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Authors	Goodwin, John;Behan, Laura;Kelly, Peter;McCarthy, Karen;Horgan, Aine M.
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John Goodwin, Laura Behan, Peter Kelly, Karen McCarthy, Aine Horgan



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Help-seeking behaviors and mental well-being of first year undergraduate university students

John Goodwin, a, b
Laura Behan, c, d,
Peter Kelly, a
Karen McCarthy, e
Aine Horgan*, a

a. School of Nursing and Midwifery, University College Cork, Republic of Ireland.
b. Mercy University Hospital, Cork, Republic of Ireland.
c. School of Applied Psychology, University College Cork, Republic of Ireland
d. Department of Clinical and Experimental Sciences, University of Southampton, United Kingdom.
e. Department of Occupational Science and Occupational Therapy, University College Cork, Republic of Ireland.

*Corresponding author. Tel.: +353-21-490-3000; fax: +353 21 4901489. E-mail address: aine.horgan@ucc.ie (A. Horgan).

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Abstract
University students demonstrate poor help-seeking behaviors for their mental health, despite often reporting low levels of mental well-being. The aims of this study were to examine the help-seeking intentions and experiences of first year university students in terms of their mental well-being, and to explore these students' views on formal (e.g. psychiatrists) and informal (e.g. friends) help-seeking. Students from a university in the Republic of Ireland (n=220) completed an online questionnaire which focused on mental well-being and help-seeking behaviors. Almost a third of students had sought help from a mental health professional. Very few students reported availing of university/online supports. Informal sources of help were more popular than formal sources, and those who would avail and had availed of informal sources demonstrated higher well-being scores. Counselors were the source of professional help most widely used. General practitioners, chaplains, social workers, and family therapists were rated the most helpful. Those with low/average well-being scores were less likely to seek help than those with higher scores. Findings indicate the importance of enhancing public knowledge of mental health issues, and for further examination of students' knowledge of help-seeking resources in order to improve the help-seeking behaviors and mental well-being of this population group.

Keywords:
Mental Health
Students
Well-being

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1. Introduction

It has been reported that 18-24 year olds are less likely to seek help for mental health problems than middle-aged adults (Reavley et al., 2010; Ryan et al., 2010; Kleinberg et al., 2013). This is particularly noteworthy, considering this age group often demonstrate lower levels of mental well-being (Kessler et al., 2005; Downs and Eisenberg, 2012).

Various studies have reported the use of mental health services by young people. Mariu et al. (2011) and Vanheusden et al. (2008) reported help-seeking rates of 18% and 34.6% for young people with low levels of mental well-being in New Zealand and the Netherlands, respectively. Findings from a national study in Australia indicate that young people are disproportionately affected by low levels of mental well-being when compared with other age groups, with over 25% experiencing symptoms of an anxiety, affective, or substance use disorder. Service use was also found to be lowest in the 16-24 demographic (Reavley et al. 2010). Aalto-Setälä et al. (2002) found that only 33% of 20-24 year olds with low levels of well-being have used the mental health services in Finland.

There is evidence that young people hold negative views about mental health care, which contributes to poor help-seeking behaviors. This age group is often opposed to using medication for the treatment of mental health problems, and admission to psychiatric hospital

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is viewed in a very negative context. Psychiatrists have also been rated as unhelpful for the treatment of mental health problems (Reavley and Jorm, 2011; Reavley et al., 2012; Goodwin et al., 2016).Young adults who are most in need of mental health care demonstrate the poorest help-seeking behaviors (Jagdeo et al., 2009). Adolescents who report more psychological stress are less likely to seek help for their mental health problems (Wilson et al., 2010; Kitagawa et al., 2014).

