 Research Questions

In order to explore students' experiences of mental health help-seeking through a phenomenological approach, the following research questions were formulated:

1. What is the help-seeking expectations of students?
2. How do students experience campus mental health services?
3. What are the attitudes and beliefs students have about mental health help-seeking?

3.2 Research Design

Phenomenological research consists of two approaches, namely descriptive and interpretive (Langdridge, 2007). This study employed the descriptive phenomenological approach as it sought to explore mental health help-seeking from students' perspective. As Giorgi (2012)

asserted, in descriptive phenomenological research the researcher "concentrates on the given as a phenomenon and everything that is said about the phenomenon is based upon what is given" (Giorgi, 2012, pp. 5–6). Essentially, "descriptive phenomenological research attempts to discover what it is like to undergo a particular experience" (Matua & Van Der Wal, 2015, p. 24), whereas interpretive research intends to find collective meaning made from a combination of the participants' experiences and the researcher's interpretations (Matua & Van Der Wal, 2015).

Descriptive phenomenological research is based on the work of philosopher Edmund Husserl who made great contributions in the founding phases of phenomenology (Langdridge, 2007). However, Giorgi further modified this approach to tailor it to empirical work in psychology (Aagaard, 2017). Husserl's work emphasised the significance of consciousness and by so doing was considered transcendental phenomenology (Moustakas, 1994). This suggests that we consider phenomena that are within the scope of our consciousness or simply as they are presented (Moustakas, 1994). The premise of this philosophy is that what people consciously perceive should be scientifically studied as it is valuable, once more signifying the imperativeness of subjectivity (Lopez & Willis, 2004). Although human beings are aware of their daily experiences, there is a lack of critical reflection being employed which is where science can contribute by studying everyday lived experiences and extracting vital material from these (Lopez & Willis, 2004). Husserl highlighted the significance of intentionality in phenomenological research (Langdridge, 2007). The term intentionality refers to the correlation between what is experienced and what has been referred to by phenomenologists as *noema,* and how it is experienced or *noesis* (Moustakas, 1994). This distinction is made to abstain from analysing experiences as simply a relationship between subjects and objects but rather as realising that what is experienced has an "aboutness" which provides meaning to it

(Christensen et al., 2017, p. 116). Intentionality is essentially about the awareness of the difference between what is present in consciousness and the way in which it is present (Langdridge, 2007; Moustakas, 1994). The ability to attend to the way things are presented and not solely on what is presented to our consciousness facilitates reflexivity (Moustakas, 1994). Through this repeated reflexive process, deeper meanings unfold, and the essences of phenomena are revealed (Christensen et al., 2017; Moustakas, 1994).

As a result of studying experiences in this manner, phenomenological researchers may be able to describe phenomena, which is what they fundamentally aim to do (Langdridge, 2007). This is done purely without the intention of both explaining and attempting to unearth causal relationships (Christensen et al., 2017). Langdridge (2007), stated that by adopting this attitude in practice, the following will occur: firstly, there will be an emphasis on participants' accounts of their experiences; secondly, the underlying organisation of the experiences will be revealed by the analysis which will lastly, translate into the very essence of the phenomenon. By employing eidetic reduction as part of the descriptive phenomenological method, the universality of a phenomenon is discovered, albeit the usage of individual experiences (Hermberg, 2006). This process ultimately uncovers meaning structures that would not be typically observable by conventionally studying thought and action patterns (Giorgi, 2012; Moustakas, 1994). The fundamental underlying structures of phenomena that are obtained from exploring experiences are what can then be recognised as the very essences of the phenomena (Husserl & Kersten, 1983). These essences serve a significant function in distinguishing the descriptive phenomenological method as "a science of being" (Hermberg, 2006, p. 6) or as Husserl maintained, an "eidetic science" (Husserl & Kersten, 1983, p. xx). Furthermore, identifying essences prevents the researcher from relying on the natural attitude or the ordinary way of seeing as informed by prior knowledge and experience (Hermberg, 2006; Langdridge, 2007).

This can potentially influence the findings, thus in descriptive phenomenological research, the researcher is encouraged to set aside this knowledge, any previous experiences and personal viewpoints for the phenomenon to be comprehended wholly (Zografou, 2012). Traditional phenomenologists have termed this practice phenomenological reduction or "epoché", which essentially involves reserving judgement based on existing knowledge and understandings (Groenewald, 2004), thereby reducing additional elements around the phenomenon and allowing the researchers to focus their attention solely on what is being studied (Hopkins et al., 2017).

3.3 Study Participants

To explore the experiences of mental health help-seeking among students, a purposive sampling technique was utilised. The purposive sampling technique is utilised when the researcher seeks specific characteristics from the population from which the sample is selected (Patton, 2015). According to Patton (2015), qualitative research is inherently filled with ambiguity and one specific area of contention is that of sample size regarding data collection. However, (Giorgi, 2009) asserts that with phenomenological research, the aim is less about the generality of the results and more about the expression of the phenomenon. Therefore, he suggests that any amount from five to twenty interviews can suffice. Five interviews have the potential to provide as much depth as twenty, while twenty may provide more variation with regards to the phenomenon being explored (Giorgi, 2009).

The inclusion criteria for participants selected for this study were: (a) that they were registered students at university; (b) that they sought psychological services voluntarily from the student mental health services at the university campus, and (c) they experienced emotional and psychological distress. Eleven participants were recruited; nine were female and two were male. The participants ranged in age from age eighteen to age twenty-five years. The

respondents' racially classified as follows: 6 Black participants, 4 White participants and 1 Indian participant.

Participants were recruited using flyers (Appendix *i*) which were placed strategically in frequently accessed areas of the University of the Witwatersrand campus both on the East and West campus. An announcement was also made through the faculties of Humanities online portal. Potential participants that met the criteria were required to contact the researcher via telephone or email to indicate interest.

3.4 Data Collection

While descriptions of experiences can be obtained in written form, interviews tend to produce fuller and richer descriptions (Giorgi et al., 2017). In phenomenological research, it is imperative to obtain comprehensive descriptions of participants' experiences and face-to-face semi-structured interviews are able to elicit these in greater depth (Giorgi, 2009). Semi-structured interviews are the most used form of data collection in qualitative research as they provide consistency with regards to the topic without being overly restrictive (Langdridge, 2007). To ensure that the researcher probed accordingly with questions that were consistent with the topic, an interview schedule was utilised (Appendix *ii*). The interview schedule was constructed using phenomenological research guidelines with open-ended questioning to allow descriptions of experiences to be given. According to Giorgi (2009), the phenomenological interview schedule should be constructed in a way that the questions allow for descriptions to be given. The researcher first asks the participant to describe as comprehensively as possible, their experiences with relation to the phenomenon (Englander, 2012). It is essential that the subsequent prompting questions remain focused on the experiences related to the phenomenon so that it is ultimately encountered through these descriptions (Englander, 2012).

The participants were asked to share their experiences of help-seeking for emotional and psychological difficulties. The relevant probing questions were asked to gain further descriptions of the experiences utilising the interview schedule as a guide. Close attention was paid to the participants regarding the content they were providing as well as their general mood and responsiveness (Giorgi, 2009; Patton, 2015). Keeping track of the process as the interviews progressed helped the researcher recognise when it was appropriate to conclude the interviews (Patton, 2015).

The interviews were conducted at the University of the Witwatersrand, in the researcher's private office. The interviews were audio-recorded and later transcribed.

3.5 Procedure

Ethical clearance was granted by the University of the Witwatersrand's Human Research Ethics Committee – Non-medical (HREC). (Appendix *iii*). The University of the Witwatersrand's deputy registrar then granted permission for the study to be carried out on the university's student population (Appendix *iv*). The study was advertised using flyers and announcements on the Humanities online portal. A purposive sampling technique was utilised to select the participants from those who had responded to the study advert. The interview schedule was developed based on the literature regarding help-seeking. Due to the phenomenological nature of the study, relevant topics that arose during the interviews were explored further despite not being included in the initial interview schedule (Langdridge, 2007). Data collection took place from 25 May to 17 August 2018. Data was analysed using a descriptive phenomenological method and a report was then generated.

3.6 Data Analysis

The central focus of phenomenological analysis is lived experience, which is underpinned by Husserl's emphasis on returning to the essences of phenomena or describing rather than

explaining (Langdridge, 2007). The current study took this approach to analysis predominantly utilising guidelines recommended by Giorgi (2009, 2012) and Hycner (1985). The process is presented below:

3.6.1 The Phenomenological Attitude

An integral part of descriptive phenomenological analysis and perhaps what may be considered as the crucial first step to this process is assuming the phenomenological attitude (Giorgi, 2012). This involves a dual process which begins by the bracketing of pre-understandings and experiences of the researcher and openness to revisit data and revise initial understandings (Fischer, 2009). The purpose of this, is in part to ensure that research produced is not based on the researcher's understandings alone but that similar understandings would emerge if another researcher analysed the data (Fischer, 2009). This technique encourages the researcher to view and handle the data given in an inquisitive manner and with the expectation of making new discoveries (Finlay, 2008). Furthermore, through this process the researcher can critically reflect on his or her experiences and knowledge considering the emerging findings (Langdridge, 2007). Reflexivity is an integral part of data reduction, the researcher achieved this through journaling. An important part of this process was refocusing on help-seeking as a phenomenon through the experiences of the students and not necessarily what the researcher knew from her experiences.

