



**BARRIERS TO MENTAL HEALTH SEEKING
INTENTIONS AMONG STUDENTS AT MULUNGUSHI
UNIVERSITY, KABWE DISTRICT, ZAMBIA**

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Abstract:

Increasing rates of mental health problems among students and the reluctance of students to seek help in times of crisis are of great concern. This study aimed at determining the mental health seeking intentions and the barriers to mental health seeking intentions among students at Mulungushi University. An analytical cross-sectional quantitative design was used as a research design. A self-administered questionnaire adapted from 3 validated tools namely; General Help-Seeking Questionnaire (GHSQ), Perception of Stigmatization of Others for Seeking Help Scale (PSOSH) and Barriers to Access Care Evaluation (BACE-3) was used to collect data. 137 nursing and pharmacy students were

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randomly selected after meeting the inclusion criteria. SPSS version 23 and binary logistic regression were used for data analysis. The results of the study showed that mental health seeking intentions were weak, (69%) of students indicated that they were unlikely to seek help. Further, university sources of help were the least preferred by students, (60 %) of students indicated that they were unlikely to seek help from university-based sources. The study also showed that stigma was associated with poor mental health seeking intentions (OR=3.190, CI=0.8-11.339, P=0.041), students who were perceiving stigma were 3.19 times less likely to seek help than those who were not perceiving stigma. Although barriers to care showed no significant effect at a 5% level of significance, the odds showed that those who perceived barriers to access care were 1.41 less likely to seek help compared to those who were not perceiving barriers to access care. (OR=1.418, CI=0.623-3.230, P=0.404). The study also revealed that there was an association between gender and mental health seeking intentions. (OR=0.90, CI=0.3826-2.137, P=0.003), females showed stronger intentions to seek help seeking than males. Based on these findings, the study recommends that efforts should be channeled towards overcoming stigma and site-specific barriers to access care which are contributing to poor mental health seeking intentions among students. Further, special consideration must be placed on males through these interventions since they showed lower health seeking intentions than females.

Keywords: help-seeking intentions, stigma, barriers to access care

1. Introduction

Mental disorders are common among students around the world with only 16.4 percent of students receiving treatment and the treatment rate is even lower in low-income countries (WHO, 2017). A number of studies indicate that university years are a peak period for the onset of many common mental disorders (DeGirolamo et al., 2012; Eskin et al., 2016; Rashid, Othman & Ibrahim, 2018). Further Hafiz (2021) describes the university life of a student as being more emotionally and intellectually challenging than any other stage of life. He states that at this stage students face a great deal of pressure from parents and pressure of getting good grades which destroys the inner peace of students. Numerous mental health issues experienced by college students include anxiety, depression, mood swings, eating disorders, suicidal ideation, and overwhelming stress and many students consider suicide (American College Health Association, 2014; Pedrelli et al., 2016; Hafiz, 2021).

Despite the existence of mental disorders among students and the availability of services that support mental health, various studies indicate that large proportions of students with mental disorders do not seek professional help and remain untreated (Sontag-Padilla et al., 2016; Hunt & Eisenberg, 2010; WHO, 2017) Gebreegziabhere et al., (2019) also revealed that the mental help seeking behaviour of university students is poor

globally with less than one-third of university students with common mental disorders (CMDs) reporting seeking help from formal sources. Similarly, Karen et al., (2020) revealed that more than half of students were reluctant to seek help.

Further, a study by Motau (2015) in South Africa, revealed that there was a very negative perception of people that went to student counselling for therapy. A recurring perception that emerged was the stigma that if someone sees a psychologist, then it meant that they were mentally disturbed. Additionally, a study by Martial et al. (2020) found that only 38.3 percent of the students were willing to seek help from a psychologist on campus while the majority about 50.2 percent preferred a private hospital.

In Zambia a school-based health survey conducted on 2257 students by Siziya and Mazaba (2015) detected psychosocial distress in 15.7 percent of the participants. Furthermore, cases of attempted suicide and suicide have been recorded among students at other universities in Zambia. (Mishiba, 2019; Ncube, 2019). At Mulungushi University 17 cases of mental disorders were recorded among students from 2017 to 2021 and the proportion of students seeking counselling dropped to (6.8%) in 2018 and (5.4%) in 2020. Further, one student dropped out of school due to a mental disorder. The mental disorders recorded among students at Mulungushi University include; depression, attempted suicide, substance-induced psychosis and panic disorder (Mulungushi University, 2021).

The existence of mental disorders among students is significant because of the distress it causes at a time of major life transition and because of its association with substantial impairment in academic performance as well as increased suicidal ideation and frequency of suicide attempts. For students to overcome mental problems and function optimally amidst the traditional pressure of university life they need to promptly seek help when faced with emotional problems and in times of crisis (Auerbach et al., 2016; Bruffaerts et al., 2018; Mortier et al., 2018). It was from this background that this study aimed at assessing the mental health seeking intentions and the barriers to mental health seeking intentions among Mulungushi University students.

