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Mental Health Among College Students: Do Those Who Need Services Know About and Use Them?

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Abstract. Objective: The objective of this study was to examine connections between university students’ mental health and their knowledge and use of campus mental health services. Participants and Methods: In March 2001, a sample of undergraduate students (N = 266) completed a Web-based questionnaire, providing information related to their mental health, knowledge of mental health services, and use of those services. Results: Students who were mentally distressed were more likely to know about and use services; however, some students who reported to be mentally distressed either did not know about services or knew about services but did not use them. Living off campus, identifying as male, and having fewer years in college were related to less knowledge of campus mental health services. In addition, female sex and number of years in college were predictive of higher service use. Conclusions: With the high prevalence rates and severity of mental health problems, university mental health providers must continue to make strategic efforts to disseminate knowledge about mental health services to all students.

Keywords: college students, gender, mental health

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Study findings suggest that the presenting problems of clients in university counseling centers may have become more severe over the past 2 decades.1-4 Although other researchers have suggested that student psychopathology has remained fairly stable during this same period, the concern remains that students’ mental health needs may not be adequately addressed on university campuses.1,5-7 For example, prevalence rates of psychological and psychiatric symptoms in randomly selected, nonclinical college student samples are about 30%.8,9 Issues such as student suicidality, substance use, depression, anxiety, eating disorders, and high subjective ratings of distress are commonly presented to college counseling center staff.10-12 Johnson and Hayes13 examined the concerns of 5,472 university students and found that spiritual concerns, loss of a relationship, sexual assault, confusion about values, homesickness, and suicidal ideation were the cause of significant distress among study participants. Although student populations experience various forms of mental distress,14 only a small number of students needing services actually seek them out.15 Prevalence rates of psychological distress among college students signify a need for the adequate distribution of knowledge of college mental health services.

Recent research indicates that college student suicide rates are significantly higher in students who use campus mental health services, suggesting that students with a high level of need are receiving help.11 Other research has supported the idea that among students with mental health needs, few actually seek services. Results have indicated that between 30% and 60% of student research participants were unaware or uncertain about the availability of campus mental health services.16-18 For example, Benedict et al16 found that only 14% of respondents could locate their university’s counseling center. The researchers also reported that students often mistook university counseling services as career guidance counseling. Thus, although many students with severe mental health needs (eg, suicidality) are expected to use services, there are likely others with mental health needs who are not aware of their availability. Therefore, we must understand what students know about campus mental health services and where they receive this information, especially because few investigators have examined students’ knowledge of mental health services since the onset of widespread Internet use. Furthermore, we must assess knowledge of services among students with clinical levels of distress.

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A number of barriers may impede students’ use of mental health services. Investigators have examined college students’ attitudes toward and perceptions of university counseling services to better understand the low utilization rates. Results indicate that utilization rates are proportionally low among minority, international, and male students.

Several leaders in the field have also called for increased attention to the mental health needs of minority students, including those of international origins. Despite these calls, few investigators have yet empirically explored this group’s knowledge and use of mental health services. In one study of international students, Komiya and Eells specifically addressed mental health counseling use and found that female sex, prior counseling experience, and degree of emotional openness were significant predictors of use. Other findings indicate that Latino and black college students may not seek counseling because of the perceived social stigma and shame attached to use of those services.

Despite the growing need for effective college counseling services, assessing the complexity and contextual variables of student populations proves difficult. Many variables comprise the increasing diversity on college campuses, including ethnicity, nationality, sex, and social class. Furthermore, within-group heterogeneity compounds the complexities of differences. Sensitivity to such diversity demands innovative techniques and increased resources within college mental health services.

Regarding sex, it has long been recognized that men and women experience mental distress and interact with mental health systems differently. Specifically, women report higher rates of many different mental health problems and use mental health services more than men. Differences between the sexes have been attributed to a number of factors, many of which stem from sex-role stereotypes and sex socialization. In studying college students’ mental health, as well as their knowledge and use of campus mental health services, addressing the influences of sex is vital.

Although previous researchers have examined university students’ mental health, knowledge of mental health services, and use of these services separately, few, if any, have addressed all 3 variables in a nonclinical sample. Therefore, we addressed the following research questions:

1. What factors are related to students’ knowledge of university mental health services?
2. What factors are related to students’ use of university mental health services?
3. How do knowledge and use of university mental health services vary for students of different ethnic groups and for international students?
4. What relationship exists between mental health, knowledge of mental health services, and use of those services?