3.6.2 Reading the Text

After the adoption of the phenomenological attitude, the researcher returns to text and reads it multiple times (Langdridge, 2007). Although this process is termed "reading", it is not only meant in the literal sense of reading the transcripts (Hycner, 1985). It includes listening to the interview recordings several times and noting emerging meanings (Hycner, 1985; Langdridge, 2007). This step aids in the understanding of the whole through reading all the individual descriptions of the experiences (Giorgi, 2012). During the process of transcription, the

researcher was already beginning this process. During this process the researcher took note of what was emerging without any attempts to interpret it. Hycner (1985) recommends that the researcher take note of other forms of communication such as the paralinguistic details, specifically where there may have been pauses or emphases of certain points. The process of bracketing continued during rereading the text.

3.6.3 Delineating Meaning Units

Meaning units can be defined "as those words, phrases, non-verbal or paralinguistic communications which express a unique and coherent meaning" (Hycner, 1985, p. 282). In order to identify these meaning units, the researcher needs to adopt a psychological attitude; this largely depends on the nature of the topic (Langdridge, 2007). It is essential that the researcher be mindful and present to the data at this stage of analysis because several meaning units may be identified, however only those relating to the topic will be significant (Giorgi et al., 2017). However, this stage can also be broken down into two phases where initially all meaning units were extracted, and then only the relevant ones are selected (Hycner, 1985). Where the researcher may be unsure whether statements are relevant or not, it is recommended that these are included to avoid missing aspects that may be later relevant; the more time spent with the data, the clearer some ambiguous aspects may became (Hycner, 1985). An example from the current study of an extracted meaning unit is provided below:

***Participant 8*:** "*Uhm, it's a feeling of them not knowing what's wrong with you and knowing that as soon as you say you're going, they know that there is something there and they don't know what it is, and then they start analysing what's wrong and so I feel a little bit more under the scope now that I've told people*"

Extracted meaning: The participant was uncomfortable with others knowing that she was visiting the counselling centre. She worried about how it would bring attention to her resulting in others' making assumptions about her mental state.

Typically, in qualitative research, the descriptions can be lengthy and the process of delineating meaning units helps breakdown data into more manageable forms (Giorgi, 2012). Although the text is broken down into smaller meaning units, the meaning units should always be understood within context, as meaning itself cannot be comprehended in isolation (Langdridge, 2007). There is a variety of techniques employed by researchers to mark meaning units and the process is not restrictive (Giorgi, 2009). In the case of the current study, the researcher employed a method recommended by Hycner (1985) in which the meaning units are recorded on the margin beside the transcription. In addition, the words and phrases related to the main topic of help-seeking were highlighted. This technique was employed with all eleven transcripts.

3.6.4 Delineating Psychologically Significant Meaning Units

Continuing from the previous stage of delineating meaning units, without straying from the original expressions, the researcher rewrites the descriptions in the third person, this is done to remain true to the phenomenological attitude (Giorgi, 2009). The meaning units identified were reread to identify psychological meaning (Langdridge, 2007). This meant that the researcher highlighted psychological meanings by discerning and transforming the participants' meaning unit statements (Giorgi et al., 2017). To do this, the researcher used reflection and imaginative variation (Langdridge, 2007). Imaginative variation is a process in which the researcher examined various possible features of the phenomenon (Giorgi, 2012; Langdridge, 2007). This process reinforced the adoption of the phenomenological attitude as it required the researcher to bracket all pre-assumptions and "imagine other ways of seeing" (Langdridge, 2007, p. 20). This enabled the move from distinctive meanings to broader meanings (Langdridge, 2007) and emerging themes associated with students' experiences of help-seeking.

3.6.5 Individual and General Structures of Description

In this final stage, the process of identifying structural descriptions occurred, first at the individual participant level and then generally across the data (Langdridge, 2007). For each transcript, the researcher synthesised the psychological meaning units identified in the previous stage and identified significant elements relating to the phenomenon (Langdridge, 2007). These meaning units were then clustered accordingly (Hycner, 1985). Once this step was completed, the common meaning structures across all the descriptions were then identified to yield a general structural description of the phenomenon (Langdridge, 2007). Simply put, the psychological meaning units are interrogated to uncover one, at times more than one, central theme or essence (Giorgi et al., 2017; Hycner, 1985; Langdridge, 2007), thereby revealing the most basic fundamental structure underlying the phenomenon under investigation (Langdridge, 2007).

3.7 Trustworthiness

According to Guba (1981), the positivist paradigm has been synonymous with trustworthiness due to the vigorous validity and reliability measures, however, trustworthiness can also be established in the naturalistic paradigm. In order to achieve this, Guba (1981) put forward four criteria which can be used by naturalistic practitioners using qualitative methods: the first being credibility which is concerned with internal validity, the second being transferability which can be likened to generalisability, the third, dependability which is comparable to reliability and lastly, conformability which speaks to objectivity (Guba, 1981). These principles were followed to ensure trustworthiness was ensure in this study.

3.7.1 Credibility

To begin with, in order to address credibility which deals with ensuring that the study in fact investigated what it intended to, it is important to assess the study's findings against reality (Shenton, 2004). One of the ways in which this can be done is using well-established research

methods which are well founded in practice (Guba, 1981; Shenton, 2004). This study adopted a phenomenological approach which is a well-established research design and data analysis method (Langdridge, 2007).

Participation in the study was voluntary. According to Shenton (2004), this allows the participants to exercise their choice to participate in the study or not, thereby ensuring that data collection consists of people who are there by choice and willing to provide data unreservedly. Lastly, to ensure credibility, peer scrutiny was encouraged (Guba, 1981; Shenton, 2004). If there is an opportunity to for the project to be scrutinised by peers and colleagues, it should be presented to others for feedback. During the foundational processes of this study, including the proposal, data collection and early stages of transcription, the project was presented at least three times to peers and senior academics from the Department of Psychology at the University of the Witwatersrand.

3.7.2 Transferability

Transferability has been a long-standing point of contention in qualitative research as contexts can be unique making it difficult to transfer or generalise the findings of one to another (Guba, 1981). In order to come close to doing so, the backgrounds of the contexts need to be given in detail to identify similarities between those contexts (Guba, 1981). By so doing, if the contexts are found to be very similar, then some of what is true for one context may be true in another, almost identical context (Guba, 1981). There is also little consensus on the nature of the background that should be given in order to allow this transferability (Shenton, 2004). It is argued that giving a comprehensive description of the phenomenon under study can allow comparisons to be drawn from what has been found in one study and what is emerging in another (Shenton, 2004). The background for this study has been provided which may be used for transferability. However, as it is stated that there are no agreed upon standards of what this background may include (Shenton, 2004), the findings which will give a description of help-

seeking as a phenomenon among the University of the Witwatersrand students within this study may potentially provide descriptions suitable for comparison in other studies in similar settings.

3.7.3 Dependability

Regarding dependability, the focus is on whether using the same methods, in the same context and on same participants, will produce similar results (Shenton, 2004). This may, however, not always be the case as phenomena can change in qualitative research (Shenton, 2004). Nonetheless, Guba (1981) asserts that if the processes in the initial study are given in as much detail so as to allow the specific steps to be followed, it is possible to repeat the study in an identical manner and possibly get similar outcomes. To address dependability, an interview schedule has been used in the data collection of this study, whereby the same questions can be asked. The research design and procedures have also been outlined elsewhere in the report and can be followed as described if the study were to be replicated.

3.7.4 Confirmability

The last criterion in addressing trustworthiness is confirmability or what can be compared to objectivity from the positivist paradigm (Shenton, 2004). Due to the human element which researchers bring, it may be difficult to achieve absolute objectivity in qualitative research (Shenton, 2004). With that said, there are measures that can be taken to address issues of objectivity, one of these being triangulation or a process in which multiple data collection methods are used in attempt to diminish the researcher's bias (Guba, 1981). Another way in which confirmability can be achieved is through reflexivity (Guba, 1981). By engaging in an ongoing reflexive process, the researcher admits his or her beliefs and assumptions and continually safeguards the analysis from being influenced by them (Guba, 1981). While triangulation was not used in this study with regards to using multiple data collection methods, the researcher engaged in a reflexive process which is elaborated on later in the report. The

methodological description is also comprehensively provided, which is recognised as another technique to address confirmability (Guba, 1981; Shenton, 2004).

