Students seeking help for mental health problems

Do Australian university websites provide clear pathways?

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Mental health problems in young Australians continue to be a major public health issue. Studying at university can generate social pressures particularly for youth, which have been associated with the onset of a mental illness or a worsening of an existing condition. Many universities provide health services to support students with health problems. However, many young people do not have effective help-seeking strategies and are in need of well-defined pathways to locate appropriate assessment of, and support for, their emotional needs. There has been no Australian study that determines the ease with which students can identify health services. This study involved a systematic search of web sites of 40 Australian universities to identify the types of services offered and their relative accessibility. The use of several key words generally resulted in the identification of a broad range of health services, however, information on 'mental health services' was more difficult to locate. The study makes recommendations for universities to improve accessibility, and develop more supportive policy and inclusive management of mental health problems.

Introduction

Mental health problems have been described as an epidemic among university students (Kim *et al.*, 2011; Kay, 2010). Reports on the magnitude of the problem are abundant in the literature. Several large overseas studies have identified rising mental health problems among young people enrolled in higher education studies (Royal College of Psychiatrists, 2003; American College Health Association, 2007; Zivin *et al.*, 2009; Gallagher, 2007). The mental health component of the care provided for higher education students, in the United Kingdom, continues to be at the forefront of debate and discussion involving health and safety on university campuses (Stanley & Manthorpe, 2001; Stewart-Brown *et al.*, 2000).

In Australia '…it is estimated that 23 per cent of the total Australian adult population are affected by one or more mental disorders in any given year (Australian Department of Health and Ageing, 2007, p. 15). Patel *et al.*, (2007) provide data indicating that 27 per cent of those aged between 18 and 24 have a mental health disorder (p. 1302). In 2010, higher education enrolments reached 1,192,657 of which 803,726 (67 per cent) were under the age of 26 (DEEWR, 2010). Ergo, the age groupings for university enrolments correspond to that of age groups most likely to have a formal diagnosis of mental health problems, supporting the significance of a study of this kind. The current enrolment numbers in Australian higher education suggests that the absolute size of the problem is substantial.

Although young people have the greatest need for mental health services, they are also the 'least likely to seek help' (Rickwood *et al.*, 2007, p. S35). The National Survey of Mental Health and Wellbeing (ABS, 2007) stated that only '29 per cent of children and adolescents with a mental health problem had sought professional help'.

Rickwood *et al.*, (2007, p. S35) refer to a 'Queensland study of 3,092 young adults in the 15-24 age range, and concluded 39 per cent of males and 22 per cent of females would not seek help from formal services for personal, emotional or distressing problems'. The Australian Government has responded by providing $54 million to establish a National Youth Mental Health Foundation, Headspace, created in 2006, as an initiative aiming to strengthen the existing system by introducing a new stream of multidisciplinary care. A major goal of mental health policy in Australia and similar countries has been to reduce barriers to service utilisation for those with mental health problems (Harden *et al.*, 2001). The current mental health system is not adequately resourced to deal with young people who have mild to moderate mental health issues (Stallman, 2010) and those that have the greatest need for these services, namely those with elevated psychological distress, are no more aware of youth specific services (Yap *et al.*, 2012; Headspace, 2012).

In a selective review of data, Hickie (2011, p. 65) concluded that 'Young people report that mental health problems are among their greatest social and health concerns and are increasingly looking for appropriate new ways to meet their own needs.' There is an increasing tendency for young people to access health resources and services by way of the Internet as a preferred method of seeking help as this activity is anonymous (Burns *et al.*, 2010).

University students

Supporting students' well-being whilst they engage with their studies has been a primary role for educators and their organisations. However, mental health support programmes for university students have evolved in a much less ordered fashion than programmes for primary and secondary school students. Clear evidence of the effectiveness of student support projects within Australian schools has been provided by Fealy and Story (2006) who attribute their success to the use of a 'whole-school approach' adapting the curriculum, school policies and environment to promote student well-being and educate staff and students on mental health issues.

Although university administrators are aware of their duty of care to students, in many cases this duty has not been codified. For this duty to be taken seriously, dedicated resources need to be overtly identifiable on university websites. Mowbray *et al.*, (2006, p. 236) state that 'To appropriately meet the needs of students with mental illnesses, academic institutions and mental health programmes need to form collaborations, where they clearly spell out who will do what, and not shirk the necessary responsibilities or pretend that the problem does not exist.' Support and resources for university students with mental health problems has been spurred on by the government reports and directives in COAG, (2011) that recognise the need for more mental health services (COAG National action plan on mental health 2006–2011).