2. Literature Review

2.1 Mental Health Seeking Intentions among Students

Rickwood and Thomas (2012) define help seeking in the mental health context, as an *“adaptive coping process that is the attempt to obtain external assistance to deal with a mental health concern”*. Despite the emphasis on the importance of seeking help and the availability of treatment, many studies indicate that very few students seek help for their mental health problems and receive appropriate treatment. Rickwood et al. (2005) stated that though it would seem natural to assume that anyone suffering from any internalised conflict would seek help through counselling, it was not the case in many instances as many young people still choose to withdraw themselves, and work through things alone, this is supported by Wenjing (2016) who opined that university students exhibit more

mental health problems, and consequent service needs but they are reluctant to use available targeted services such as student counselling.

Gebreegziabhere et al. (2019) also revealed that the mental help seeking behaviour of university students is poor globally with less than one-third of university students with common mental disorders (CMDs) reporting seeking help from formal sources. Further, a study by Karen et al. (2020) revealed that more than half of students were reluctant to seek help. Similarly, a survey conducted on 494 adolescents in Malta showed that more than half of the students sampled were reluctant to seek professional help for mental health problems (Buttigieg, Camilleri, & Calleja, 2016).

Furthermore, a study by Motau (2015) in South Africa, revealed that there was a very negative perception of people that went to student counselling for therapy. A recurring perception that emerged was the stigma that if someone sees a psychologist, then it meant that they were mentally disturbed. Additionally, a study by martial et.al (2020) showed that only 38.3 percent of the students were willing to seek help from a psychologist on campus while the majority 50.2 percent preferred a private hospital.

The findings from the studies above show a common trend of poor help seeking behaviour among students and provide the background to the present study which sought to understand the mental health seeking intentions and the barriers to mental health seeking intentions among students in a Zambian context.

2.2 Barriers to Mental Health Seeking Intentions

The examined barriers in this study were stigma and site-specific barriers to access care.

2.3 Stigma

Mental health stigma can be defined as the display of negative attitudes based on prejudice and misinformation, in response to a marker of illness (Corrigan, 2004; Sartorius, 2007). Rusch, Angermeyer & Corrigan (2005) state that people with mental illnesses struggle with a double problem: coping with symptoms of the disease itself and dealing with the misunderstandings of society about mental illnesses. Further, a study by Lally et al. (2013) indicated that personal stigma was significantly associated with a decreased likelihood of future help seeking intention (OR=1.44, P=0.043). Eisenberg et al. (2009) also eluded that a significant barrier to help seeking behaviour, in relation to mental health, was mental illness stigma. This study was conducted on 5,555 college and university students from thirteen schools in the United States and it revealed that personal stigma was significantly associated with several measures of lower help seeking behaviour.

Martin (2010) found that the majority of the students had not disclosed their mental health condition to university staff due to fears of discrimination and disadvantages arising from the stigma of mental illness. This study further revealed that many of the students experienced difficulties with their studies, which led to incurring exclusion warning notices.

The stigma surrounding mental illness was also found to stem from the perceptions of the university faculty. A study by Becker et al. (2002) on 315 faculty members and 1901 students at a university in Florida found that 8 percent of faculty respondents believed that students with mental illnesses were dangerous. The results showed that faculty member's sense of fear and moral judgement increased with their sense of discomfort and insecurity around students with mental illnesses. This implied that there was need to educate university faculty members on the ills of stigma in order to improve openness in terms of help seeking for mental problems among students. Further, Finiki et al. (2017) argued that young people's beliefs about other people's stigma towards mental health problems were a stronger predictor for help seeking intentions than their own stigma beliefs.

Given the stigma associated with having mental health difficulties and the negative perceptions attached to those who seek psychological services, it is not surprising that individuals hide their psychological concerns and choose to avoid treatment to limit the damaging consequences attached to being stigmatised (Corrigan & Matthews, 2003). These findings also imply that poor help seeking behaviour associated with mental illness stigma has the potential to negatively impact the students' ability to achieve their academic goals in turn affecting their employment opportunities and personal relationships.

2.4 Barriers to Access Care

There are several barriers to care that have been cited by a number of studies. For instance, a survey done by Golberstein, Gollust & Eisengberg (2007) on the prevalence of unmet mental health needs for post-secondary students involving 5,021 graduate and undergraduate students in the United States of America found that individuals with unmet needs reported that medication and therapy were not at all helpful on people of their age with depression. This shows how the students' perceptions of mental health services were barriers to seeking help for their mental problems. Golberstein, Gollust & Eisengberg (2007) add that most students believed that stress was a normal part of college and that the problems would go on their own, hence they did not see the need to seek help. This implies that students feel that their problems are not serious enough to attract the help of professionals. Poor mental well-being was also found to be a barrier to help seeking behaviour among students.

A longitudinal study by Behan et al. (2016) involving 220 first-year university students in Ireland, found that students with lower levels of mental well-being were unlikely to seek either informal or formal help. This meant that students with poor mental well-being might have lost the purpose for their lives and therefore did not see the need for seeking help. A similar study by Buttigieg, Camilleri and Calleja (2016) reported barriers to seeking professional help such as the need for autonomy and fear of embarrassment. The study further revealed that fear of seeking professional help

increased with depressive symptom severity score and poor mental health literacy in adolescents.