3.8 Ethical Considerations

Ethical clearance to conduct the study was obtained from the University of the Witwatersrand Human Research Ethics. At the beginning of each interview, the participants were provided with a participant information sheet (Appendix *v*). The participant information sheet provided the participants with this information and the participants were then given the opportunity to ask questions relating to the study before proceeding. Once it was ascertained that the participants understood the information and were fully informed about the study, they signed an informed consent form, which also included a consent for audio recording (Appendix *vi*). Participation in the study was voluntary and participants had the right to withdraw from the study at given from point without prejudice.

To protect the data, the audio-recorded interviews and the transcripts were stored on a password-protected laptop and no identifying information was used when saving them. Anonymity was not possible in face to face interviews, so the personal identity of participants was protected using false names where participants were directly quoted.

In the process of giving an account of their mental health help-seeking experiences, participants inevitably shared the emotional or psychological difficulties they faced leading to help-seeking. It was the responsibility of the researcher to ensure that the participants felt safe and comfortable throughout the data collection process (Langdridge, 2007; Patton, 2015). However, it was noted that participants were already in therapy for emotional support.

3.9 Reflexivity

According to Jootun et al. (2009), in qualitative research, it is imperative for the researcher to recognise that they are not detached from the social world in which their study is taking place.

It is for this reason that reflexivity is important as there needs to be an ongoing process of reflection throughout the research process to ensure the researcher is aware of the possible effects of his or her presence, biases and values (Jootun et al., 2009). Doing this helps the researcher to critically think about what they know and actively ignore this and other preconceived viewpoints about the subject matter (Jootun et al., 2009). The phenomenological nature of this study encouraged this right from the beginning through the process of bracketing which refers to the suspension of judgement and focusing solely on the experience as it given (Langdridge, 2007).

As the researcher in this study, I identified and became aware of the positions I occupied early in the process. Looking into students' mental health help-seeking within the University of the Witwatersrand as both a student and a psychologist in training, I was aware that I had membership and access into both worlds. In the months prior to the data collection, I had been introduced to the university's mental health services centres as part of the training. During this time, I became familiar with the mental health services offered and some of the everyday processes and procedures. This provided an understanding of being a mental health practitioner in the higher education and training space, at one of South Africa's major universities.

Reed and Procter (1995) address the position that researchers like me often occupy in the research environment. They differentiate three positions that researchers can occupy: the first being the outsider, where the researcher does not have professional ties with the area of study (Reed & Procter, 1995); the second position of the hybrid, where the researcher does their investigation in a field that they are familiar with, although occupied by other practitioners (Reed & Procter, 1995) and the last position, which I identified with in relation to this study, is that of insider. Reed and Procter (1995) posit that the insider refers to a researcher who is carrying out research in his or her field as a practitioner. As both a practitioner in training and

student, I shared some background with the students and possessed some insight into the University's mental health services.

Since the beginning of the study, it was important for me to assume the position of the outsider and isolate any knowledge and experiences that I had from a student and practitioner point of view. For instance, when the participants spoke about their frustrations regarding being put on waiting lists, it was essential for me as the researcher to unpack this frustration and focus on their experience. I was able to do this as I had already noted and set aside my knowledge regarding the available number of psychologists at the centre that I was training at. When the participants spoke about their distress regarding workload and trying to make time to visit the facilities, I again put aside my own experiences as a student so that I could fully appreciate theirs. Jootun et al. (2009) caution against making assumptions based on shared characteristic with participants as this can lead to misinterpretation and misinformed conclusions.

Another aspect of the roles that I needed to be aware of as a researcher doing research in a field that I was being trained in was not falling into the practitioner role. The participants shared much about their distress and the different reasons that led them to seek help. It was important that the research space remained as such and not turned into a therapeutic space. Through continuous supervision, I learned to allow the participants enough space to share their experiences in a boundaried setting, utilising the interview schedule as a guide.

While researchers' experiences in the different social and professional roles they occupy cannot be completely ignored, being aware of the different influences and responses can allow the process analysis to be thoughtful and thorough (Jootun et al., 2009).

CHAPTER 4: FINDINGS OF STUDY

The aim of this study was to examine and understand students' help-seeking experiences for their mental health and emotional well-being concerns. To fulfil this aim, the study explored students' help-seeking expectations, their experience of campus mental health services and the attitudes and beliefs students have about help-seeking. This chapter presents the findings that emerged from the qualitative data analysis. Three main themes have been extracted from the interview transcriptions and are expanded on in the chapter. The use of direct quotes has been employed to illustrate some ideas representative of the themes.

4.1 Ability and Readiness to Seek Help

This theme focuses on the participants' ability and readiness to seek help, their perception of behavioural control and access to support services. Help-seeking behaviour is a complex, multidimensional act which encompasses a range of behavioural and emotional activities. Participants described the act of help-seeking as something that was "*hard*" to do and required a level of confidence as well as cognitive and emotional preparation. Despite having the requisite insight about their emotional difficulties and knowledge of support services such as the student counselling centre, help seeking was often delayed due to their perceptions about what kinds of people seek help, and how these interventions are generally experienced by individuals who elicit the help. This awareness of symptoms as well as knowledge about seeking help indicates a presence of mental health literacy among the students. The participants found campus mental health services to be relatively accessible. This was reflected regarding both the information that was offered about services and the students' ability to physically access services. Importantly, having information or knowledge about where and how access services seemed instrumental in encouraging the behaviour to seek help. The information was provided in advance and students who reported having been exposed to various forms of

communications about services conveyed a sense of being equipped at the time they faced challenges and needed to access care.

> *Like it's advertised, a lot! Like I said through pamphlets or emails or like on the… like advertising boards when you walk in and stuff, yeah there's a lot of like those advertisements that are always there." (Participant 7).*

The accumulation of stressful events such as high academic workload, family related challenges and adjusting to the university space compelled the participants to recognise that they may have not been coping and encouraged them help-seeking as evidenced by the excerpt below.

> "*Okay, uhm do I say at the beginning of the year… round about… March, I think. I'm a home person so I never really been away from home this long… And, uhm, so I found it overwhelming, being around people I do not know and so far away from home. So, then I was really struggling with my emotions and… the school work was also overwhelming, so everything was just too much for me so then uhm I decided to go to CCDU uhm here on West Campus and then I made an appointment".* (*Participant 4*)

> *Participant 3*: "*It takes a lot for me to come for like mental help, assistance. A part of me is nervous, anxious, the whole thing is a big thing to me. Alright, because I'm usually on the other side... Not the therapist, but I'm usually like assuming the other role, so I'm often uncomfortable with being vulnerable to someone else, right... so I just figured it'll work itself out, also had a lot of work to do."*

Perceived behavioural control was made up of two components, viz., an internal component or private stigma and an external component or public stigma. They feared that seeking help may

be construed internally as a weakness of character and that others around them will confirm this by constructing them as having poor coping resources.

As is characteristic of emerging adults, personal and public identity is of primary importance to the sense of self and integrity. Participants frequently delayed help-seeking in order to preserve their self-image and maintain a sense of self-reliance. Maintaining a sense of independence and individuation was a dilemma that they struggled with as seeking help from professionals threatened their sense of competence as adults capable of problem solving, in addition they feared a future dependency on mental health services. Delaying help seeking also gave them a sense that they had exhausted other options before seeking professional help.

> "*I want it to be…a last resort, knowing that you've tried everything that you can but because if nothing's working out then you might need a professional or a different perspective, right. So, my only fear is that you could use it unnecessarily, like every week now you gonna go talk about how your favourite series just ended and you don't know what to do with your life. So, ja."* (*Participant 5*).

There were instances where students' mental health symptoms required additional care from other professionals such as psychiatrists which do not form part of the University's mental health care unit. The issue of accessibility became a challenge for students in these cases. Participants expressed frustration with being referred externally to access further care from public health facilities.

The frustration was related to the inconvenience experienced when required to leave campus to access these additional services. Since students are on campus most of the time, campus services were regarded as being convenient and less of a disturbance to their daily academic activities, while being referred externally meant having to leave campus. In the case of an external referral, the issue of time became a factor in the context of academic demands. Being

referred to secondary services reignited the anxieties that were initially experienced and resulted in further emotional dilemmas about having to be firstly physically inconvenienced but at a meta-communication level to now expose oneself to another help service provider, and the possibility of public stigma again, and further entrenching the narrative of emotional incompetence and dependency.

> *"Ah… should be able to prescribe pills man. Rather there be resident psychiatrists, rather than resident psychologists. Cause, that's a long process. You see a psychologist there and they give you a referral letter, then ulhambise esbhedlela {take it to the hospital}. Which is like not a good thing, or it is a good thing but it's just inconvenient really. So, it would be much easier if maybe there were like two or three psychiatrists kada e {that side by} Wits Health Centre or whatever it's called. Just to be there and prescribe pills to students, that would be really quick." (Participant 1).*

Notably, while perceived behavioural control pertaining to accessibility was pertinent, there was a significant preference to have psychiatrists on campus rather than psychologists. The emphasis again being on convenience about being able to be prescribed and provided with medication when necessary. However, this also reveals students' inclination towards a biomedical understanding of mental health.