METHODS
Sample

With the approval of the associated institutional review board, we obtained a random sample from a list of students attending an eastern US, land-grant university. We sent recruitment e-mails to 750 students, whom we asked to complete an anonymous online survey. The opening page of the survey requested informed consent; students gave their consent by indicating they had read and understood the conditions of the survey before answering any questions. The random sample was proportionally stratified according to sex (293 women, 457 men). Of these students, 266 completed the survey, yielding a 35% response rate. Slightly more than half (53%) of the respondents were female, which (because we initially stratified the sample) indicates some sex bias in the current sample (see Table 1). The majority (84%) identified themselves as Caucasian; 10% as Asian American; 5% as either American Indian, Mexican, Chicano, Puerto Rican, or some other ethnicity; and 2% as black. Separate from race, students indicated whether they were international students. With respect to race, the sample was similar to the population from which it was drawn.

<table>
<thead>
<tr>
<th>TABLE 1. Demographic Characteristics of the Sample (N = 266) and of the University From Which It Was Drawn</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Characteristic</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Race</td>
</tr>
<tr>
<td>African American</td>
</tr>
<tr>
<td>Asian</td>
</tr>
<tr>
<td>Foreign</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
</tr>
<tr>
<td>Native American</td>
</tr>
<tr>
<td>White</td>
</tr>
<tr>
<td>Other</td>
</tr>
<tr>
<td>Sex</td>
</tr>
<tr>
<td>Male</td>
</tr>
<tr>
<td>Female</td>
</tr>
</tbody>
</table>

*Note.* Total enrollment at the university for the study year was 21,532.
yet it included a low response from black students and a high response from Asian American students (see Table 1).

Almost one-fourth (24%) of the participants lived on campus; the remaining 76% lived off campus. Ten percent of respondents were international students. Almost half of the sample (46%) was in their first or second year of college, 38% had attended college for 2 to 3 years, and 17% had spent 4 to 5 years at the university.

**Measures**

**Mental Health**

We used the Outcome Questionnaire (OQ-45.2) to assess respondents’ mental health. The OQ-45.2 assesses individual symptoms and identifies clinical problems. It includes 3 subscales (Symptom Distress, Interpersonal, Social Role), but we used the OQ-45.2 total score, which is the sum of the subscales. Scores on the OQ-45.2 range from 0 to 180. Examples of items on the OQ-45.2 are “I feel stressed at work/school” and “Disturbing thoughts come into my mind that I can not get rid of.” Answers to questions include never, rarely, sometimes, frequently, and almost always. Lambert et al34 suggested that respondents who score 63 and higher are clinically distressed. The OQ-45.2 is reported to have an approximate internal consistency of .90 and approximate concurrent validity of .80.35 In the current study, the OQ-45.2 had a similarly high internal consistency score (α = .93). It is highly correlated with other psychological measures, such as the Beck Depression Inventory, Symptom Checklist 90-R, Rand SF36, and the Social Adjustment Scale.36 Its test-retest reliability ranges from .78 to .84.36 In the current study, we created a dichotomous variable to indicate mental distress and coded as distressed those respondents who scored higher than 63.

**Knowledge and Use of University Mental Health Services**

To assess students’ knowledge of services, they answered “How would you describe your knowledge of [university name] mental health services?” Scores ranged from 0 to 3, with higher scores reflecting more knowledge (eg, 0 = never heard of these services, 3 = I could easily explain these services to others). Students also answered a question indicating whether their knowledge of services offered was adequate to contact mental health services. In addition, students indicated how they learned about campus mental health services. Several predetermined responses were provided, as well as an “other” category (see the Results section).

To assess use of services, we asked students whether they had used the university’s mental health services. Respondents reported why they had not or would not seek mental health services through the university. They also selected 1 or more reasons that would keep them from using university mental health services in the future.

**Demographic Information**

Respondents provided their age, sex, and ethnicity. They also reported whether they lived on or off campus, as well as the number of years they had attended the university.