Some service-related factors were also found to be barriers to help seeking behaviour among students. For instance, a study by Bentil and Bentil (2015) found barriers such as characteristics of the provider (psychotherapist), some of the respondents reported feeling reluctant to seek help from psychotherapists because of the dual relationship he or she might have with the client. For example, in some school settings, the school psychologist or counsellor is sometimes a lecturer in the same institution hence students were not comfortable with this. Accessibility was also reported as a barrier, where the psychotherapist was frequently absent from his or her office. Lack of awareness of the availability of mental health services in the institution was also reported as a barriers to help seeking.

The findings from the above studies provide evidence that barriers to accessing care exist among undergraduate students and that these barriers are capable of impeding the students' health seeking intentions and negatively affecting their academic performance. However, little was known about the barriers to mental health-seeking intentions among the students at Mulungushi University hence this study.

3. Methodology

An analytical cross-sectional quantitative study was conducted between January and March 2022 on 137 nursing and pharmacy students from Mulungushi University. Mulungushi University is found in the central province of Zambia. The study site and the two programs were purposively chosen because of the close proximity to the researcher. A total enumeration of students in nursing and pharmacy programs was done from which sampling was generated. Data was collected from willing participants using a self-administered questionnaire adapted from 3 validated tools namely; General Help-Seeking Questionnaire (GHSQ), Perception of stigmatization of others for seeking help scale (PSOSH) and Barriers to Access Care Evaluation (BACE-3). SPSS version 23 and binary logistic regression were used to establish the relationship between mental health-seeking intentions and the perceived barriers to care which were stigma and site-specific barriers to access care.

a. Inclusion Criteria

All the full-time pharmacy and nursing undergraduate students who consented to take part in the study were included in the study.

b. Exclusion Criteria

The students at Livingstone campus were excluded because of the distance from Kabwe and the limited resources.

3.1 Procedure

Self-administered questionnaires were given to the selected participants and participants were given time to complete them. The researcher collected the questionnaires and checked them thoroughly for completeness.

3.2 Statistical Analysis

Before data entry was done the responses were coded in line with the categories that each variable was assigned. The responses were then entered and analyzed using the statistical package for social sciences (SPSS) version 23. Pearson's Chi-Square (χ^2) test was used to determine the association between the dependent and independent variables. The cut-off point for statistical significance was set at 5 percent. Therefore, only P-values of less than or equal to 0.05 were considered to be statistically significant. Binary logistic regression analysis was performed using help seeking intentions as the criterion variable and stigma and barriers to access care as predictor variables. This was done in order to determine the extent to which the independent variables affected the dependent variable in this study population.

3.3 Ethical Consideration

The approval to conduct the study was obtained from the University of Zambia Biomedical Research Ethics committee and the National Health research authority. Confidentiality was ensured through the omission of identifying features from the questionnaire. Services of a psychotherapist were made available for any participant who required psychological attention after participating in the study. Respondents were assured of confidentiality and non-victimization as a result of participation in the study. Informed consent was sought from each study participant prior to enrolment. Participants were informed that they were at liberty to withdraw from the study at any point if they felt uncomfortable. Information that was obtained during the study was treated with utmost confidentiality as it bordered on personal information. Permission from the study site was also obtained.

4. Results and Discussion

Table 1 shows that the majority of participants were females (65%) while the rest (35%) were males. The minimum age of the participants was 18 years and the maximum was 45 years. The mean (average age) was 22 years giving a standard deviation of 3.817. This indicates that the majority of the participants were within the age range of 22 to 25 years. The study further showed that most participants (61%) were pursuing Bachelor of Science in Pharmacy while the rest (39%) were pursuing a Bachelor of Science in Nursing. The study was dominated by second year students (50%) followed by third year students (41%) and fourth year students (10%) respectively. As it can be seen in table 1, (99.3%) of the participants were Christians while only 1 (0.7%) was Hindu.

Table 1: Social demographics characteristics (n=137)

Gender of students					
Characteristics		Frequency		Percentage	
Male		48		35	
Female		89		65	
Total		137		100	
Age range of students					
	N	Minimum	Maximum	Mean	Std Deviation
How old are you in years?	137	18	45	22.02	3.817
Valid N	137				
Program of study					
Characteristics		Frequency		Percentage	
Bachelor of science in nursing		53		38.7	
Bachelor of science in pharmacy		84		61.3	
Total		137		100.0	
Year of study					
Characteristics		Frequency		Percentage	
Second Year		68		49.6	
Third Year		56		40.9	
Fourth Year		13		9.4	
Total		137		100.0	
Religion of students					
Characteristics		Frequency		Percentage	
Christianity		136		99.3	
Hinduism		1		.7	
Total		137		100.0	

Table 2a: Responses on the participant's intentions to seek help from; partner e.g. girlfriend or boyfriend, friend not related to them, parents/other relative and doctor (N=137)