The need for quick results and immediate gratification is indicative of the level of discomfort and catharsis desired as well as the level of understanding and introspection characteristic of emerging adults. Addressing the aetiology and personality development was outside the scope of their emotional development. There seems to be a significant need for immediacy of care among participants which may also be linked with the preference for the biomedical model as interventions such as psychotherapy, while conveniently available on campus, may not offer the immediacy.

"…For me to be able to see this psychiatrist I have to go to Charlotte Maxeke and Charlotte Maxeke okay it's also full {sic}, so I will only be able to see the psychiatrist on the 7th of September… imagine, it's been like from March and I'm only going to get to see the psychiatrist on the 7th of September. They must have their psychiatrist… yah because you know when you are depressed and you need something like when you are stressed and stuff, you also end up feeling suicidal. So, imagine going to CCDU today, okay being told to come on September {sic}, okay maybe I get home and I kill myself what happens then?" (Participant 11).

Participants perceived professional sources of help as trustworthy due to the knowledge that professionals have and therefore more equipped to assist them with their problems. Home environments encouraged problem solving in that when an issue is identified, the necessary steps to resolve it are taken.

"Like I grew up in an environment where it's like you know if you have an issue, you have to seek someone onolwazi {with knowledge} then they'll help you" (Participant 1).

Participants also expressed concern with regards to seeking help from significant others as this was perceived as placing the distress on them. Whereas professionals are better positioned and essentially trained to deal with other people's distress. Some students believed that sharing their problems and disclosing that they were receiving psychological assistance would cause those close to them stress and worry. Those who considered asking for help as worrying to others expressed not wanting to become a *"burden"* and therefore avoided disclosing their mental health problems and help-seeking. It appears that concealing that one was receiving psychological help was an attempt to conceal emotional pain and distress from others. This

indicated that students may have at times potentially felt underserving of concern and care from people in their social circles as they may have experienced shame and guilt about their mental health problems. However, this seems to have facilitated help seeking from more formal sources.

> *"I know that your friends can be there as a support structure but they can't help you and it's also unfair to expect… them to help you through your emotional stuff cause that's not fair on them." (Participant 2).*

The findings also show that some students may have utilised other, possibly more informal sources of help before reaching out to campus mental health services. The type of help received from these sources were less formal, however it appears that students benefitted from receiving basic support. Informal support systems were generally peers, social groups and communities that were more convenient to reach to access. This is another instance where perceived behavioural control may have an influence. If a source was in some respects closer to the student and easy to access, there may have been less obstacles in the student's path to seek help and the student may have then perceived the act of seeking as help achievable.

> *"I'd say yes, definitely. I'm involved in a lot of like other things outside of university. So besides friends and family, I did netball for a long time and like just speaking to them like and not even necessarily in depth about my life story or whatever. But just having like that team support is like a lot of help or uhm, I'm also part of scouts so like having them as well it's like a new support structure that I can say I definitely have in my life that a lot of people don't have." (Participant 7).*

4.2 Public Stigma and other Social Influences on Help-seeking

This theme illustrates the participants' subjective norms in relation to help-seeking which focussed on the extent to which they believed others endorsed or disapproved of the behaviour.

A major feature in the expression of this theme is the issue of perceived public stigma which was not limited help-seeking behaviour only but extended broadly to beliefs about mental health and illness. Participants expressed beliefs regarding how they were viewed by others as seekers and recipients of psychological assistance. Overall, there were contrasting stigma-related experiences, with some students expressing the significance of public stigma while others felt it was inconsequential. Many participants reported that they concealed experiencing psychological problems and receiving treatment from their peers and family. This was attributable to fears about being judged and misunderstood by others. Students believed that others knowing about their psychological difficulties would lead to stigmatising attitudes toward them, including being *"lazy"* or using mental health as an excuse not to perform expected tasks. Additionally, concealment of help seeking was used as a strategy to avoid possible alienation and being perceived as different by one's social group. Further, the discourse suggested that experiencing psychological difficulties was a deviation from established norms as participants described other people as "*normal"* thus, suggesting that they viewed themselves as falling outside of what they considered to be normal.

> "*Uhm… so ja, there are people, like normal people who know about my issues but really just can't understand. So, I do sometimes feel… judged? Or I guess I have this perception that other people might see me as lazy or think I'm just using my mental illness as an excuse.*" (*Participant 9*).

Consequently, revealing that one was receiving psychological assistance was reported to have elicited undesirable attention from peers, with participants feeling exposed and subject to assumptions about their mental health, further perpetuating the fear of alienation and feelings of aberrant personhood. Interestingly, none of the participants had been openly stigmatised or had directly received negative comments for mental health help-seeking. The attribution of

these beliefs onto others may be evident of students' own stigmatising beliefs about those with mental health difficulties.

> "*Uhm, it's a feeling of them not knowing what's wrong with you and knowing that as soon as you say you're going, they know that there is something there and they don't know what it is, and then they start analysing what's wrong and so I feel a little bit more under the scope now that I've told people." (Participant 8).*

Some participants attributed perceived public stigma to their ethnic and sociocultural affiliations which failed to recognise mental health conditions as tangible with real distress, but instead viewed these behaviours as attention-seeking or exaggerations of less serious issues. Mental health distress paled in significance to access to basic needs and survival. According to the participants' descriptions, some of the communities they come from may conceive mental health related problems as being trivial in comparison to other concrete issues such as physical health problems or poverty. These students expressed feeling as though they required validation to determine if their mental health concerns were legitimate and worth attending to.

"*When you Black you come from the Black community, we go through... we go through a lot of things, we go through shit all the time, you know what I mean so what makes you special?"* (*Participant 3*).

Fundamentally, the students' accounts indicated that mental health related problems in these communities were only acknowledged when they became visible, for instance, a suicide attempt or physical manifestations of mental health disorders. The influence of these narratives was evident as participants appeared to have internalised certain public attitudes and were applying them to themselves as self-stigma. This was evidenced in some students reporting that they questioned the seriousness of their emotional distress before engaging in help-seeking

behaviours on campus. Furthermore, participants reported feeling the need to understate their emotional well-being concerns in order to avoid stigmatisation.

> *"Okay yah, you know with us Black people these uh depression uh stress things we don't take them seriously, so… okay even me I was like, at first I thought I was, you know, maybe I'm overreacting. I'll be fine, okay." (Participant 11).*

The participants whose subjective norms regarding help seeking seemed to be less influenced by stigma appeared to have experienced greater openness to engaging with this phase of life as being associated with emotional difficulties. They spoke about psychological problems and help seeking as embedded within the university experience and essentially inevitable. It was assumed that personal and academic pressures which led to psychological distress were normative, as illustrated by p*articipant 6; "we're all going through something you know"*. Thereby making help seeking a commonly accepted practice. For these students, having a common experience with their peers seemed to facilitate a sense of acceptance and thus reduced perceived public stigma.

They felt that they were not alone and appeared to derive comfort and encouragement from the commonality of the experience. As a result, there seemed to be a normalisation of issues related to mental health and emotional well-being and the subsequent help-seeking behaviours. Participants also considered their help-seeking behaviours as influencing others' intention to seek help. The perception that their behaviour would potentially influence that of others further demonstrated the felt sense of community and belonging.

> *", almost anyone and everyone you know is at CCDU at some point. Yeah it's that rough." (Participant 1).*

Moreover, when participants perceived mental health difficulties as an acceptable part of student life, some of them opted for group psychotherapy as they preferred the sense of

normality, community and support offered. Having shared experiences with others seemed to validate students' emotional well-being concerns. Therefore, these students were comfortable being in group sessions with others who were perceived to be like themselves. Those who experienced public stigma preferred to attend individual therapy sessions as this possibly allowed them to maintain the concealment of receiving psychological help.

4.3 Attitudes towards Help-seeking

This theme reflected the participants' attitudes toward mental health help-seeking. Previous help-seeking behaviour was a salient factor in determining attitudes toward help-seeking. Having received formal psychological support seemed to have informed participants' attitudes regarding future treatment. If previous treatment was perceived as effective, students anticipated this to be replicated in subsequent occasions and thus fostered a positive attitude toward services and promoting help-seeking behaviour. Notably, some participants without previous treatment experience relied on information received from peers to inform their attitudes about services. This is a demonstration of the linkage between subjective norms and attitudes.