**RESULTS**

**Knowledge of University Mental Health Services**

When asked whether their knowledge of mental health services was sufficient, 37% of respondents indicated that they were not given adequate information to enable them to contact the mental health services. One-third (30%) had never heard of the services. An additional 38% had heard of the services but knew nothing about them. For students who were aware of university mental health services, the top 3 sources of information included friends or fellow students, advertisements, and the Internet (see Table 2).

| TABLE 2. Sources From Which Students Learned About University Mental Health Services |
|----------------------------------|-------------------|---------------|
| Source                           | Frequency of use (%) | % of sample  |
| Friend/fellow student            | 76                | 29            |
| Advertisement                    | 51                | 19            |
| Internet                         | 50                | 19            |
| Other                            | 49                | 18            |
| Student orientation              | 34                | 13            |
| Faculty                          | 20                | 8             |
| Physician                        | 11                | 4             |
| Resident advisor                 | 7                 | 3             |
| Family member                    | 6                 | 2             |

Note. Students were allowed to choose more than 1 response, resulting in the total of percentages exceeding 100%. We categorized the following sources of information as “other”: (a) campus health center, (b) assumed some services were available, (c) therapist in surrounding area, (d) article in the newspaper, (e) military superior officer, (f) sorority, (g) own efforts/research, and (h) religious leader.
distress ($B = .145$, $t = 2.440$, $p = .015$), on-campus living status ($B = -.125$, $t = -1.983$, $p = .048$), and years in college ($B = .275$, $t = 4.363$, $p < .001$) were predictive of higher levels of knowledge of university mental health services. Female gender ($B = -.102$, $t = -1.728$, $p = .085$) was slightly significantly related to more knowledge of university mental health services. International status ($B = -.060$, $t = -.977$, $p = .330$) was not a statistically significant predictor.

We used a one-way analysis of variance (ANOVA) to examine whether ethnic background influenced knowledge of mental health services. Because of small group sizes, we combined all Latino groups (Mexican American/Chicano, Puerto Rican, other Latino) for this analysis. We found no statistically significant differences between ethnic categories for knowledge of university mental health services ($F[5,258] = 1.540$, $p = .178$). However, even after combining the Latino group, ethnic groups other than Caucasian were small, thus limiting the interpretation of these findings. As a follow-up to these analyses, we ran cross-tabulations to examine knowledge levels of mental health services by ethnicity. At least half of the students in each group had adequate knowledge of services, except for the Latino students, among whom only 1 of 5 reported adequate knowledge.

**Interrelations of Knowledge and Use of University Mental Health Services**

Of the 266 students in this study, 45 (17%) had used the university mental health services. Students’ knowledge of campus mental health services and their use of those services were intrinsically interrelated. Because of the study’s cross-sectional design, students who had used the services also reported sufficient knowledge of the services offered. Our primary interest was whether students who had not yet used the services were aware of their availability. With that in mind, we defined 3 groups of students on the basis of their use and knowledge of available services: those who (1) had used the services and therefore knew about them, (2) sufficient knowledge but had not used the services, and (3) had not used the services and also did not have a basic understanding of the services available.

We estimated a multinomial logistic regression model to examine what factors predicted membership in the 3 groups. Those who knew about services and had used them served as the comparison group (see Table 3). The left panel of results contains estimates of whether the student characteristics were predictive of adequate knowledge without use versus use of services. The results in the right panel report whether the independent variables are associated with having inadequate knowledge versus use of services. In each case, negative coefficients indicate a greater likelihood of having used the services; positive coefficients suggest a higher likelihood of being either in Group B or C.

As seen in Table 3, mental distress, sex, number of years in school, and (somewhat less convincingly) residence status were reliably predictive of group membership. After we controlled for demographic characteristics, we found that students who reported symptoms of mental distress were much more likely to have used the services than were those with lower OQ-45.2 scores. Although the odds of using the services were more than 4 times as high for students reporting symptoms of distress, these results also suggest that some students who need services either know about them and do not use them or do not have sufficient knowledge of the services to use them. The strongest demographic predictor of services use was sex. Male students were less likely than female students to have used the services. In fact, female students were more than twice as likely as male students to have used the services, with male students being twice as likely as female students to be in either of the 2 groups who had not used services. Fewer years in college increased the likelihood that students knew about the services but had not used them or that they did not know about the services. Last, we found weak evidence that students who lived off campus were less likely to know about the services.