Partner e.g girlfriend or boyfriend		
Characteristics	Frequency	Percentage
Extremely unlikely	35	25.5
Very unlikely	18	13.1
Unlikely	20	14.6
Neither unlikely nor likely	20	7.3
Likely	22	16.1
Very likely	22	16.1
Extremely likely	10	7.3
Total	137	100.0
Friend not related to you		
Characteristics	Frequency	Percentage
Extremely unlikely	29	21.2
Very unlikely	23	16.8
Unlikely	13	9.5
Neither unlikely nor likely	31	22.6
Likely	16	11.7
Very likely	11	8.0

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Extremely likely	14	10.2
Total	137	100.0
Parents/other relative		
Characteristics	Frequency	Percentage
Extremely unlikely	9	6.6
Very unlikely	20	14.6
Unlikely	5	3.6
Neither unlikely nor likely	5	3.6
Likely	11	8.0
Very likely	30	21.9
Extremely likely	57	41.6
Total	137	100.0
Parents/other relative		
Characteristics	Frequency	Percentage
Extremely unlikely	9	6.6
Very unlikely	20	14.6
Unlikely	5	3.6
Neither unlikely nor likely	5	3.6
Likely	11	8.0
Very likely	30	21.9
Extremely likely	57	41.6
Total	137	100.0
Doctor		
Characteristics	Frequency	Percentage
Extremely unlikely	50	36.5
Very unlikely	17	12.4
Unlikely	12	8.8
Neither unlikely nor likely	9	6.6
Likely	14	10.2
Very likely	14	10.2
Extremely likely	21	15.3
Total	137	100.0

Table 2a shows that the majority of participants (61%) were unlikely to seek help from their partners. The table also shows that the majority of participants (70%) were unlikely to seek help from a friend. The table further shows that the majority of participants (72%) were likely to seek help from parents/other relatives.

Table 2b: Responses on the participant's intentions to seek help from;
health professionals outside the school, such as psychiatrists, psychologist,
counsellors, university counsellor and university lecturers (N=137)

Mental health professional outside the school eg, psychiatrist, psychologist or counsellor		
Characteristics	Frequency	Percentage
Extremely unlikely	42	30.7
Very unlikely	25	18.2
Unlikely	11	8.0
Neither unlikely nor likely	22	16.1
Likely	13	9.5
Very likely	8	5.8
Extremely likely	16	11.7
Total	137	100.0
University counsellor		
Characteristics	Frequency	Percentage
Extremely unlikely	42	3.7
Very unlikely	25	18.2
Unlikely	11	8.0
Neither unlikely nor likely	22	16.1
Likely	13	9.5
Very likely	8	5.8
Extremely likely	16	11.7
Total	137	100.0
University lecturers		
Characteristics	Frequency	Percentage
Extremely unlikely	49	35.8
Very unlikely	26	19.0
Unlikely	18	13.1
Neither unlikely nor likely	11	8.0
Likely	19	13.9
Very likely	5	3.6
Extremely likely	9	6.6
Total	137	100.0

Table 2b above is a continuation of the participant's responses on mental help seeking intentions and their preferred sources of help. The table shows that the majority of participants (73%) were unlikely to seek help from a professional outside the school. The table also shows that the majority of participants (73%) were unlikely to seek help from a university counsellor. The table further shows that the majority of participants (76%) were unlikely to seek help from the university lecturer.

Table 2c: Responses on the participant's intentions to seek help from a phone helpline, pastor and others (N=137)

Phone helpline		
Characteristics	Frequency	Percentage
Extremely unlikely	82	59.9
Very unlikely	17	12.4
Unlikely	8	5.8
Neither unlikely nor likely	5	3.5
Likely	3	2.2
Very likely	12	8.8
Extremely likely	10	1.3
Total	137	100.0
Pastor		
Characteristics	Frequency	Percentage
Extremely unlikely	46	33.6
Very unlikely	26	19.0
Unlikely	10	5.8
Neither unlikely nor likely	5	3.8
Likely	3	2.2
Very likely	12	8.8
Extremely likely	10	7.3
Total	137	100.0
Others		
Characteristics	Frequency	Percentage
Extremely unlikely	88	64.2
Very unlikely	16	11.7
Unlikely	12	8.8
Neither unlikely nor likely	11	8.0
Likely	4	2.9
Very likely	4	2.9
Extremely likely	2	1.5
Total	137	100.0

Table 2c is a continuation of students' responses on mental help seeking intentions and their preferred sources of help. The table shows that the majority of participants (81.7%) were unlikely to seek help from a phone helpline. The table also shows that the majority of participants (70. %) were unlikely to seek help from a pastor. The table further shows that the majority of participants (93%) were unlikely to seek help from others.

In table 2d, the study shows that most participants (51%) were likely to seek informal sources of help for their mental health problems and formal community-based sources of help (59%) while university-based sources were found to be the least preferred by the participants, the majority of the participants (60%) indicated that they were unlikely to seek help from university-based sources.