Stress and the need for duty of care

Kernan *et al.*, (2011) found that stress associated with psychological problems is concomitant with poorer academic performance and a drain on the nation's development of human capital which is the core business of universities (Eisenberg *et al.*, 2009). University students are thought to be prone to high level stressors due to the transition to university life and a need for scholastic success (Bitsika *et al.*, 2010). Studies have sought to establish whether students have a higher rate of mental health problems compared to peers not enrolled in higher education studies. The intention of these studies was to determine if a university life style and academic workloads were risk factors for mental health problems; the causative links are not yet clear (Stallman, 2010; Blanco *et al.*, 2008). A survey by Storrie *et al.*, (2010) of higher education students in Australia using 'age-matched pairs', showed that i) students have higher level of stress than the general population and ii) emotional stress is a prodromal element to formal diagnosis of mental health problems. Stallman (2010) states:

> 'Compared to the 19.2 per cent of students with very high levels of distress, the most recent Australian data figures (Australian Bureau of Statistics, 2008) show that only three per cent of the general population have levels of distress this "high" ' (Stallman, 2010, p. 253).

There is controversy about what is expected of universities in terms of their duty of care. Patel *et al.*, (2007) suggest that universities may have a duty of care to provide supportive services for students. Collins & Foote (2005) contend that adult learners should be autonomous in resolving personal problems but do not clarify if personal problems include mental health problems.

> 'It could be asked whether it is appropriate for the University … faculty to take responsibility for students' personal problems. Do we have a "duty of care?" Or, because these are adult learners, should we expect them to be responsible for themselves?' (Collins & Foote, 2005, p. 171).

A default response to these questions is partly addressed by Collins & Foote (2005) who suggest that the existence of welfare services, health services, coun-

selling and learning assistance at most universities means that administrators clearly recognised that these services form part of duty of care. Currently, there is a grey area in terms of staff's duty of care towards students who exhibit emotional burdens/psychological disturbance. There is a gap between the expectations of universities and the staff's willingness and ability to respond to student needs beyond the curriculum (Laws & Fiedler, 2012).

Help seeking practices

Most young people support the principle of seeking professional help for mental health problems and have good recognition of depression (Reavley & Jorm, 2011). The social stigma attached to mental health problems is widely recognised in the literature (Crisp *et al.*, 2000, Reavley & Jorm, 2012). Variations in attitudinal responses of lay persons towards those with a mental health problem occur because of cultural as well as national differences (Griffiths *et al.*, 2006). Many young people may avoid mainstream health services because of the fear of being labelled with a diagnosis and prescribed psychoactive medication with problematic side effects (Moses, 2010). However, the extent to which stigma poses a barrier to accessing support is in debate. Golberstein *et al.*, (2008) produced one study indicating that, in the younger population, perceived stigma may not be as important a barrier to mental health care as the policy discourse currently assumes. However, certain sub-groups do have a higher affective response to stigma.

> 'Perceived stigma was higher among males, older students, Asian and Pacific Islanders, international students, students with lower socioeconomic status backgrounds, and students with current mental health problems.' (Golberstein *et al.*, 2008, p. 392)

The Internet and Help Seeking

Young people have an increasingly close affinity with web based information (Borzekowski, 2006). The Internet is seen as an important means of access to sensitive health information (Kanuga & Rosenfeld, 2004) and can provide users with protection from potentially judgemental interactions (stigmatisation) if they wish to remain anonymous. According to Berger *et al.*, (2005):

> 'those with stigmatised illnesses were significantly more likely to have used the Internet for health information, to have communicated with clinicians about their condition using the Internet, and to have increased utilisation of health care based on information found on the Internet, than those with non-stigmatised conditions.' (Berger *et al.*, 2005, p. 1821)

Focus group interviews conducted by Havas *et al.,* (2011) using ten groups of Dutch adolescents (n = 106), aged 12-19 years, found participants:

> '… expressed the need for a youth healthcare website offering information, self-tests and anonymous help. They had different ideas about the layout of such a website, which were related to their educational level. Reliability of such a website was an important issue.' (Havas ***et al.***, 2011, p. 164)

Currently, there is a grey area in terms of staff's duty of care towards students who exhibit emotional burdens/psychological disturbance. There is a gap between the expectations of universities and the staff's willingness and ability to respond to student needs beyond the curriculum.