This has also been found to be true for university students (Blanco et al., 2008; Ryan et al., 2010), a population group who experience a higher level of moderate psychological distress than their non-student counterparts (Cvetkovski et al., 2012). In the US, only 24% of students experiencing depression receive treatment (American College Health Association, 2008). Curtis (2010) found that 22.4% of students had personally experienced suicidal behavior, thoughts or feelings, whilst 30.7% were aware of another student with suicidal ideation. Though most of this sample stated they would seek advice about their peers, very few would seek help for their own well-being

However, young people are demonstrating positive help-seeking behaviors through their engagement with online services, with over 30% of students having used the internet for mental health-related information (Horgan and Sweeney, 2010). University students experiencing high levels of psychological stress, though less likely to seek formal supports, are more likely to engage in online help-seeking behaviors than those experiencing low levels of psychological stress (Ryan et al., 2010).

The current study is part of a longitudinal study conducted in a university in the Republic of Ireland. The aims of this paper are to examine the mental well-being of first year university students and the effect of well-being on help-seeking intentions and help-seeking experiences. Students' views on both formal (e.g. psychiatrists) and informal (e.g. friends) sources of help-seeking, including online help-seeking are also explored.

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2. Methods

2.1 Participants and procedure

A cross-sectional design was used. Ethical approval was granted by the local Clinical Research Ethics Committee. A link to an anonymous questionnaire on Survey Monkey - an online cloud-based survey service - was sent out to all first year students in one university

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(*n*=2,350) through their student emails. First year students over the age of 18 years were eligible to participate in the study. A total of 258 students completed part of the questionnaire, a response rate of 10.98%. A total of 220 first year students completed the questionnaire in full.

The questionnaire comprised 5 sections, focusing on demographic details, mental well-being, mood, suicidal ideation, and help-seeking behaviors. Due to the amount of data collected, only the findings related to help-seeking behaviors and mental well-being are presented in this paper.

2.2 Measures

Data were collected using two instruments: the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) (Tennant et al., 2007) and the General Help Seeking Questionnaire (GHSQ) (Wilson et al., 2005). Both scales have been validated for use with student populations.

The WEMWBS is a positively worded 14-item scale which measures subjective well-being and psychological functioning over a two week period on a self-reported 5 point Likert scale, covering positive affect, positive functioning, and interpersonal relationships. Scoring is calculated by adding together the scores for each of the 14 items. It has a has a range from 14 (lowest level of mental well-being) to 70 (highest level of mental well-being). Good internal consistency was found within this sample for the 14 items (Cronbach's alpha=0.909). This reliability score is consistent with similar research in this area (Tennant et al., 2007).

The GHSQ was used to measure help-seeking behaviors. The GHSQ is a flexible tool which can be applied to a wide range of contexts. It assesses future help-seeking intentions from various sources (both formal and informal), measured on a Likert scale, ranging from 1 (extremely unlikely) to 7 (extremely likely). Supplementary questions are also included within the GHSQ to assess past help-seeking experiences; these are lifetime help-seeking experiences, as opposed to the two-week period measured by the WEMWBS. The answers to these questions are analyzed separately, due to their qualitative nature, and do not contribute to the overall score as measured by the Likert scale.

2.3 Analysis

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Simple descriptive statistics were used to investigate comparisons of the demographic characteristics and mental well-being across the range of help-seeking behaviors. Two-tailed parametric (t-test) or non-parametric (Mann-Whitney) tests assessed differences among mean values for help-seeking behaviors as a whole and between mental well-being cut off points. Categorical variables were presented by frequency and percentage. Pearson's correlation coefficients were calculated to quantify the correlation between mental wellbeing and help seeking behaviors. A series of regression analyses were conducted to assess if well-being scores predict help-seeking sources when controlled for sociodemographic variables. Statistical analyses were performed with SPSS Statistics for Windows version 21.0 (IBM, Armonk, NY, USA)

Self-reported answers to open questions were coded and grouped under individual themes or categories.

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3. Results

3.1 Sample characteristics

Sample characteristics are listed in **Table 1**. The majority of participants were single (70.9%), heterosexual (89.1%), female (81.4%), aged between 18-24 years (90.5%). Most participants were either living at home with their parents (41.4%), living with friends (23.4%), or living with strangers (18.6%).

The mean well-being score was 45.5 (Standard deviation 9.5, range 14-66, median 46). Using the cut-off points suggested by NHS (2011), 29.0% of participants had below average well-being, 66.3% had average well-being, and 4.7% had above average well-being.