Table 2d: Mental health seeking intentions across three sub-scales namely: level of intention to seek informal help, level of intention to seek formal community based help and level of intention to seek help from a university-based mental health provider

Informal sources of help	Mental health seeking intentions		Total
	Unlikely	Likely	
Partner e.g. girlfriend/boyfriends	43(31.40%)	94(68.60%)	137
Friends not related to you	41(29.90%)	96(70.10%)	137
Parents/other relatives	26(19%)	111(81%)	137
Phone helpline	107(78.10%)	30(21.90%)	137
Others	116(84.70%)	21(15.30%)	137
Totals	333(49%)	352(51%)	685

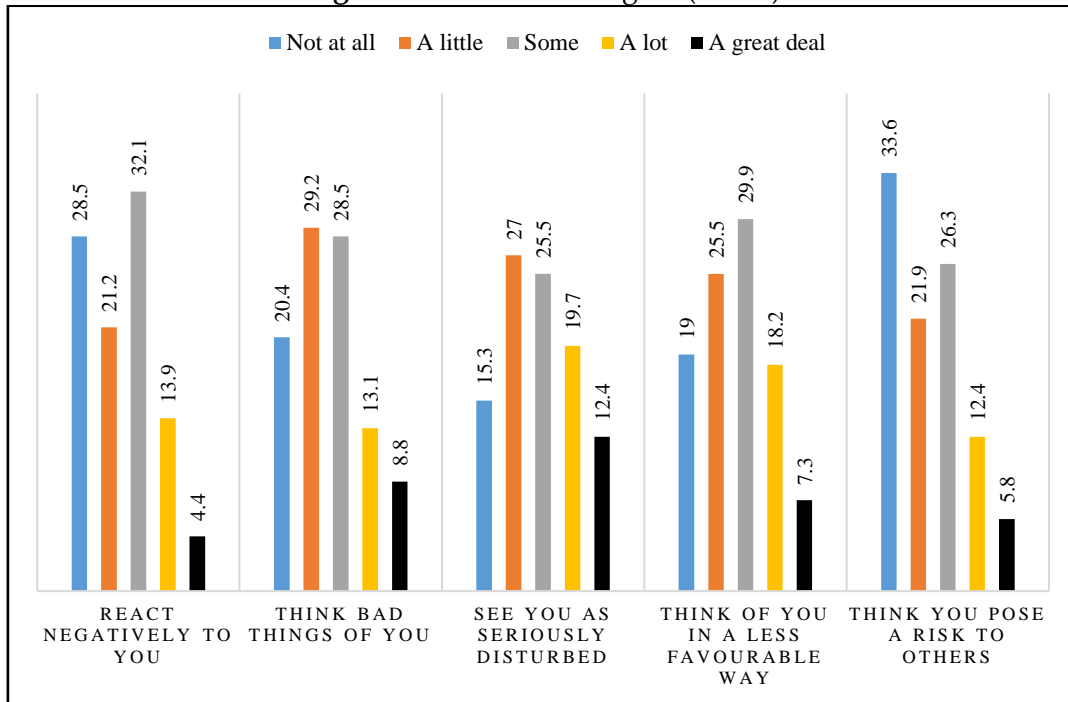
Formal sources of help – community-based	Mental health seeking intentions		Total
	Unlikely	Likely	
Doctor	35(25.5%)	102(74.5%)	137
Mental health professionals of school psychiatrists, psychologists or counsellor	51(37.2%)	86(62.8%)	137
Pastor	82(59.9%)	55(40.1%)	137
Totals	168(41%)	243(59%)	411

Formal sources of help – university-based	Mental health seeking intentions		Total
	Unlikely	Likely	
University counsellor	72(52.6%)	65(47.4%)	137
University lecturer	93(67.9%)	44(32.1%)	137
Totals	165(60.2%)	109(39.8%)	274

Overall, responses from Table 2a, 2b, 2c on help seeking intentions across 10 sources of help listed show that the majority of participants (69%) were unlikely to seek help for their emotional problems while (31%) were likely to seek help. In table 2d, the study also shows that university-based sources were the least preferred by students (60%).

Figure 1 shows that the majority of participants (72%) thought that the people they interact with would react negatively to them if they sought counselling services at the university. The figure further shows that the majority of participants (79%) thought that the people they interact with would think bad things about them if they sought counselling services at the university. Further, the majority of participants (85%) thought that the people they interact with would see them as seriously disturbed if they sought counselling services at the university for that issue. Furthermore, the majority of participants (81%) thought that the people they interact with would think of them in a less favourable way if they sought counselling services at the university for that issue. Lastly, the figure also shows that the majority of participants (66%) thought that the people they interact with would think that they would pose as a risk to others if they saw them seeking counselling services at the university.

Figure 1: Statistics on stigma (n=137)



Overall, the findings show that most participants 385(77%) were perceiving stigma while 115(23%) were not.