Students are now commonly using social media to connect with people and resources and there is a similar use of the Internet to seek health information and support (Christensen & Hickie, 2010; Subrahmanyam & Lin; 2007; Bastian, 2008). Higher education students normally use the Internet daily thereby increasing the potential to use this technology to access mental health information. Horgan and Sweeney (2009) observed that there had been no studies of young peoples' use of, and views on, accessing the Internet for mental health support. The researcher's quantitative descriptive study of 922 university students (18 to 24 years) aimed to elicit views on Internet use to access support. It was revealed that 30.8 per cent of students had searched for mental health information online, predominantly on depression. Whilst 68 per cent of students reported they would use the Internet if they needed mental health support most (79.4 per cent) preferred face to face support. However, the question of the whether a simple referral to a General Practitioner (GP) was a preferred help-seeking pathway for young people posed by Jorm *et al.*, (2007) was met with the response:

> 'Recent initiatives to extend the uptake of treatment for mental disorders have been centred around GPs as the initial point of help-seeking. Few young people see GPs as a preferred source of help, and action is needed to alter this perception or to reform mental health services to be more attractive to this age group.' (Jorm *et al.*, 2007, p. 556).

Hampshire & Di Nicola, (2011) recognise that an important component in intervention strategies for young

people experiencing personal problems, is to know where they go when they have a problem. The absolute numbers and the trends in the data (2006 to 2009) show the increasing importance of the Internet as a source of advice and support when compared to a teacher or a school counsellor (Table 1).

Table 1: Source of Support and Advice

Source of advice and support	*2006 %*	*2007 %*	*2008 %*	*2009 %*
Internet	16.8	19.1	20.3	22.5
Teacher	9.3	10.5	11.4	11.0
School Counsellor	11.6	10.8	11.5	10.8
Someone else in the community	8.6	8.6	8.5	8.9
Telephone helpline	6.2	5.8	5.9	5.9

Source: Hampshire & Di Nicola, 2011, Table 4, p. 15 (Note: This is an extract only. Data are aggregated and includes items ranked one, two or three by respondents.)

Why audit university websites for accessibility to health information?

Electronic communication and information giving has become the main method of interface with students; paper and visual displays (posters) are now a secondary form of dissemination. In general, young people, the population of interest, have an increasingly close affinity with web based information access and electronic communication (Borzekowski, 2006). Male and female adolescents spend comparable amounts of time online (Gross, 2004) .About one in five youths in America sought information about a challenging health problem using the Internet (Lenhart, 2005) including sexual health (Selkie *et al.*, 2011). The importance of having university web based services for students with actual or potential mental health problems has been reiterated many times.

> 'In order to prevent adverse social, educational and vocational outcomes, there is a need for young people to have early access to appropriate professional or self-help interventions.' (Reavley & Jorm, 2011, p. 890)

Accordingly, universities can play an important role in providing students with a pathway to web based information on emotional/mental health problems as well as ways to establish face to face contact with a professional skilled in mental health. A review of university websites will give an insight into the accessibility of health services through this medium.

Aims of the study

The aims of the study were twofold:

- To search 40 Australian university websites and document the nature of health services or counselling directed towards students, with a particular focus on mental health services.
- To evaluate the ease with which students with mental health issues can locate information on mental health services and access points.

Search terms

In 2009, an informal audit of 38 university websites was undertaken by the authors to identify university resources aimed at informing students of supportive services should they seek help for an actual or potential mental health problem (Australian Education Network University and College Guide, 2009). This unpublished audit found very few universities had information links beyond student counselling services. There was no definitive literature describing an appropriate or normative set of key search terms; we used the generic search terms 'health services', 'student counselling' and 'mental health'. These terms were selected as those commonly used by our own university website and in student information handouts at orientation. These terms proved to be a useful and consistent Web pathway to locate other university health services.

In 2011-2012 we were prompted to conduct a further Internet search to identify and document current university website health resources. The impetus for the renewed search was based on, i) new governmental initiatives intended to raise the profile of mental health support for young people and ii) knowledge of new requirements, by way of AUQA audits, to demonstrate that Universities had moved toward improving the quality of education (Australian University Quality Agency, now the Tertiary Education Quality and Standards Agency, TEQSA, 2013).

For our 2011-2012 study we randomly selected 10 university sites to trial the reuse of the generic 'help-seeking' terms used in the 2009 audit. Our concern was that the use of generic terms might locate student services rather than specific information related to support for mental health problems. These generic terms did prove successful in accessing specific information about 'health', 'counselling' and 'mental health' services and 'health clinics' in all 10 of the university web sites sampled, suggesting that they would be effective across all 40 university web sites.