> *"I've already been to therapy because my little brother died when I was about nine years old. I already knew that, I'd be helped with dealing with my emotions, I know how to get out of a situation but it's dealing with emotions that's the problem. So that's why I went to get help, to help filter my emotions and help me not to be overwhelmed by them." (Participant 5).*

Expectations about the outcome of receiving psychological help also seemed to influence participants' attitudes about help seeking. Generally, participants appeared to have highly optimistic expectations about the outcomes of treatment. There was an expectation that psychological treatment was a relatively cathartic process in which support, encouragement

and hope would be provided. Furthermore, students perceived psychological treatment to be a linear process involving an intervention deployed by the therapist to effect change on the client. This perception seemed to absolve students of the sense of a responsibility in the process of treatment. This stance is consistent with the biomedical model of mental health in which psychological treatment may be equated to a visit to the doctor.

Embedded within these descriptions of what psychological treatment and support entailed was the aspect of perceived roles. Participants believed that the practitioner would take a more active and directive role in treatment. While this was not always expressed directly, in speaking about the roles, most participants attributed the significant role to be that of the practitioner. This may be attributable to students being in a teaching and learning environment where engagements may be of a more directive nature. Participants with past help-seeking experience anticipated that similar techniques that they had been previously introduced to would be utilised and thus they seemed to have a preference for particular interventions and modalities of treatment. Especially when participants believed they had benefited from these interventions. There was a preference for more concrete techniques and approaches. Despite demonstrating some knowledge of how therapeutic treatment is facilitated, there was still an implicit expectation for the process to be more directive. Consequently, the lack of a more directive approach as experienced by students left them uncertain of the efficacy of treatment.

> *"I sort of got idea of how it works and like you know, I sort of have this built in assumption that psychologists don't really help you with your problems, they just help you reach that of way of thinking you know to make the solution clearer so that's what I was expecting from them. But I didn't really find that with the person I was… that helped me that time, and I sort of solved that problem myself after a while. But who knows maybe she actually sort of indirectly guided me to finding the solution?" (Participant 6).*

An additional notable factor that appeared to shape participants' attitudes toward help seeking was their perceptions about practitioner competence. Some participants expressed concern upon learning that they were assigned to either a student or an intern psychologist. In this case participants seemed to evaluate practitioner competence by the practitioner's level of training. They questioned whether the individuals they were receiving help from were sufficiently qualified or if they had the necessary skills and experience. The apprehension regarding the knowledge of the practitioner appeared to be linked to the idea of the practitioner being an all-knowing authority capable of providing solutions thereby seemingly placing the student at risk of being given *"wrong"* advice or direction if the practitioner was perceived as not being sufficiently qualified.

> *"Yeah, so I must admit it was pretty nerve wrecking going to someone as an intern psychologist. Like pretty nerve wrecking cause I didn't know if he would be able to help me and I didn't wanna go to someone for a while only to realise at the end that they could not help me and it was just a waste of my time whereas I could have gone to someone else. Uhm or if they did not know how to deal with my case and they then gave me wrong advice." (Participant 8).*

Notably, other participants considered being assisted by student psychologists as beneficial and suggested that they would have a better understanding of difficulties faced by fellow students. This suggests that some students may prefer practitioners who they perceive as like themselves and with whom they believe they can relate. It appears that being able to relate with the professional may have contributed to positive feelings about help seeking.

Participants' views on the efficacy of psychological treatment varied. These seemed to be premised on the degree to which their initial expectations were met or unmet. When participants' expectations were met, they expressed belief in the efficacy of psychological

treatment and reported that they would advise others to seek help. However, in instances where treatment did not meet expectations, participants regarded treatment as ineffectual or requiring modification. Participants who perceived treatment as effective mentioned outcomes such as enhanced ability to manage emotions, having received support without judgement and experiencing space for catharsis.

Notably, some of the unmet expectations appeared not to be well established from initial help-seeking. For instance, some participants were dissatisfied about the number of sessions which were offered and expressed that the length of treatment was shorter than they had initially expected, despite this not being mentioned as part of their initial expectations. While it was understood why sessions were limited, there was felt frustration with what was experienced as premature termination of treatment. This may implicitly speak to the possible difficulty with self-disclosure and subsequent experienced lack of containment.

> *"Then you have this weird four sessions and then it's like… it's that weird quota thing where like it's done and then you go, and then, that feels so impersonal. Whereas if you just have like, it's a short thing because obviously the CCDU is swamped with a lot of students, so it's understandable with that, you have short amount of session but to rather have them like, here's some things to do, here, like steps to take to help you instead of this like, trying to talk about your feelings and then you open yourself up to the therapist over those sessions and then it just ends abruptly.*" *(Participant 2).*

Students' attitudes toward help-seeking were also demonstrated by their reasons for seeking help as this revealed what they thought was relevant to access services for. The participants' reasons for seeking help were varied and both practical and emotional problems were reported Participants typically presented difficulties faced as being more practical concerns, while the resultant feelings from these practical problems appeared to be the catalyst for seeking help.

For instance, seeking help regarding career guidance revealed uncertainty relating to fields of study, resulting in feelings of anxiety which in turn led to help-seeking. Ironically, several participants inadvertently avoided emotional content when speaking about their experiences albeit emotions playing a significant role in their descriptions. The participants' emotional discourse was expressed using words such as *disoriented, overwhelmed* and *depressed*. Although the word *emotions* were frequently utilised, actual emotions were not expressed. The dearth of emotional expression was not experienced as a deliberate attempt to avoid talking about emotions, rather, it appeared that students may have found it difficult to speak about emotions and relied on elaborating on practical situations.

Academic concerns were one of the commonly cited reasons for seeking help. Students expressed stress related to chosen fields of study and needing guidance concerning possible changes. This seemed to be in accordance with the participants' developmental phase as emerging adults, wherein vocational interests and consequently fields of study were one of the fundamental subjects of consideration. The findings showed that several students may have therefore still been in the process of exploring their interests and abilities which revealed uncertainties and possible feelings of anxiety. Other academic problems experienced included not being able to cope with the workload and time management difficulties.

A few of the participants were new to the university environment and adjustment was mentioned as a reason for seeking help. The participants' descriptions indicated distress associated with the transition from high school to university. For many, this transition was also characterised by relocation from their homes and consequently extended separation from significant attachment figures. On a social and emotional level, participants indicated feelings of loneliness and isolation. Moreover, these were compounded by financial challenges and a lack of resources for some. Overall, adjustment related difficulties revealed students' lack of coping strategies which promoted mental health help-seeking.

> "*So I found it overwhelming, being around people I do not know and so far away from home. So then I was really struggling with my emotions and… the school work was also overwhelming, so everything was just too much for me so then uhm I decided to go to CCDU*" (*Participant 4*).

Family related challenges were also a common reason for seeking help among participants. Issues shared included parental divorce, disease and death in the family. The participants appeared to struggle with processing feelings elicited by these events and found that they were distracted from academic activities. In addition, students sought help for problems relating to romantic relationships and friendships.

4.4 Summary of findings

This chapter presented the findings of the study extracted from the participants' interview data. In the first theme, the students' perceived ability to ask for help is revealed. The participants expressed the difficulty which was associated with help-seeking. On one level, this difficulty was a result of cognitive and emotional readiness linked to perceived behavioural control. On another level there was a desire to maintain independence and self-image. However, when the participants' coping resources were depleted, the desire to maintain self-reliance was superseded which resulted in help-seeking. The second theme revealed how subjective norms may influence students' help seeking behaviour. Participants grappled with both public and self-stigma in relation to others' and own constructions of what it means to have mental health and well-being difficulties which informed their attitudes. Some participants perceived themselves as part of a greater community with similar mental health related experiences which made help-seeking a normal and expected endeavour. Students' attitudes about help-seeking and psychological treatment were further informed by what they expected to benefit from the process. Positive expectations about being helped as well as positive past experiences led to positive attitudes. Furthermore, participants' beliefs about the expected role of the practitioner

indicated that they perceived practitioners to be experts who play an active and directive role in treatment.

CHAPTER 5: DISCUSSION OF FINDINGS

This chapter provides a discussion on the study's findings with an integration of existing literature on the topic of help-seeking. Three major themes emerged from the findings, namely: Ability and Readiness to Seek Help, Public Stigma and Other Social Influences on Help-seeking and Attitudes toward Help-seeking.

Students experienced help seeking for mental health concerns as a difficult undertaking. While it was indicated that information regarding services was generally available, the students' challenges were largely related to internal behavioural and emotional components. Perceived behavioural control specifically played an essential role in help-seeking intention and behaviour. The difficulty was associated with the students' own perceived ability to request help. Ajzen (2002) posits that perceived behavioural control is inexorably linked to Bandura's concept of self-efficacy, in that both are concerned with an individual's control over the behaviour itself.

The participants communicated low confidence in their own ability to access care. People who have high perceived behavioural control or confidence in their ability to perform a behaviour (Ajzen, 2002), in this case asking for help, will likely perform the behaviour. Similarly, when confidence to seek help is low, it is unlikely then that help will be sought. It therefore appears that the students' confidence in their ability to seek help influenced their help-seeking intention leading to frequent delays, albeit help was ultimately sought.