Figure 2a: Statistics on barriers to access care (N=137)

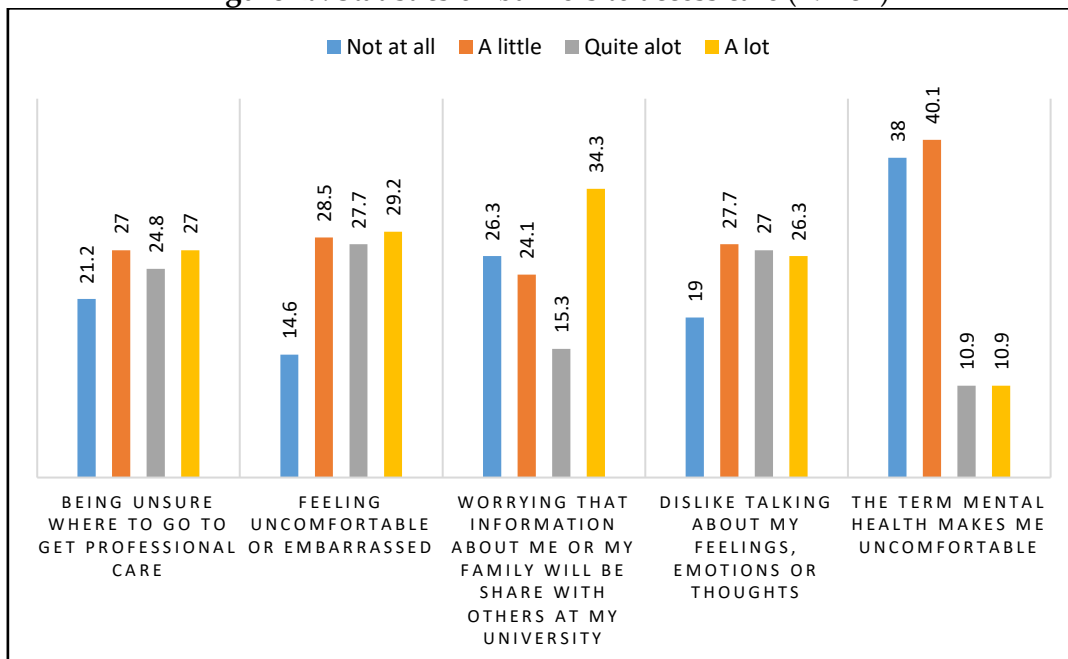


Figure 2a above shows that the majority of participants (79%) were unsure of where to go to get professional care, (85%) were feeling uncomfortable or embarrassed to seek help, (74%) were worried that information about them or their family would be

shared with others at the university if they sought counselling, (81%) disliked talking about their feelings, emotions or thoughts. Lastly, (62%) said that the term mental health makes them uncomfortable.

Figure 2b: Statistics on barriers to access care (N=137)

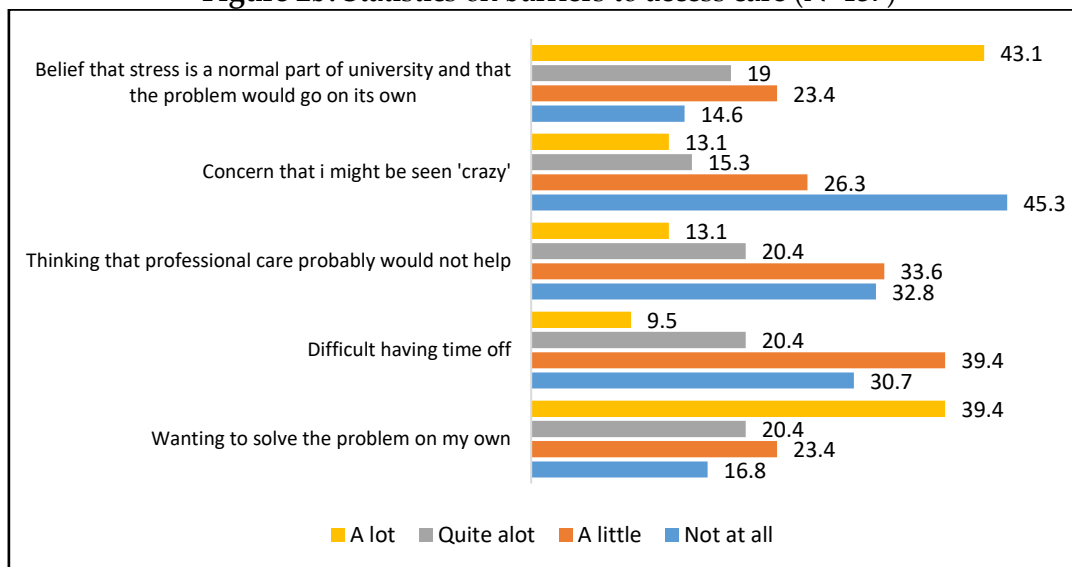


Figure 2b above is a continuation of the responses of participants on the barriers to care. The results show that the majority of the participants (83%) felt that they could solve problems on their own, (69%) said they had difficulties having time off to access mental health services, (67%) thought that professional care probably would not help them, (55%) were concerned that they might be seen as 'crazy' if they sought help for their emotional problem. Lastly, (85%) thought stress is a normal part of university life and that the problems would go on their own.

Overall results from Figures 2a and 2b on barriers to care indicate that the majority of participants (74%) were perceiving barriers to care while (26%) were not.