Table 1
Descriptive statistics for the sample

3.2 Sources of professional help used and perceived helpfulness of mental health professionals

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Professional help for a mental health problem had been sought by 27.9% (n=57) of the sample. There was a significant (p<0.001) difference in mental well-being between those who had sought help (41.62) and those who had not sought help (47.12); some students had used more than one support.

Table 2 lists self-reported sources of professional help students had ever used in their lifetime, and the perceived helpfulness of these professionals. These scores were then correlated with mental well-being scores from the WEMWBS, ranging from 14 (lowest level of well-being) to 70 (highest level of well-being). Answers relating to perceived helpfulness were rated on a 5 point Likert scale, from 1 (extremely unhelpful) to 5 (extremely helpful). Counsellors were the source of professional help most widely used. Gestalt therapists and psychoanalysts were rated the least helpful, whilst general practitioners (GPs), chaplains, social workers, and family therapists were rated the most helpful; however, each of these professionals had been attended and rated by only one participant. Among the more popular sources of professional help (counsellors, psychologists, psychiatrists, psychotherapists, and nurses), mental well-being means ranged from 34.0 to 43.58. Psychiatrists were accessed by 15.7% of the sample (n=11), and were generally regarded as being helpful, receiving an average score of four out of five on the GHSQ.

Table 2
Sources of professional mental help ever used by participants

3.3 Recent sources of help-seeking

Participants were asked about sources of help of which they had availed in the past 2 weeks. Friends were the most popular choice of help-seeking, and those who had availed of this source demonstrated a high well-being score (46.31), a score second only to those who had sought help from parents (46.94), who were listed as the second most popular source of help. Partners were the third most popular source of help, with participants who had sought help from their partners demonstrating a mental well-being score of 42.28. Fewer individuals stated that they had sought help from a mental health professional (5 %) (n=11) or a GP (4.5%) (n=10); these individuals also demonstrated lower well-being scores (39.72 and 38.77, respectively). Some participants (35.5%) (n=78) used more than one source of help.

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Table 3
Sources of professional and non-professional help sought in the past two weeks

3.4 Online and university sources of help-seeking

Participants were also asked about online and university sources of help they had ever used. Of the total group 12.2% (*n*=27) had sought help from either internet support groups or chatrooms. Students were asked to name the specific sources of online help they had sought. The majority of those who answered this question (*n*=9) had used social media, blogs, forums and chatrooms. Others reported that they had used Google to find sources of help (*n*=3). Specific websites (such as Aware and the Asperger's Disorder Homepage) were accessed by six students. Two students had used online resources but could not recall what these were. There was no significant difference noted in the mental well-being between those who had used online sources of help-seeking and those who had not.

A significant difference in mental well-being was observed between those who had accessed university support systems and those who had not. Only nine students (4.7%) had availed of university supports. These individuals had a well-being mean score of 38.22, compared with a mean score of 45.94 in those who had not accessed university supports. Eight students had used the university counselling support, and one listed availing of the Student Welfare Officer's support.

Table 4
Other sources of help used by participants

3.5 Future help-seeking intentions

Table 5 lists sources of informal and formal help and reports the likelihood of participants accessing these sources in future (specifically the next 4 weeks) if they were experiencing an emotional problem, with answers scored from 1 ("extremely unlikely") to 7 ("extremely likely"). Mental well-being scores were categorized into very low/below average, and average/above average, as recommended by the NHS (2011).

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For those with both very low/below average and average/above average well-being scores, GPs, lecturers, phone-lines, and other sources not detailed by participants, were the least likely sources of help participants would access. However, no significant difference was found between participants with average/above average well-being scores, and participants with very low/below average well-being scores in the likelihood of them seeking help from these sources. Friends and partners were reported as the most likely sources of help participants would access. In addition, participants with average or above average well-being scores were significantly more likely to seek help from these source than those with very low or below average well-being scores ($p<0.05$).