The trial of search terms was an important exercise because despite the acknowledgment that the Internet is a vital source of information and intervention for mental health problems for young people, there is no definitive literature on the specific search terms used by students when accessing university websites for help seeking. The generic term 'mental health' is used frequently in Internet sites accessed by young people (e.g. Headspace – National Youth Mental Health Foundation) and, anecdotally, university information provided to students and staff commonly refers to 'health services' and 'student counselling'. There is some evidence to indicate that students will make Internet searches for specific mental health issues such as depression and suicide and alcohol-related issues (Ybarra and Eaton, 2005). Our study was focused on students' help-seeking (i.e. seeking services) rather than their quest for diagnosis of, or information about, specific conditions or issues. Indeed Spink *et al.*, (2004) contended that 'Most users may still lack the specialised vocabulary needed to effectively retrieve the information relevant to their condition'. Spink *et al.*, (2004) further state:

> 'Often, then, the web-enabled health information seeker must know, within the realm of language, the near-specific location of the knowledge they seek. When an exact clinical term is not known, most laypersons will resort to their only available resource, the popular/lay terminology for the concept, illness, or subject of interest. (Spink *et al.,* 2004, p. 46)

Accordingly we settled on the generic help seeking search terms: (student) health services, (student) counselling, and (student) mental health.

Method

Following the initial 2009 audit of university websites for nature of health services and counselling, we conducted a systematic search of 40 Universities selected from a list provided on the Australian education network website (Australian Education Network University and College Guide, 2013).

Findings from the web searches were augmented by telephone enquiries where information about certain services or staff qualifications was unclear. In accessing the Web links we also identified universities that provided:

- More detailed information about specific mental health issues (e.g. depression, anxiety etc).
- On-campus (or near-campus) clinics staffed by health professionals.
- Specific mental health services and the existence of trained mental health professionals and counsellors.

Scope

The scope of this study is limited to identifying website pathways for higher education students seeking mental health services. This focus on help-seeking is distinct from determining students searching for information on specific health problems for which they may have insight or a formal diagnosis (e.g. depression, psychosis). The study makes no attempt to evaluate the current literature to determine the effectiveness of university-based services, nor does it attempt to make a judgment about the adequacy of the services listed.

Findings

The array of services identified in this study was much greater than those documented in the previous unpublished study by the authors in 2009. Although the search terms used in 2011-2012 were the same as those used in the 2009 audit the number of links to specific information on student mental health and absolute numbers of support services were far greater than in the initial audit. There are two plausible explanations for the difference in findings. First, the establishment of a national quality assurance agency in higher education in 2001 (the Australian Universities Quality Agencies, or AUQA) has provided an impetus for universities to be overt about student support services. Whilst Australian universities have always taken the well-being of their students seriously, the existence of the AUQA agency (now the Tertiary Education Quality and Standards Agency (TEQSA), 2013) has solidified this commitment through its formal attestation (audit) of the Standards applied by universities (AUQA, 2001). Perhaps the abolition of student unions in the Howard Government period also devolved responsibility for student well-being toward remaining organisational structures. The emergence of youth mental health as a National Health Priority is likely to have emphasised the need for specific services (AIHW, 2010).

When conducting the search, the use of the key word 'health' meant that the researchers encountered numerous courses and course resources containing the terms 'health' and 'mental health'; this phenomena required refinements to search strategies thus improving the comprehensiveness of the study. However, some universities prioritised key words such as 'health services' making it easier to identify student health services (for example, the website of the University of NSW). It is possible that students are informed at orientation of special health services with a specific title (e.g.. 'beyondblue'), which

would also assist in prioritising student searches. However such resources would become evident when searching for 'health services'.

A vast majority of universities in the study had websites that directed students to health services. Many directed students also to mental health services. Many sites linked initially to counselling rather than health support and this required deeper investigation by researchers to identify medical health services; some of which were directly linked to mental health support. Although student counselling was a prominent link, it was impossible in many cases to determine if this counselling was social in nature or supported by staff that were mental health trained. If web site information was unclear, telephone calls were made by the researchers to the university switchboard and additional information was gained on the type, availability, and qualifications of staff providing the health service. The vast majority of universities also provide information to students on the nature of common mental health problems (depression, anxiety).

On campus services

A total of 26 out of 40 universities had some form of medical services; these services were provided as an on-campus facility and staffed by doctors and nurses. Twenty-three universities had access to GPs and nurses; 3 services provide student access to nurses only. There was no indication that these health professionals had specialist qualification for mental health. Many campuses (33 per cent) had counselling services but few of these services had staff qualified as mental health nurses; and few campuses had a consulting psychiatrist. Staffing of the clinics varied with some providing full-time GP services. Other clinics provided visiting GPs on certain days only. Only one private university had no health or other counselling.

