Treatment-seeking behaviours and barriers in post-secondary students

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Introduction
• Post-secondary students face high rates of mental health and substance use issues [1] but have low rates of treatment. One study estimated that only 25.3%-36.3% of first year post-secondary students with mental disorders and 29.6-36.1% of post-secondary students with suicidal thoughts and behaviours received treatment [2].
• Developing a better understanding of the barriers to treatment-seeking in post-secondary student populations can help institutions improve their existing mental health services and infrastructure to ensure students in need of treatment receive it.

Objective
• Identify barriers to treatment-seeking in post-secondary students.

Methods
• Preliminary analysis was performed on 8 weeks of data (N = 695) from a subpopulation, cross-sectional student mental health and substance use survey administered weekly at the University of British Columbia under the WHO World Mental Health International College Student (WMH-ICS) Initiative.
• “Mental health treatment” was defined as psychological counselling or medication for an emotional or substance use problem.

Results
• Of the participants who had ever received mental health treatment:
  • 46.2% received psychological counselling alone
  • 7.1% received medication alone
  • 46.6% received both

31.93% of participants who did not receive treatment in the past 12 months (N=546) had thought they might need treatment. These participants were asked to rate the importance of the following reasons on a 5 point scale from 1 (unimportant) to 5 (very important).

Average Importance Rating for Each Treatment-Seeking Barrier

<table>
<thead>
<tr>
<th>Reason</th>
<th>1 (unimportant)</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5 (very important)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afraid it might harm their school/professional career</td>
<td>2</td>
<td>4</td>
<td>3</td>
<td>1</td>
<td>5 (very important)</td>
</tr>
<tr>
<td>Worried that people would treat them differently</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5 (very important)</td>
</tr>
<tr>
<td>Too embarrassed</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>4</td>
<td>5 (very important)</td>
</tr>
<tr>
<td>Not sure if available treatments were very effective</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>5 (very important)</td>
</tr>
<tr>
<td>Talked to friends or relatives instead</td>
<td>5 (very important)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Had problems with time, transportation, or scheduling</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>5 (very important)</td>
</tr>
<tr>
<td>Costs too much money</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>4</td>
<td>5 (very important)</td>
</tr>
<tr>
<td>Wanted so handle the problem on their own</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>1</td>
<td>5 (very important)</td>
</tr>
<tr>
<td>Unsure of where to go or who to see</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5 (very important)</td>
</tr>
</tbody>
</table>

Error bars represent 95% confidence intervals for mean response. N=152-154

“Unsure of where to go or who to see”, “wanted to handle the problem on their own” and “costs too much money” were the most important reasons. 54.6% of the participants who did not receive treatment but thought they might need it were “somewhat likely” or “very likely” to try an e-mental health resource now or in the future.

Discussion
• The high proportion of participants who thought they might need treatment but did not receive it emphasizes the importance of addressing the barriers to treatment-seeking in this population.
• A previous study of first year college students reported that attitudinal barriers would be the most important barriers to seeking treatment for a hypothetical emotional problem in the future, while structural barriers were rated as relatively low importance [3]. Interestingly, structural barriers were rated amongst the most important barriers in our population.
• There may therefore be a difference in perceived future treatment-seeking barriers and barriers individuals face when they are in need of treatment.
• “Unsure of where to go or who to see” was the most important barrier, suggesting that better dissemination of information about existing resources should be prioritized. The high importance rating of “costs too much money” suggests a need for more cost-effective mental health treatments or better promotion of existing cost-effective treatments.
• The high likelihood of trying e-mental health resources suggests these resources may offer an avenue to connect students with the support they may need. Further, self-guided e-mental health resources can empower and support students in “handling the problem on their own” and address cost barriers to treatment.
• Further analysis exploring the effects of gender, ethnicity and age on treatment seeking and perceived barriers may identify opportunities for targeted outreach and help improve treatment uptake.
• Expanding investigations to students with mental health or substance use disorders who did not think they needed treatment may provide additional opportunities to target this hard-to-reach subpopulation.

References

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