Additionally, the students were asked an open question: if you were feeling emotionally distressed, what do you think might help? A total of 148 students responded to this question. Talking (with either a professional, family member or friend) was rated the highest with 58.5% suggesting this as source of preferred help. Exercise was suggested by 9.3% of respondents, 4.3% suggested music, 2.1% suggested food and 1.4% suggested medication; 15% suggested other sources, such as "a cigarette", "writing […] in a notebook or diary" and "something funny like a comedy film".

Table 5
Likelihood of seeking help from both professionals and non-professionals

Multiple linear regression models were adjusted for each of the help-seeking sources (**Table 6**). The regression coefficients were higher for parents as a help seeking source ($\beta = 0.441$) and for friends as a help-seeking source ($\beta = 0.301$), meaning that for each increase of 1 point in mental well-being, there was an estimated increase of approximately 0.3–0.4 in the likelihood of seeking help from these two sources, respectively. These estimates were controlled in the models for four socio-demographical variables (age, gender, sexuality and marital status).

Table 6
Linear regression models between mental well-being and general help-seeking behavior

4. Discussion

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This study aimed to examine the help-seeking intentions and help-seeking experiences of first year university students in line with their mental well-being, and to examine this population's views on different sources of help-seeking, both formal and informal.

Similar to previous research, where rates of help-seeking from professionals ranged from 15% to a third of students (Bilican, 2013; Lally et al., 2013; Gold et al., 2015), in this study, 27.9% of students had seen a mental health professional at some point in their lifetime. Furthermore, while little research is available, the findings are also consistent with Gold et al.'s (2015) research, where help-seeking rates were greater for those with higher levels of mental well-being. As such, it is evident that an Irish population of first year students are similar to their international counterparts. In a study of university students, Hope et al. (2005) found that as few as 3% of students would seek formal help. Considering these figures, it is possible that there has been a large increase in help-seeking from professionals in the past 10 years in Ireland. This could be related to more open and frank discussions on mental health in the media, resulting in an increase of general awareness of mental health problems (Naslund et al., 2016). It may also indicate the beginning of a decrease in the stigma associated with mental health.

Counselling was the source of professional help most used by students in the past, with 41.4% of those who sought help availing of this support. However, only 3.77% of students used the university mental health support systems. This is surprising, considering the existence of the free counselling support service available in the University where the study was undertaken. Furthermore, due to the structure of the Irish mental health services, and lack of availability of free counselling services, it is likely that most of the participants were sourcing counselling privately, a very expensive option in Ireland. Similarly, Reavley et al. (2012) reported that whilst only 10% availed of student counselling services, 40%-53% availed of other counselling sources. This indicates that while there is a need for this type of support, there is some factor inhibiting students from up taking the free support provided by universities. Calloway et al. (2012) found that students were unaware how to access university counselling services or confused about what the role of a counsellor was. It is unclear why participants in the current study demonstrated limited use of counselling services.

In relation to other types of professional support, between 1.4% and 15.7% had had previous contact with individuals such as psychiatrists, psychologists and psychotherapists.

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This is generally consistent with international findings, where 16% and 20% had visited a psychiatrist or attended for CBT, respectively (Reavley et al., 2012), and 20% had consulted with any mental health professional (Seyfi et al., 2013). Reavley et al. (2012) report higher incidence of contact with psychologists (42%), and Drum et al. (2009) report higher contact with psychiatrists (over a third of participants).

Only one student reported contacting their GP for a mental health problem. This is of particular concern as the GP is the gateway to many other services in Ireland. These figures are inconsistent with studies of similar populations: Vanheusden et al. (2009) and Mariu et al. (2011) found between approximately 20% and 21.8% of young adults and secondary school students (respectively) with a perceived mental health problem had accessed their GP. However, though poorly accessed, GPs were listed among the most helpful sources of support, along with chaplains, social workers and family therapists. This suggests that while young people are not accessing support they acknowledge that it may be helpful. The converse was found in Reavley et al.'s (2012) study, where GPs had been accessed by 54% of students, but only 8% deemed this support to be helpful. Future research needs to examine the barriers and enablers to help-seeking from GPs for young people. It should be noted that, when asked what sources of mental health supports had students availed of (**Table 2**), only once participant listed their GP. However, when asked if they had attended a GP for mental health support in the past two weeks, 8 participants reported that they had done so. This suggests that students do not view GPs as gatekeepers to mental health services.