The findings suggest that the external component of perceived behavioural control was associated with public stigma. Thereby students feared that seeking help might be interpreted as a weakness of character by those around them. Consistent with these findings, Zartaloudi (2010) argues that a person's self-image and inherent beliefs about themselves may cause help-seeking behaviour to be perceived as difficult. Seeking help can be perceived as an

acknowledgment of one's inability to manage one's own predicaments (Zartaloudi, 2010) and is generally associated with perceptions of weakness (Lynch et al., 2016; Tang et al., 2014).

Essentially, viewing help-seeking as an acknowledgement of one's insufficiency or lack of the necessary coping resources can negatively affect one's self-image leading to discomfort and embarrassment (Zartaloudi, 2010). However, in some cases this can be positively linked to help-seeking as it encourages one to obtain help from those who are perceived to possess competence such as professionals (Zartaloudi, 2010). Thus, while the students found help-seeking to be particularly difficult, they ultimately sought help as they were aware that they might not have the necessary resources to cope with their experiences.

In addition, the findings indicated that students also wished to preserve their independence in accordance with their self-image and thus were wary about becoming dependent on psychological services. It is not unexpected for self-reliance and the need to feel more in control of one's emotions to be common among students. As emerging adults, independence in various aspects of life is highly desired (Arnett, 2014) and behaviours that are seen to relinquish independence and control may be avoided. Seeking help from a professional requires one to disclose information about themselves and potentially allow themselves to be guided by someone else, which may conflict with emerging adults' desire for self-reliance (Gulliver et al., 2010).

Participants demonstrated adequate mental health literacy. They were able to recognise their distress and were cognisant that their level of distress required assistance. They further had knowledge of where to access assistance per the requisite for mental health literacy described by Jorm (1997). Based on Ajzen's (1991) postulations on perceived behavioural control, having information may be presumed to have made the process of help-seeking easier and therefore to have positively influenced the participants' intention to seek help. Furthermore,

Gagnon et al. (2017) suggest that in the university environment, most young adults are usually aware of the early signs associated with mental health distress due to exposure to information about mental health and some course-related knowledge. However, their ability to seek help is affected by their appraisal of the seriousness of the symptoms. Therefore, young adults may be more reactive in addressing and acting with regards to mental health difficulties rather than proactively addressing early signs and symptoms (Gagnon et al., 2017). This is consistent with findings of the current study as students deferred help-seeking until they experienced an accumulation of challenges. In line with the current findings, Jones (2014) explored students' readiness to seek mental health services and found that students' appraisal of the severity of symptoms is positively associated with readiness to seek help. Often, students may believe that what they are confronted with may not warrant professional assistance and therefore delay help-seeking (Gagnon et al., 2017; U. Jones, 2014).

In some instances, other, more informal sources of help were utilised, and formal sources were consulted at a later stage. This is evident of how students may likely make use of their own coping resources and reach out to formal services when these resources have been depleted or prove to be insufficiently beneficial. While informal sources may have delayed professional help-seeking, these seemed to have facilitated students' readiness to approach more formal sources. A survey conducted among university students revealed that students utilise informal sources of help such as friends as they tend to be more familiar to the students and can offer immediacy (D'Avanzo et al., 2012).

Students preferred immediacy of care in relation to help-seeking. This was evidenced by the frustration expressed with external referrals as they added a further phase to service access and potentially lowered perceived behavioural control. There was an expressed need for psychiatrists on campus in order to prescribe medication. Pharmacological interventions are

strongly established by the biomedical model and have been linked with immediate outcomes in comparison to psychotherapeutic treatment (Deacon, 2013).

Public stigma and other social factors influenced help-seeking. Subjective norms and beliefs hindered help-seeking where perceived public stigma is concerned. It has been well established that stigma or stereotypical attitudes, prejudice and labelling associated with mental health problems are some of the most significant barriers to help-seeking (Bilican, 2013; Cheng et al., 2018; Clement et al., 2015; Pattyn et al., 2014). This study found that participants preferred to keep their mental health and emotional concerns concealed from their friends and peers as they were concerned about being judged and potentially misunderstood.

As Pattyn et al. (2014) assert, if individuals expect to be discriminated against for performing a behaviour, the likelihood of performing that behaviour is significantly affected or the behaviour is completely avoided. This relates directly to TPB, as the theory suggests, intentions to perform a behaviour, in this case help-seeking, are determined by the attitudes that one has toward the behaviour (Ajzen, 1985). The aforementioned attitudes are influenced by one's expectations regarding the outcome of the behaviour or advantages and disadvantages (Kraft et al., 2005; Vogel et al., 2007). While the participants may have been conversant with the beneficial outcomes of help-seeking, they were also confronted with the more negative outcomes regarding how others would view them or what Fishbein and Ajzen (1975) termed "subjective norms". However, in this study the participants still chose to seek help despite their public stigma concerns, while this is positive, their concerns reflected a great need to address public stigma.

Participants feared being viewed as abnormal and avoided being singled out for experiencing mental health difficulties. Others being aware of their service utilisation was feared to attract attention and raise interest and speculation regarding the nature of their mental health conditions. According to Bracke et al. (2019) it is common for people with mental health

concerns to attract attention as one of the most prevalent stereotypes about people with mental health difficulties is that they are unusual and can therefore be construed as unpredictable and threatening.

In this study, Black students described some of the culture-related stigmatising attitudes that they have come across. These reflect how mental health problems are perceived in different cultures where symptoms may be likened to attention seeking or generally not taken seriously. Only the more extreme mental health problems are considered genuine. Such attitudes and stigmatising beliefs may be associated with traditional beliefs around the causes and enactments of mental health problems and have been found to lead to social isolation, maltreatment and delayed help-seeking (Koschorke et al., 2017). Stigma is further perpetuated by associating mental health problems with being bewitched or that mentally ill people are pretending to be unwell (Koschorke et al., 2017). The current participants also exhibited how some of the dominant discourses were influencing them. This was seen in how they responded to their own distress and perceived it as possibly being an "*overreaction*". This indicates how certain negative narratives around mental health have been internalised converting public stigma into self-stigma (Bracke et al., 2019; Pattyn et al., 2014).

Interestingly, other descriptions provided under this theme revealed that some of the students did not experience perceived public stigma. Instead, they perceived themselves to be part of a larger student community which shares the same experiences and similar stressors which in turn, lead to an acceptance of mental health problems and normalised help-seeking. Klik et al. (2019) suggest that the Social Identity Theory (SIT) is integral in understanding stigma and help-seeking as well as people's sense of belonging and group membership. The groups that people belong to form a significant part of their sense of self and self-identity and thereby create a strong psychological connection between them and those they identify with. Once these connections are formed, a normative identity is also created and it influences individual

behaviour and attitudes (Klik et al., 2019). When people identify with others and can speak in terms of "us" and "we" as an affirmation of their membership in the group, they view experiences and related behaviours within this collective as normal (Klik et al., 2019). This may provide an understanding as to why some students preferred to be assisted by professionals whom they perceived to be younger or in their age range such as interns and student psychologists. These professionals may have been viewed as part of their in-group and possibly perceived as better able to relate. Shared group membership promotes supportive behaviours and such support tends to be better received than out-group interventions (Kearns et al., 2015), which is why promoting a sense of community among university students can assist in shaping more positive attitudes towards mental health and help-seeking as well as increased peer support (Kearns et al., 2015).

Notably, this sense of community was felt among male participants which is indicative of a gender disparity in this regard. This finding deviated from existing research on gender differences regarding help-seeking, where males generally possess negative attitudes toward help-seeking (Lynch et al., 2016; Tang et al., 2014; Vidourek et al., 2014).

Attitudes toward help-seeking" and expectations about the outcomes of help-seeking and psychological treatment influenced students' attitude toward help-seeking. The expectations that people exhibit about counselling ultimately influenced how they experienced treatment, their engagement during treatment and the outcomes (Pamukçu & Meydan, 2019; Watsford & Rickwood, 2013). Students' whose expectations were met exhibited positive attitudes toward help-seeking and psychological treatment. Students whose expectations were not met either expressed ambivalent expectations or initially expected more positive idealistic outcomes from their experience. However, when their actual encounters did not meet those expectations they were dissatisfied, and this negatively influenced their attitude toward help-seeking and psychological treatment.

Watsford and Rickwood (2013) indicated that individuals are likely to have specific expectations about the different roles in therapy with regards to their role and the therapist's role, as well as expectations about the process itself and what they can achieve from it (Watsford & Rickwood, 2013). Similarly, the findings indicated that students expected the therapist to guide them in order to be able to cope with their emotions better, build confidence and restore hope while they talked through how they were feeling. Additionally, as found in this study, individuals with positive past experiences with mental health services were more likely to engage in help-seeking as they had experienced the benefits (Gulliver et al., 2010). Participants with previous mental health service experience demonstrated confidence in professionals and believed that they would be helped again, resulting in positive attitudes toward psychological treatment. Interestingly, the findings show that past experiences were not limited to direct contact with services. Some students used information learned from their peers to decide whether to seek help.