**TABLE 3. Multinomial Logistic Regression Analysis for Variables Predicting Use of University Mental Health Services**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Adequate knowledge, no use of services ($n = 90$)</th>
<th>Inadequate knowledge, no use of services ($n = 92$)</th>
<th>$B$</th>
<th>$SE$</th>
<th>$e^B$</th>
<th>$B$</th>
<th>$SE$</th>
<th>$e^B$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mentally distressed</td>
<td>$-.143^{***}$</td>
<td>$-.129^{**}$</td>
<td>.434</td>
<td>0.239</td>
<td>0.273</td>
<td>.429</td>
<td>0.275</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>$.859^{*}$</td>
<td>$.856^{*}$</td>
<td>.423</td>
<td>2.361</td>
<td>2.354</td>
<td>.422</td>
<td>2.354</td>
<td></td>
</tr>
<tr>
<td>Residence</td>
<td>$.454</td>
<td>$.957^{*}$</td>
<td>.487</td>
<td>1.575</td>
<td>2.604</td>
<td>.503</td>
<td>2.604</td>
<td></td>
</tr>
<tr>
<td>International</td>
<td>$-.190^{*}$</td>
<td>$.039</td>
<td>.814</td>
<td>0.827</td>
<td>1.040</td>
<td>.787</td>
<td>1.040</td>
<td></td>
</tr>
<tr>
<td>Years in college</td>
<td>$-.309^{*}$</td>
<td>$-.391^{**}$</td>
<td>.143</td>
<td>—</td>
<td>—</td>
<td>.144</td>
<td>—</td>
<td>—</td>
</tr>
</tbody>
</table>

**Note.** $B$ = unstandardized logistic regression coefficient. Participants who had used the services formed the comparison group ($n = 40$) for knowledge and use of services. We coded mentally distressed as 1 for distressed and 0 for not distressed. We coded sex as 1 for men and 0 for women. We coded residence as 1 for living off campus and 0 for living on campus. We coded international status as 1 for international students and 0 for noninternational students. Years in college is a continuous variable. $\chi^2 (10, N = 222) = 27.444^{***}$.


d$^{*} p < .10$. $^{*} p < .05$. $^{**} p < .01$. $^{***} p < .001$.  

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We again used a one-way ANOVA to examine whether students’ ethnic background influenced their use of mental health services. As with knowledge, we found no statistically significant differences between the ethnic categories for use of university mental health services ($F[5, 258] = 1.634, p = .151$). Again, as a follow-up to these analyses, we ran cross-tabulations to examine rates of service use by members of different ethnic groups. Results showed that no black or Hispanic/Latino students had used services. A small number of Asian students ($n = 4, 15\%$) had used services, and the 1 Native American student in the sample had used services. All other students who had used services were Caucasian.

**Reasons Students Do or Do Not Use Services**

As seen in Table 4, when asked why they did not use services (even though they may have needed them), students reported that they did not have enough time, that they did not know enough about services, that they were embarrassed to use services, and that they did not think the services would help. Students also selected 1 or more reasons that would keep them from using university mental health services in the future. The top 2 reasons were lack of time and lack of knowledge of services. Interestingly, the third most frequent response was no reason—that they would use the services (see Table 5).

### TABLE 4. Self-Reported Reasons for Not Using Campus Mental Health Services When Needed

<table>
<thead>
<tr>
<th>Reason</th>
<th>Frequency of response ($n$)</th>
<th>Overall sample (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not enough time</td>
<td>24</td>
<td>9</td>
</tr>
<tr>
<td>Lack of knowledge</td>
<td>17</td>
<td>6</td>
</tr>
<tr>
<td>Embarrassed</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>Did not think services would help</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>Lack of motivation</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Independent approach to solving problems</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Frightened or nervous</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Worried about anonymity</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Believed services were offered</td>
<td></td>
<td></td>
</tr>
<tr>
<td>only to those with severe problems</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Others</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>81</td>
<td>30</td>
</tr>
</tbody>
</table>

*Note. Respondents to this question were only those students who reported that they could have benefited from using services (while enrolled as students) but did not seek them out. We grouped responses with frequencies lower than 3 into the “other” category; these responses consisted of (a) perceived social stigma associated with counseling, (b) told by others they did not need the help, (c) currently used other services outside of the university, and (d) had had bad experiences with previous mental health providers.*

### TABLE 5. Students’ Concerns About Using University Mental Health Services in the Future

<table>
<thead>
<tr>
<th>Concern</th>
<th>Frequency of response ($n$)</th>
<th>% of sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not enough time</td>
<td>88</td>
<td>33</td>
</tr>
<tr>
<td>Lack of knowledge</td>
<td>66</td>
<td>25</td>
</tr>
<tr>
<td>None; I would use the services</td>
<td>57</td>
<td>21</td>
</tr>
<tr>
<td>Believe they would be unhelpful</td>
<td>50</td>
<td>19</td>
</tr>
<tr>
<td>Financial costs</td>
<td>49</td>
<td>18</td>
</tr>
<tr>
<td>Do not want to talk to a stranger</td>
<td>46</td>
<td>17</td>
</tr>
<tr>
<td>Other</td>
<td>15</td>
<td>6</td>
</tr>
<tr>
<td>Prefer noncampus services</td>
<td>14</td>
<td>5</td>
</tr>
<tr>
<td>Bad experience with past counseling</td>
<td>13</td>
<td>5</td>
</tr>
</tbody>
</table>