Table 3: Predictors of mental health seeking intentions

Variables	OR	CI-(95%)	P-value	Chi-square
Age			0.461	2.583
Gender				
Female	0.908	0.386-2.137	0.003	8.893
Male	Ref			
Program of study			0.330	0.947
Year of study			0.294	2.450
Stigma				
Perceiving stigma	3.190	0.8-11.339	0.041	3.499
Not perceiving stigma	Ref			
Barriers to care				
Perceiving barrier to care	1.418	0.623-3.230	0.404	0.696
Not perceiving barriers to care	Ref			

OR = unadjusted odds ratio, CI = confidence interval, P = P value

Mental health seeking intention was correlated with each of the independent variables in order to establish the relationship between the independent variables and mental health seeking intention and binary logistic regression was done using mental health seeking intention as a criterion variable and stigma and barriers to access care as predictor variables.

Table 3 shows that gender was associated with mental health seeking intentions ($OR=0.908$, $P=0.003$, $CI\ 0.386-2.137$, $\chi^2 = 8,893$). Other variables such as age ($\chi^2 = 2.583$, $P=0.461$), programme of study ($\chi^2 = 0.947$, $P=0.330$) and year of study ($\chi^2 = 2.450$, $P=0.294$) were not associated with mental health seeking intentions.

Further, the study shows that there was an association between stigma and mental health seeking intentions ($OR=3.190$, $P=0.041$, $CI\ 0.8-11.339$). Most of the participants (77%) were perceiving stigma and the majority of them (74.5%) were unlikely to seek help. The study further established that stigma was a significant predictor for mental health seeking intention. Those who were perceiving stigma were 3.190 times less likely to seek help than those who were not perceived stigma.

The study also showed that there was no statistical association between barriers to care and mental health seeking intentions. ($OR=1.418$, $CI=0.623-3.230$, $P=0.404$). Although barriers to access care showed no significant effect at a 5% level of significance, most of the participants (53%) were perceived barriers to access care and the majority of those who were perceived barriers to access care (75.3%) were unlikely to seek help, the odds ratio also indicated that those who were perceived barriers to access care were 1.41 less likely to seek help compared to those who were not perceiving barriers to access care.

4.1 Discussions

The study determined the level of mental health seeking intentions, the students preferred sources of help and the impact of barriers such as stigma and site-specific barriers to access care on mental health seeking intentions among students at Mulungushi University.

4.2 The Levels of Health Seeking Intentions and Student's Preferred Source of Help

In this study, the level of mental health seeking intentions was determined and the mental health seeking intentions were further categorised into three sub-scales namely; Level of intention to seek informal help, Level of intention to seek formal community-based help and Level of intention to seek help from a university-based mental health provider. This was done to determine the students' preferred sources of help. The study results indicated measurement concerns with regard to the reliability and validity of the GHSQ tool which was used to measure mental health seeking intentions. In this study population, the GHSQ produced a weak internal consistency of ($\alpha=0.416$). It is therefore important to consider the results of this study with caution.

Overall, this study showed that the trend of help seeking among students is weak at Mulungushi University, the majority of participants (69%) indicated that they were

unlikely to seek help. The study further revealed that most participants (51%) were likely to seek help from informal sources of help and formal community-based sources of help (59%) while university-based sources of help were the least preferred by participants, majority of the participants (60%) reported that they were unlikely to seek help from university-based sources of help.

These findings are in line with a study by Thomas, Caputi, & Wilson (2013) which reported a very low level of help seeking intentions for school-based services with only 22% of students reporting that they would seek treatment within the college if they developed psychological distress.

The preference for informal sources in the current study also supports prior research that family and friends are more often recipients of disclosure than professionals for those with mental health problems (Husky et al. 2016). Disclosure to family and friends was thought to be beneficial due to the empathy received upon disclosure (Bril-Barniv et al., 2017). However, the finding of this study still raises concern as university counselling services were closer to students and existed to facilitate the success and development of students and yet not fully utilised at Mulungushi University.

4.3 Gender and Health Seeking Intentions

Through this study, it was revealed that gender was significantly associated with mental health seeking intentions. ($OR=0.908$, $P=0.003$, $CI 0.386-2.137$), majority of females (43%) showed stronger intentions to seek help than males (31%). This finding is in line with (Sagar-Ouriaghli et al., 2020; Yousaf, Popat, & Hunter, 2015) who found that young males are reluctant to seek help for mental health problems and that male students hold more negative attitudes towards the use of psychological services compared to females.

Similarly, Chang, Yip, & Chen (2019) and WHO (2017) indicated that globally, males are more likely to take their own lives compared to females and that the higher suicide risk is often associated with males being less likely to seek help for mental health difficulties.

In light of these findings, the researcher is of the view that further research on larger sample sizes should be conducted in Zambia to understand factors that make it more difficult for males to seek help and come up with interventions that can improve mental health-seeking intentions among male students.

4.4. Barriers and Health Seeking Intentions

In this study, the examined barriers to mental health-seeking intention were stigma and site-specific barriers to access care.