While past treatment experience led to a more positive attitudes toward treatment, it also led to the expectation that the process would include similar techniques. In addition to which, being given more direction by the therapist was expected. Correspondingly, Watsford and Rickwood, (2012) found that one of the common expectations young people have of their therapists is that they be more directive and assume a leading role in treatment. This expectation may emanate from young clients' need for reassurance and establishment of trust (Watsford & Rickwood, 2012, 2013).

Furthermore, clients who preferred more directive therapists also linked this with the therapist's perceived expertise (Patterson et al., 2014). Notably, the current findings indicate that some students preferred that the professional be of a higher ranking with regards to qualifications as this was linked with expertise and were therefore less comfortable being treated by an intern or student psychologist. Conversely, others favoured someone they considered closer to them

regarding age to assist them as they perceived that such a professional would have a better understanding of students' lived experiences.

Henshaw et al. (2019) explored students' expectations of counselling with a focus on first-time service users. The themes that emanated from the study were threefold. There were students who did not know what to expect from process, those who thought that talking helped and were expecting to just talk; those who expected that they would be assisted with managing their emotions as well as gaining a better understanding of some of their problems and emotions (Henshaw et al., 2019). While the current study had some students who did not have any expectations and those who wanted to gain a better understanding of their emotions, none of the students expected to just talk, although they were aware that it was part of the process and had benefits. There were, however, unmet expectations regarding the duration of treatment where participants expected treatment to continue beyond the given sessions which resulted in disappointment and possible feelings related to lack of containment. This highlighted the importance of managing expectations at the commencement of treatment.

CHAPTER 6: CONCLUSION

Despite the challenges facing emerging adults in the university context and increased rates of mental health concerns, help-seeking remains low among the student population. Various factors including stigma, mental health literacy, gender and culture have been identified in literature as being instrumental in influencing help-seeking behaviour. However, there remains a lack of in-depth qualitative understandings of students' mental health help-seeking experiences. The purpose of this study was to explore the help-seeking experiences of students at a university.

The findings suggested that students may perceive help-seeking as a difficult task that requires a level of readiness involving cognitive and emotional preparation. A number of participants delayed seeking help due to feeling inadequately prepared to do so. A further exploration of readiness to seek help revealed that students sought to maintain their self-image and independence through delaying the need for assistance. Seeking help was perceived as an admission of one's failure to resolve one's difficulties as an emerging adult. This also revealed the underlying attitudes held by students toward those with mental health difficulties. Although these were not directly communicated, the students' own concerns with reaching out highlighted the anxieties they had about being viewed as having mental health problems.

Students seemed to have confidence in mental health services as expressed by their expectations regarding outcomes upon seeking mental healthcare. However, the findings further suggest that students need to be informed about what psychological treatment entails to prevent dissatisfaction related to unmet outcome related expectations. Students' expectations regarding treatment were not always clear and at times indicated that they sought more direction and guidance than was provided. This appeared to be linked to the need for immediacy of care and was also expressed through students' need for psychiatric services on campus.

Consequently highlighting a biomedical model understanding of mental health and a preference for such care.

Stigma appeared to be relevant in help-seeking intentions, although it did not prevent the actual behaviour, beliefs about mental health generally appeared to be negative resulting in delay and concealment of help-seeking behaviours. Students experienced both self and public stigma and this resulted from existing perceptions about those facing mental health problems. Including that they are different or that they are lazy and attention seeking. However, the results showed that when students saw themselves as similar to their peers with regards to mental health related problems, they felt affirmed in their experience and less stigmatised, making help-seeking a normal and necessary undertaking.

Understanding how current student mental health services users experience help-seeking has provided some insight into some of the positive elements of and development areas in campus mental health services. Using TPB as a theoretical framework assisted in exploring and understanding students' help-seeking experiences. The students' attitudes, subjective norms and perceived behavioural control all played a significant role in the help-seeking behaviour as expressed by the three major themes that emerged from this study.

6.1 Recommendations

In view of the findings of presented by this study, several practical implications have been identified. The study showed that students may delay seeking help for mental health difficulties due to experienced difficulty in initiating the help-seeking process and need to feel prepared, future research may be directed toward exploring help-seeking readiness in depth. Factors relating to help-seeking readiness may be identified and facilitated in order to promote early intervention. The current study also indicated that students' expectations and beliefs about mental health services were among the factors that contributed to their attitudes. However,

these expectations were divergent from the actual services that were received. Therefore, it is recommended that strategies to inform students about services offered and what they entail be implemented in order to educate them about these services. This may potentially assist in managing students' expectations and improve their help-seeking experiences.

While students in the current study may have engaged in help-seeking, many experienced public stigma associated with mental health difficulties. This suggests a need for mental health promotion programmes aimed at combating stigma. Lastly, the findings from this study revealed that when students experienced their mental health difficulties as a shared experience amongst peers, they felt sense of normalcy and acceptance. Universities may therefore consider increasing peer centred mental health support programs.

6.2 Limitations of Study

Inevitably, there were some limitations with the current study. The first two limitations relate to the recruitment of the study sample. Flyers were distributed around campus and shared on the Humanities Faculty portal. However, the flyers distributed on campus yielded fewer responses and therefore the sample predominantly consisted of participants from the Faculty of Humanities. Hence, the sample had limited representation from students from other faculties, which may have offered additional perspectives. The second limitation relates to the disproportionate gender representation. Out of the eleven interviews conducted, the sample consisted of only two male participants. As a result, there may be a dearth of help-seeking experiences from a male viewpoint. Nonetheless, it may be possible that this gender disparity is consistent with current literature on mental health and help-seeking (Tang et al., 2014). Methodologically, the study was focused on qualitatively exploring the experiences of a small sample of students and the results are not concerned with generalizability. Consequently, the results should be considered within the context in which they were obtained. Lastly, although the researcher employed the process of reflexivity through bracketing as recommended by the

descriptive phenomenological approach (Langdridge, 2007), it is imperative to acknowledge the bidirectional nature of the qualitative research process (Patton, 2015).

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APPENDICES

Appendix i: Study Flyer



PSYCHOLOGY
THE SCHOOL OF HUMAN AND COMMUNITY DEVELOPMENT (SHCD)

Experiences of Mental Health Help-seeking among Students Utilising Mental Health Services

Department of Psychology
University of the Witwatersrand

PARTICIPANTS NEEDED FOR RESEARCH

We are looking for volunteers to take part in a study exploring the experiences of students who seek help for emotional difficulties. Must have utilised or currently utilising therapeutic services.

As a participant in this study, you will partake in an interview to explore your experiences of seeking mental health care services.

Your participation will involve an individual interview lasting approximately 30 to 45 minutes long.

For more information about this study, or to volunteer for this study, please contact:

Puleng Rathebe

0735235680

Email: rathebe.puleng@gmail.com

The study has been reviewed and approved by the Research Ethics Review Board, University of the Witwatersrand

Appendix ii: Interview Schedule

Psychology
School of Human & Community Development
University of the Witwatersrand
Private Bag 3, Wits, 2050
Tel: 011 717 450 Fax: 011 717 4559

Interview Schedule

Good day, my name is Puleng Rathebe.