The current study found that other sources of professional help (including psychiatrists, nurses, and counsellors) were also generally positively regarded, with an overall mean score of 3.6 out of 5. Gestalt therapists, psychoanalysts, and other sources which were not detailed by participants were deemed to be unhelpful. This is somewhat inconsistent with international studies, where Reavley et al. (2012) reported 14% of students found psychologists to be helpful, and 5% found psychiatrists to be helpful. Only 39% of students surveyed by Drum et al. (2009) found psychiatrists to be helpful. Considering that Irish students hold professional help in higher esteem than their international counterparts, it is unclear why rates of access to these source are not higher in Ireland.

Informal sources of help were more popular than formal sources for those who has recently sought help. Those who had availed of informal sources of help (e.g. friends) demonstrated higher well-being scores. It is well documented (Drum et al,. 2009; Turner et

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al., 2007; Bilican, 2013; Seyfi et al., 2013) that support from peers is the favored mechanism of support among university students. Despite this, peer support interventions are only beginning to be developed and evaluated, and as yet, there is little evidence of effect (Horgan et al., 2013); more robust interventions are needed.

Students were also specifically asked about online help-seeking. Online sources have been cited as the primary medium for information in young adults. The internet is viewed as a positive resource for seeking help for sensitive topics such as mental health concerns (Gray et al., 2005). Some studies have concluded that young people prefer online help-seeking as opposed to face-to-face interventions (Rickwood et al., 2015); others report that the majority of young people (Gould et al., 2002; Vanheusden et al., 2009) and university students (Horgan and Sweeney, 2010) prefer to engage with traditional interventions. The current study found that a total of 12.2% of students had engaged in online help-seeking behavior. Students with low levels of mental well-being were more likely to avail of this source of help, which suggests that those with more emotional problems may favor this type of support. This is consistent with Ryan et al.'s (2010) research, where it was also found that online help-seeking rates were higher for university students experiencing mental distress, with 49.4% and 57.7% of moderately and severely distressed students stating they would be likely to use online help-seeking resources, respectively.

In terms of sources of help participants would consider accessing in future, we found that those with higher levels of mental well-being would be more inclined to access informal sources of help. Those with lower levels of mental well-being were unlikely to seek either informal or formal help. While worrying, this is consistent with international patterns. It is well documented that those who need professional emotional support most are the least likely to source it (Downs and Eisenberg, 2012). In Ireland, in recent years, there has been a large increase in certain mental health problems in young people, particularly self-harm and suicide (Griffin et al., 2014), the fact that we still have not found a solution to promoting help-seeking amongst those who need it is problematic and requires a multi-system national approach. We can see that help-seeking from professionals has increased in the last ten years, however this may only be among those with mild or moderate mental health problems. The mental health promotion and media campaigns appear to be having little effect on those in need of professional support. Further research in this area is warranted.

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4.1 Strengths and limitations

This paper examined various aspects of the help-seeking process. Experiential perspectives on formal help-seeking were sought, as well as future sources of preferred help-seeking, both formal and informal. The current study also approached help-seeking behavior from a quantitative point of view, but students were also encouraged to provide further information through open-ended questions, thus eliciting more detailed accounts of their experiences.

The limitations of this paper include the fact that males were less represented than females, although this is similar to previous work in this area (Deane et al., 2001, Downs and Eisenberg, 2012; Czyz et al., 2013; Lally et al., 2013; Mendoza et al., 2015). It must also be acknowledged that the overall response rate was low. This may be the result of an increase of surveys sent out to student email addresses by researchers. However, similar studies have also used small samples (Barksdale and Molock, 2008 [*n*=219]; Bilican, 2013 [*n*=115]; Czyz et al., 2013 [*n*=165]; Gold et al., 2015 [*n*=183]; Mendoza et al., 2015 [*n*=129]).