Some services were funded by the university (Federal government) and others were privately owned by GPs. Whilst access to service may be influenced by cost to the student we did not determine the cost to students for GP consultations, though many bulk bill. Whilst GPs services may be bulk billed, international students on special visas are a group of students not covered by Medicare.

Off campus Services

Whilst access was universal within most student populations, many universities had geographically diverse locations making it difficult for students to travel to some clinics. Universities with multiple campuses would be most challenging for students who did not have their own transport. Only one university (Canberra) had a special mental health service for youth (Headspace, 2012) on campus and this was also open to the general public. This is an excellent service, though Australian youth still have limited awareness of Headspace (Yap *et al.*, 2012).

Accessibility

The table below indicates the broad accessibility to health counselling and mental health services, using the number of mouse clicks as the measure. This data gives a broad indicator of (a) the ease of accessibility of services to students; and (b) the number of universities providing information about these services. For the 'health services' and 'counselling services' searches, 70 per cent and 83 per cent of university sites respectively required only two

Table 2: Results of searches of university websites

Search Term: Health Services			*Search Term: Counselling*			*Search Term: Mental Health*		
Number of mouse clicks	*Number of university sites*	*% of population (rounded)*	*Number of mouse clicks*	*Number of university sites*	*% of population (rounded)*	*Number of mouse clicks*	*Number of university sites*	*% of population (rounded)*
2	28	70%	2	33	83%	2	14	35%
3	3	7%	3	4	10%	3	5	12%
4 – topic subsumed under counselling	2	5%	N/A	Nil	Nil	4 – topic subsumed under counselling	10	25%
4	1	3%	0	Nil	Nil	4	4	10%
5	Nil	Nil	5	1	3%	5	Nil	Nil
No hits	6	15%	No hits	2	5%	No hits	7	18%
Total	40	100%		40	100%		40	100%

mouse clicks to find the service, whilst the most mouse clicks required was five. It was interesting to note that six universities (15 per cent) offered no hits to the 'health services' enquiry; there were no discernible commonalities between these six universities.

On the majority of university sites, the term 'counselling services' required minimal searching compared to 'health services'. When searching for 'mental health services', only 35 per cent of university sites provided access to the service with two clicks. Twenty-five per cent of universities included 'mental health services' within student counselling, perhaps on the assumption that students would first search for counselling. An alarming 18 per cent of universities contained no hits on mental health.

The comparison between the search for mental health services and others therefore shows an interesting outcome. Whilst we cannot offer any formal conclusions, it seems clear that most universities now offer some form of health counselling and mental health services. In this study we found the mental health services took more effort (clicks) to find, with seven (18 per cent) of universities provided no specific services related to mental health that could be found with simple search techniques. These results are displayed in Table 2.

Discussion and conclusions

The study indicates that the majority of Australian universities provide information for students who have a compromised sense of well-being and are seeking assistance. The relative ease with which information can be gained suggests that universities have an awareness of the need for such information and recognise that they have a duty of care to provide some level of health or counselling services. The ease with which on-campus health services can be located on websites suggests that most universities appreciate the need for student access to qualified care; however, levels of service and range of services differ. The type of health professional available for consultation also differs. Access to mental health services produced a markedly different result, with only 35 per cent of universities providing access within two clicks. Website links to mental health support services were not always obvious and required further exploration of service sites and the pathways used to locate services were often not intuitive. Almost 20 per cent (one-fifth) of universities offered no intuitive web approach to mental health services. These findings strongly suggest that universities have not provided the same level of access to mental health services as other services and this suggests that more effort is required to make mental health services more accessible.

Given that universities provide differing levels of support, and that there are many that do not provide 'on-or -near' campus clinical facilities or have intuitive information about mental health services, the question remains – what is the duty of care required of universities and what nature and level of resources are required to enable them to discharge their duty of care to students? The incidence of mental health problems amongst young people is clearly recognised in the literature, yet the study shows that it is the least accessible of the three services we searched for.

The challenge for future researchers

The current literature has not examined the effectiveness of any of the health services provided by universities and there is a dearth of literature that examines the success rates of counselling and other health services. Further, there is no data that identifies the number of students with mental health problems that seek help from universities. From this study, we conclude that students can reasonably navigate the university websites, but we do not know what proportion of students with mental problems use university services, nor do we know if these services are effective when used.

The challenge for future researchers therefore is to determine:

i. How accessibility to mental health services on university websites can be improved.
ii. The nature and level of mental health services that should be provided for universities to be able to discharge their duty of care.
iii. How best to motivate those in need of help to undertake timely action and seek help.
iv. The effectiveness of appropriate help seeking pathways within universities.

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