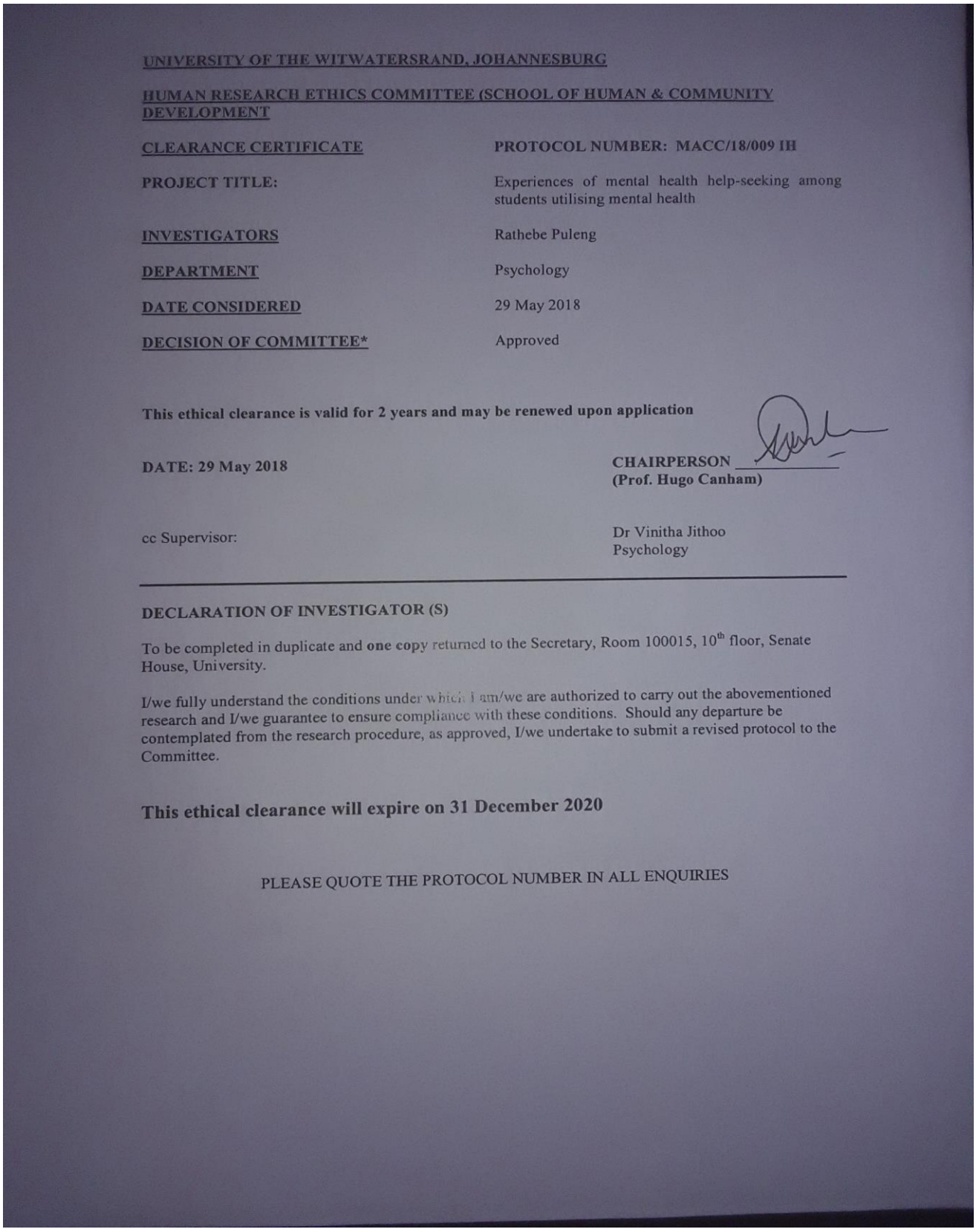
1. Read out and explain consent form and have it signed if not done beforehand
2. Explain the study aims and process of the interview to participant
3. Allow for questions and clarity seeking before beginning the interview

Because this is a narrative interview, I will ask question one and let the interviewee tell their story with minimal disturbances. Question 2 to 8 will be asked as probing question should there be a need for further elaboration.

1. Today you and will discuss your journey to accessing counselling services on campus. I just want to know about your experience of the campus mental health services? Please tell me where it all began.

2. When did you realise that you needed assistance?
3. How did you determine that you needed help from a professional?
4. What were our expectations? Have they been met?
5. What are some of the factors that encouraged you to take the first step?
6. What other avenues did you explore/ reach out to before deciding to seek help at the university?
7. How did you come to know about mental health services offered at the university?
8. What was your experience of the campus mental health services?

Appendix iii: Ethical Clearance



UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

HUMAN RESEARCH ETHICS COMMITTEE (SCHOOL OF HUMAN & COMMUNITY DEVELOPMENT

CLEARANCE CERTIFICATE	PROTOCOL NUMBER: MACC/18/009 IH
PROJECT TITLE:	Experiences of mental health help-seeking among students utilising mental health
INVESTIGATORS	Rathebe Puleng
DEPARTMENT	Psychology
DATE CONSIDERED	29 May 2018
DECISION OF COMMITTEE*	Approved

This ethical clearance is valid for 2 years and may be renewed upon application

DATE: 29 May 2018

CHAIRPERSON
(Prof. Hugo Canham)

cc Supervisor: Dr Vinitha Jithoo
Psychology

DECLARATION OF INVESTIGATOR (S)

To be completed in duplicate and **one copy** returned to the Secretary, Room 100015, 10th floor, Senate House, University.

I/we fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure be contemplated from the research procedure, as approved, I/we undertake to submit a revised protocol to the Committee.

This ethical clearance will expire on 31 December 2020

PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES

Appendix iv: Deputy Registrar Permission

UNIVERSITY OF THE WITWATERSRAND JOHANNESBURG

OFFICE OF THE DEPUTY REGISTRAR

22 March 2018

Ms Puleng Rathebe
Student number 564142
MA (Community Based Counselling Psychology) Candidate
School of Human and Community Development

TO WHOM IT MAY CONCERN

"Experiences of Mental Health Help-seeking among Students"

This letter serves to confirm that the above project has received permission to be conducted on University premises, and/or involving staff and/or students of the University as research participants. In undertaking this research, you agree to abide by all University regulations for conducting research on campus and to respect participants' rights to withdraw from participation at any time.

If you are conducting research on certain student cohorts, year groups or courses within specific Schools and within the teaching term, permission must be sought from Heads of School or individual academics.

No research can commence before ethical clearance has been obtained. Kindly forward a copy of the clearance certificate to this office.

Nicoleen Potgieter
University Deputy Registrar

Appendix v: Participant Information Sheet

Psychology
School of Human & Community Development
University of the Witwatersrand
Private Bag 3, Wits, 2050
Tel: 011 717 450 Fax: 011 717 4559

Experiences of Mental Health Help-seeking among Students Utilising Mental Health Services

Participation Information Sheet

Dear Student

You are invited to participate in the study titled: Experiences of help seeking for emotional difficulties. My name is Puleng Rathebe. I am conducting a study to understand students' experiences of mental health help-seeking and the personal process involved in accessing help. This will be done by means of an interview, to hear more about your journey and will take about 30 to 45 minutes. With your permission, I would also like to record the interview using an audio device. The reason your responses are so important is because they will provide me with information that may assist in mental health promotion programmes in the future, as well as efforts to encourage others to get assistance when they need it.

You will not receive any direct benefits from participating in this study, and there are no disadvantages or penalties for not participating. You may withdraw at any time without negative consequences. Although anonymity cannot be guaranteed as this is a face-to-face interview, in the reporting of the results a pseudonym (false name) will be used to ensure confidentiality. Your direct quotations may be used in the final report. The data collected from the interview using the audio recording device will be transcribed and the audio clip will be destroyed post transcription. If you experience any distress or discomfort, we will stop the interview or resume another time. If you need some support or counselling services following the interview please contact the CCDU on 011 717 9140 or use Lifeline's number which is 011 728 1347. If you agree to participate, you will be requested to sign an informed consent form to confirm that you understand and agree to participate in the study.

This study will be written up as a research report which will be available online through the university library website on Wits Wired Space. If you wish to receive a summary of this report, I will be happy to send it to you upon request (optional). If you have any queries, concerns or complaints regarding the ethical procedures of this study, you are welcome to contact the University Human Research Ethics Committee (non-medical), telephone + 27(0)11 717 1408, email hrec-medical.researchoffice@wits.ac.za/ Shaun.Schoeman@wits.ac.za

Yours sincerely,

Researcher: Puleng Rathebe, - 0735235680, rathebe.puleng@gmail.com

Supervisor: Dr Vinitha Jithoo, Vinitha.Jithoo@wits.ac.za

Appendix vi: Consent Form (Interview, audio recording and direct quotations)

Psychology
School of Human & Community Development
University of the Witwatersrand
Private Bag 3, Wits, 2050
Tel: 011 717 450 Fax: 011 717 4559

Consent Form (Interview)

I, _____, consent to being interviewed by Puleng Rathebe, for her study exploring the experiences of mental health help-seeking among students.

Please tick relevant boxes. I understand that:

- Participation in this study is voluntary. ☐
- I may withdraw my participation and/or my responses from the study at any time examined without negative consequences. ☐
- There are no foreseen risks or benefits associated with participation in this study. ☐
- All information provided will remain confidential, although I may be quoted in the research report. ☐
- If I am quoted, a pseudonym (false name) will be used. ☐
- None of my identifiable information will be included in the research report. ☐
- I am aware that the results of the study will be communicated in the form of a research report or journal articles. ☐
- The research may also be presented at a local/international conference and published in a journal and/or book chapter. ☐

Signed: _____

Date: _____

Psychology
School of Human & Community Development
University of the Witwatersrand
Private Bag 3, Wits, 2050
Tel: 011 717 450 Fax: 011 717 4559

Consent Form (Recording)

I, _____ give my consent for my interview with Puleng Rathebe, to be audio recorded for her study. Please tick the relevant boxes. I understand that:

- The audio-recordings and transcripts will not be seen or heard by anyone other than the researcher and/or her supervisor ☐
- The audio-recordings and transcripts will be kept in a password protected computer. ☐
- No identifying information will be used in the transcripts or the research report. ☐
- Although direct quotes from my interview may be used in the research report, I will be referred to by a pseudonym. ☐

Signed: _____

Date: _____