*Note. Students could choose more than 1 response, resulting in the total exceeding 100%. We grouped “other” responses into the following categories: (a) rather talk to a friend or relative, (b) fear, (c) independent approach to solving problems, (d) getting tired of trying to solve problems, (e) anonymity concerns, (f) stigma against counseling, (g) unavailability of services, and (h) believing they had already overused campus services.*
COMMENT

Our purpose was to examine knowledge and use of campus mental health services, as well as mental health status among a nonclinical college student sample. We also explored reasons why students had not sought services in the past and why they might not seek these services in the future. Results indicated that although the majority of distressed students know about and use university mental health services, some might still need services but do not know about or use them.

Limitations and Strengths

The first limitation of this study was that a high percentage (84%) of respondents were Caucasian. Although respondents were fairly demographically representative of the university population (see Table 1), future research at universities with more diverse populations or future research involving purposive oversampling of minority populations—including international students—could provide valuable information regarding the influence of culture, race, and ethnic background on the use of university mental health services. Future investigators should also use qualitative research to explore the mental health experiences of minority students to further examine this question. Second, we did not ask respondents who had used services whether they currently received services. This information could have been useful in understanding why students who had used campus mental health services had higher mental health scores. Whether participants were currently seeking services could have confounded the relationship between use of campus mental health services and mental health score. Third, because we collected the data on 1 university campus, findings must be replicated on a broader basis to strengthen generalizability. Last, although the final sample was 50% male, the stratification of the sampling frame included approximately 150 more men than women. Thus, findings related to sex should be interpreted with the understanding that fewer men than women responded to the recruitment strategy.

This study is unique in its focus on the knowledge and use of university mental health services among a nonclinical college sample. In addition, this study adds to the literature by exploring student-reported barriers to using campus mental health services.

Where Students Learn About University Mental Health Services

In this study, approximately one-third (32%) of respondents reported being adequately informed about university mental health services. Previous researchers have reported similar findings and concluded that a high percentage of students do not have sufficient knowledge of the mental health services available to them. Students in our study reported learning about mental health services most often from a friend or fellow student. Other highly reported avenues of knowledge included the Internet, student orientation, and faculty. Although students’ Internet use has increased substantially in the past decade and although campus mental health centers and services are typically on university Web sites, having this information available on the Internet may not be sufficient for informing students.

Innovative approaches to increasing knowledge and use of campus mental health services is needed. Efforts to improve such knowledge could include use of the transtheoretical model, in which individuals are at different stages in the process of changing behavior; social marketing, which applies commercial marketing techniques to social issues; or approaches tailored to individual campus needs or circumstances. The social marketing approach has successfully addressed mental health needs in innovative ways. For example, variations of this approach have challenged stigma related to mental health services, encouraged college student sexual assault victims to seek services, encouraged young adults and adolescents to change mental health practices, reduced the occurrence of alcohol-impaired driving, and marketed mental health services to men. In summary, a number of innovative approaches could inform and encourage use of mental health services by students in need.

Factors Predicting Knowledge and Use of Services

Our finding that mental distress was strongly related to knowledge and use of mental health services confirms results from previous research, as well as intuitive expectations, suggesting that students who need mental health services will know more about their availability and use them. This finding provides evidence that this university is somewhat effective in educating students in need about available mental health services. However, results also indicated that some students who were mentally distressed either knew about services and did not use them or did not have sufficient knowledge of services. Given that mental health needs on college campuses are possibly increasing and the distribution of information regarding mental health services to those with potential needs warrants further and ongoing attention.

Our findings also suggested that living on campus was related to higher levels of knowledge of university mental health services. At the same time, students gained knowledge of mental health services and were more likely to use those services the longer they had been in college. This suggests that these students gained such knowledge through some aspect of their on-campus experience. Perhaps advertisements for services were prevalent in dorms or students learned about services during their first-year orientation.