4.5 Stigma and Mental Health Seeking Intentions among Students

The study found that there was an association between stigma and mental health seeking intentions, ($OR=3.190$, $P = 0.041$, $CI 0.8-11.339$). Most of the participants (77%) were perceiving stigma and the majority of those (75%) were unlikely to seek help. The study

further established that stigma was a significant predictor for mental health seeking intention, participants who were perceiving stigma were 3.190 times less likely to seek help than those who were not perceived stigma. The association between stigma and decreased help seeking intentions for mental health problems has been demonstrated in other studies (Cage et al., 2018; Lally, J. et al., 2013; WHO, 2012; Corrigan & Mathews, 2003; Motau, 2015)

Given the negative perception attached to those who seek psychological services, it is not surprising that individuals hide their psychological concerns and chose to avoid treatment to limit the damaging consequences attached to being stigmatised. This finding may also account for the high proportion of students in this study who preferred to seek help from informal sources such as family and friends.

4.6 Site-specific Barriers to Access Care and Mental Health Seeking Intentions

The study showed that there was no statistical association between barriers to access care and mental health seeking intentions. ($OR=1.418$, $CI=0.623-3.230$, $P=0.404$). Although barriers to access care showed no significant effect at a 5% level of significance, most of the participants (53%) perceived barriers to access care and the majority of those who were perceiving barriers to access care (75%) were unlikely to seek help, the odds ratio also indicated that those who were perceiving barriers to access care were 1.41 less likely to seek help compared to those who were not perceiving barriers to access care. The identified barriers in this study include; students being unsure of where to go to get professional care, feeling uncomfortable or embarrassed to seek help, worrying that information about them or their family would be shared with others at the university if they sought counselling, feeling that they could solve problems on their own, believing that professional care would not help them and believing that stress is a normal part of university life and that the problems would go away on their own.

Contrary to the findings of this study, the study by Cramer (2016) conducted on American students revealed that there was an association between barriers to access care and help seeking intention, ($p<.05$). The difference in the findings may be attributed to the differences in the internal high consistencies that the tools yielded in Cramer's study population; health seeking intentions ($\alpha=.89$) and barriers to care ($\alpha = .85$) while the same tools yielded low to moderate consistencies in this study; health seeking intentions ($\alpha=.42$) and barriers to access care ($\alpha=.63$) respectively. The other possible explanation could be the differences in the experiences between students in American universities and students in Zambian universities. Therefore, this study should be done in more universities in Zambia to have a clearer picture of these constructs in a Zambian context.

The current study findings provide the latest statistics to the mental health and psychiatry field by showing that stigma and site-specific barriers to access care are still a source of concern and can be used as references in planning mental health awareness campaigns in universities and increasing mental health seeking intentions among students.

5. Recommendations

Based on the findings, the study recommends that university educators and counsellors must:

- Establish more productive anti-stigma campaigns in this population in order to encourage students to seek help in times of crisis. The findings that 77% of the students were perceiving stigma and that the majority of them 75% were unlikely to seek help is particularly worrying in the context of increased rates of mental health problems among students in the university.
- Come up with regular schedules to meet the students and advertise the mental health services offered on campus and encourage students to promptly seek help when faced with emotional problems, students must be assured of confidentiality when engaging in health-seeking.
- Come up with deliberate interventions that target male students to improve mental help seeking among male students.
- Address all the identified site-specific barriers to access care in order to encourage students to use campus-based counselling services which are easily accessible.

6. Conclusion

Prompt mental health seeking is vital in fostering good mental health among students, despite the availability of services that support mental health at Mulungushi University, this study revealed that the mental health seeking intentions were weak, (69%) of students indicated that they were unlikely to seek help for their mental health problems. The findings also indicated that university sources of help were the least preferred by students, (60.2%) of students indicated that they were unlikely to seek help from university-based sources.

Stigma was found to be associated with poor mental health seeking intentions (OR=3.190, CI=0.8-11.339, P=0.041) students who were perceiving stigma were 3.19 times less likely to seek help than those who were not perceiving stigma. Although barriers to access care showed no significant effect at a 5% level of significance, the odds showed that those who perceived barriers to access care were 1.41 less likely to seek help compared to those who were not perceiving barriers to access care. (OR=1.418, CI=0.623-3.230, P=0.404). The study also showed that there was an association between gender and mental health seeking intentions. (OR=0.90, CI=0.3826-2.137, P= 0.003), females showed stronger intentions to seek help than males.

Through this study it was also noted that the concept of mental health seeking intentions is still new among students at Mulungushi University, it is therefore hoped that in light of this study, this concept is viewed as important by the students and the staff at large and brings about positive change.

The findings of this study raise a lot of concern and if left unaddressed stigma and barriers to access care will continue to impede mental health seeking among students, university educators and counsellors must therefore strive to foster supportive campus environments by carrying out anti-stigma campaigns, address the identified sites specific barriers to access care and normalise service use within this vulnerable population. This can greatly enhance the mental health seeking intentions and address the mental health needs of these students before they require clinical interventions.

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