As other authors (e.g. Kearns et al., 2015) have noted, it is possible that only those with a vested interest in mental health issues took part in the study.

Implications and Conclusions

Though help-seeking rates have improved in Ireland, certain problems persist. Students who experienced low levels of mental well-being were unlikely to seek any sort of help for their mental health problems. It is unclear if those who are less likely to seek help are more prone to low levels of mental well-being, or, alternatively, if those who experience low levels of well-being are unlikely to discuss the issues they experience. It is important that future research focuses on understanding this population's help-seeking beliefs and intentions in order to improve quality of life and to increase access to care for those in need.

Further exploration of sources of help students have availed of or would consider availing of is required, allowing for open questions to address the specific and varied sources of help students receive and are aware of. There are a number of campaigns in the media which attempt to inform the public about mental health problems (Lean On Me, 2014; HSE, 2015; Murphy, 2015). Campaigns such as these should continue to be developed so that the public can be better equipped to handle these problems, or can improve its knowledge on which services to encourage people to access, considering family and friends are often cited as common sources of help. Universities could better inform their students of available

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services – both online and otherwise – detailing information in prominent locations. Considering the internet is such a valued source of information for young people, future research should be conducted on online help-seeking and ways in which online help-seeking behaviour can be enhanced. Students' knowledge of these services should be examined. In terms of more formal help, further exploration into why individuals are willing to attend counselling therapy but reluctant to seek help from GPs is necessary. We found that Irish students rate professional help highly, but the reasons why this help is not accessed are unclear. Expectations of these students when accessing these resources should also be investigated.

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Table 1
Descriptive statistics for the sample

	N	%
Gender		
Male	41	18.6
Female	179	81.4
Age		
18-24 years	199	90.5
25-29 years	12	5.5
30+ years	9	4.1
Marital Status		
Single	156	70.9
Married	3	1.4
Significant Other	61	27.7
Separated	0	0.0
Divorced	0	0.0
Sexuality		
Heterosexual	196	89.1
Homosexual	7	3.2
Bisexual	13	5.9
Asexual	4	1.8

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Place of residence		
Living with parents	91	41.4
Living with friends	64	29.1
Living on own	4	1.8
Living with strangers	51	23.2
Living with romantic partner	10	4.5

Table 2
Sources of professional mental help ever used by participants

Source	*N*	%	Mental well-being mean (SD)	Perceived helpfulness mean
Counsellor	29	41.4	39.97 (9.2)	3.07
Psychologist	13	18.6	43.58 (7.3)	3.07
Psychiatrist	11	15.7	43.2 (11.3)	4.00
Psychotherapist	5	7.1	44.5 (13.6)	3.40
Nurse	4	5.7	34.0 (1.41)	3.50
GP	1	1.4	51	5
Gestalt Therapist	1	1.4	50	2
Family Therapist	1	1.4	48	5
Cognitive Behavioural Therapist	1	1.4	45	4
School Chaplain	1	1.4	56	5
Psychoanalyst	1	1.4	58	2
Social Worker	1	1.4	26	5
Unknown	1	1.4	51	2

Note: GP=General Practitioner

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Table 3
Sources of professional and non-professional help sought in the past two weeks

Help-seeking source	*N =220*	%	Mental well-being score (SD)
Partner (significant boyfriend or girlfriend)	43	19.5	42.28 (9.43)
Friend (not related to you)	79	35.9	46.31 (9.26)
Parent	60	27.3	46.94 (8.99)
Other relative /family member	12	5.5	42.25 (10.13)
Mental health professional (school councillor, psychologist, psychiatrists)	11	16.4	39.72) (11.02)

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Family doctor /GP	10	4.5	38.77 (11.32)
Lecturer	7	3.2	38.80 (5.50)
Someone else not listed above	2	1.0	43.50 (2.12)
I have not sought help	10	4.5	44.60 (7.96)
Internet	12	5.6	44.40 (7.90)
Phone line help	0	0	n/a

Note: GP=General Practitioner

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Table 4
Other sources of help used by participants

	N	%	Mental well-being score (SD)	*p*
Online sources of help-seeking				
Yes	26	12.2	43.27 (10.7)	
No	187	87.8	45.94 (9.20)	0.174
University support systems				
Yes	9	4.7	38.22 (6.85)	
No	204	95.3	45.94 (9.38)	**0.016**

Note: values in bold indicate $p < 0.05$.