The fact that students who had been at the university longer had increased knowledge and use of services makes sense in that they (1) had a better chance of hearing about services through peers and other university experiences, (2) may have experienced increased difficulties as their class rank and classwork difficulty increased, and (3) may have experienced an increased comfort level in confronting life’s difficulties because of maturation and identity development.
Taking these findings into account, students who did not live on campus and had not been in school long could have lacked appropriate knowledge of needed services.

When we examined knowledge of campus mental health services in relation to sex, we found that women had slightly more knowledge than did men (albeit statistically significant only at the \( p < .10 \) level). This finding suggests that women may have been more aware of university mental health services. In tandem with sex effects on knowledge, results indicated that women were more than twice as likely as men to use services, even when men knew about them. This is not surprising, given that previous investigators have found that women tend to have more positive attitudes toward mental health services and to use them more.

Recent efforts have been made to identify and target male students, with the intent to assist those with mental health needs. Most programs seem to take the perspective that male college students base their attitudes toward mental health and service use on cultural stereotypes and the development of male identity within gender socialization. For example, research in the area of gender-role conflicted men has suggested that these men are not only more likely to experience psychological distress, but also less likely to use available services. Thus, a renewed effort must be made to address college men’s mental health needs. At a program level, some approaches that have received positive reviews include psychoeducational programs, mentoring programs, and online support groups. Within existing mental health services, researchers have also made suggestions for working with men. These range from creating organizations for men on campuses such as leadership, service, mentoring, and educational programs, to offering free services or incentives (such as academic credit) for receiving services, requiring male health classes, and providing physical and emotional health information over the phone to interested individuals. Although the mental health needs of both women and men on university campuses are important, reconsideration of those needs in context of gender-influenced behaviors is needed.

When we examined ethnicity in relation to knowledge and use of services, we found no differences. The small number of non-Caucasian respondents presented a limitation that was somewhat anticipated because we derived the recruitment sample from a fairly homogenous university population. Ethnicity has been an important aspect of campus mental health services. In tandem with sex effects on knowledge, results indicated that women had more knowledge of campus mental health services similar to that of noninternational students. International students’ level of awareness may reflect this particular university’s efforts to inform international students of various support networks. Approaches that may be helpful to international students include offering support groups, situating mental health services among other nonstigmatized services (e.g., primary care), and encouraging these students to work with mental health service staff.

Why Students Choose to Not Use Services

A large proportion of the sample (33%) reported that they had not used the services because they did not have enough time to do so. This finding is based on self-reported data, and thus some students in need of services may have avoided or resisted seeking help. However, many of the students likely experienced high degrees of stress; thus, efficient access to mental health resources is an important issue. University mental health service providers should consider adapting services for busy students by providing alternative approaches to therapy, such as online services, walk-in services, or brief therapy. Regardless of how services are provided, the services should be advertised in such a way that they appear workable to students within their time constraints.

Some participants reported that they would not use mental health services in the future even if they needed them. Interestingly, 36% said they would not use them because they did not believe the services could help or because they did not want to talk to a stranger. The literature also illustrates students’ low confidence in the ability of university mental health services to help with their problems. Some of our participants’ negative attitudes toward campus mental health services may not be directed solely toward university-based services but actually may stem from already-existing stigmas about all mental health services. Future researchers could examine how to influence students’ levels of confidence in their university mental health services. Additional barriers to knowledge and use of mental health services that we did not examine likely exist. For example, gay, lesbian, bisexual, and transgender students may not seek services for fear of rejection or nonunderstanding responses by professional health-care providers. Research in populations who may feel marginalized could provide further insight into the issues at hand.

Conclusion

Our study was unique in that we assessed mental health, as well as knowledge and use of university mental health services, in a nonclinical sample. This approach allowed us to answer the question of whether students who need services know about and use them. A superficial answer to this question is that yes, students who are distressed are more likely to know about and use available mental health services. However, on closer examination, some students in need of mental health services may not receive them because they do not have sufficient knowledge of the services available to them.

Results from this study have implications for university mental health providers, as well as future research. First, universities must continue to find better ways to inform students of mental health services. This is especially relevant among minority groups, international students, and men. Although many students report awareness and some use of mental health services, some who need services do not use them; future investigators should examine the influence of ethnicity and other minority status factors on knowledge.
and use of mental health services. As results from this study have indicated, time at the university may have implications for mental health, knowledge, and use of mental health services, making longitudinal research of these issues worthwhile and warranted.

NOTE

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