Table 5
Likelihood of seeking help from both professionals and non-professionals

Source of help	Mental well-being score	*N*	Mean	Std. Deviation	Std. Error Mean	*p*
Partner (e.g. spouse, significant boyfriend or girlfriend)	Very low/Below average	59	3.88	2.31	0.30	0.401
	Average/Above average	150	4.19	2.44	0.20	
Friend (not related to you)	Very low/Below average	62	4.16	1.72	0.22	**<0.001**
	Average/Above average	151	5.32	1.67	0.13	

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Parent	Very low/Below average	62	2.89	2.03	0.26	**<0.001**
	Average/Above average	151	4.76	1.88	0.15	
Other relative / family member	Very low/Below average	61	2.74	1.80	0.23	**<0.001**
	Average/Above average	151	3.79	1.94	0.16	
Mental health professional (e.g., college counsellor, psychologist, psychiatrist)	Very low/Below average	61	3.38	2.10	0.27	0.161
	Average/Above average	151	2.94	1.88	0.15	
Phone help line (e.g., Samaritans, 1life)	Very low/Below average	62	2.18	1.74	0.22	0.988
	Average/Above average	151	2.17	1.73	0.14	
Family doctor / GP	Very low/Below average	62	2.19	1.75	0.22	0.284
	Average/Above average	151	2.48	1.81	0.15	
Lecturer	Very low/Below average	62	1.44	0.80	0.10	0.097
	Average/Above average	148	1.68	1.31	0.11	
Someone else not listed above	Very low/Below average	48	1.42	1.22	1.21	0.399
	Average/Above average	118	1.62	1.62	1.46	
I would not seek help from anyone	Very low/Below average	55	3.95	2.22	0.30	**<0.001**
	Average/Above average	140	2.60	2.94	0.16	

Note: values in bold indicate $p < 0.05$
GP=General Practitioner

Table 6
Linear regression models between mental well-being and general help-seeking behaviour

	Help-seeking sources	**Correlation coefficient**	***B***	**(95% CI)**	***p*-value**	***B***
Well-being scores	Partner	0.132 (p=0.04)	0.176	(0.13 - 0.78)	**0.007**	0.045
	Friend	0.328 (p<0.001)	0.301	(0.03 - 0.82)	**<0.001**	0.057
	Parent	0.432 (p<0.001)	0.441	(0.06 - 0.12)	**<0.001**	0.092
	Other relative/family member	0.267 (p<0.001)	0.247	(0.02 - 0.08)	**<0.001**	0.051
	Mental health professional	0.085 (p=0.109)	-0.076	(-0.04 - 0.01)	0.277	-0.016

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Phone Help Line	0.037 (p=0.294)	0.018	(-0.02 - 0.03)	0.801	0.003
GP/Family doctor	0.086 (0.106)	0.102	(-0.01 - 0.05)	0.150	0.019
Lecturer	0.112 (p=0.053)	0.120	(0.00 - 0.03)	**0.015**	0.097
Someone else not on the list	0.037 (p=0.316)	0.067	(-0.01 - 0.03)	0.405	0.010
Would not seek help from anyone	-0.327 (p<0.001)	-0.350	(-0.10 - –0.05)	**<0.001**	-0.077

Note: values in bold indicate $p < 0.05$
β: standardized beta coefficient; CI: confidence interval; *B*: coefficient of regression
Models are adjusted for age, gender, marital status, sexuality, and place of residence (i.e. living at home, with friends, alone, or with people previously unknown)
GP=General Practitioner

Highlights

- Students with low levels of mental well-being are not inclined to seek help
- Informal sources of help are more popular than formal sources
- Professional help is highly regarded but poorly accessed.

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